

1. Attendance & Apologies

| Members | Title | Representing | ✓ ✗ | Name of Substitute |
|--------------------------|--|---|------------------|--------------------|
| Colin Morris (CM) | LSCB Independent Chair | | ✓ | |
| Jane Humphreys (JH) | Corporate Director of Children, Education & Social Care (CESC) | Local Authority | ✓ | |
| Lynda Brown (LB) | Head of Education, Early Years & Complex Needs | | ✓ | |
| Peter Kelly (PK) | Director of Public Health | | ✓ | |
| Liz Hanley (LH) | Adult Services Lead | | ✓ | |
| Shaun McLurg (SMcL) | Head of Children & Young People's Services | | ✓ | |
| Julie Nixon (JN) | Head of Housing | | ✓ | |
| Cllr Ann McCoy (AMc) | Lead Cabinet Member - Children and Young People (Participating Observer) | | ✓ | |
| Rob Donaghy | Detective Superintendent | | Cleveland Police | ✓ |
| Bev Walker (BW) | Deputy Director of Nursing, Quality and Safety | NHS England (Durham, Darlington & Tees Area Team) | ✗ | |
| Jean Freund (KF) | Executive Nurse | Hartlepool & Stockton CCG | ✗ | |
| Linda Watson (LW) | Clinical Director Community Services- NT&H FT (SLSCB Vice Chair) | North Tees & Hartlepool Foundation Trust | ✓ | |
| Lesley Mawson (LM) | Associate Director of Nursing and Compliance | Tees Esk & Wear Valley NHS Trust | ✓ | |
| Janice Deakin (JDe) | Service Manager | CAFCASS | ✗ | Alison Wild |
| Lucia Saiger-Burns (LSB) | Director Of Operations | Durham & Tees Valley Probation Service | ✓ | |
| Lesley Cooke (LC) | Lay Member | Lay Members | ✓ | |
| Jo Thornhill (JT) | Lay Member | | ✓ | |
| Kerry Coe (KC) | Head Teacher – Primary Schools | Education Establishments | ✓ | |
| Vacancy | Head Teacher – Secondary Schools | | | |
| Alex Taylor (AT) | Head Teacher - Independent Schools | | ✓ | |
| Joanne Bailey (JB) | Principal S'ton 6 th Form College | | ✓ | |
| Steve Rose (SR) | Catalyst | | Voluntary Sector | ✓ |

| SLSCB Advisors | | Representing | ✓ ✗ |
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| Karen Hedgley (KH) | Senior Manager, Children's Safeguarding and Looked After Children (Designated Nurse). | Hartlepool & Stockton CCG | ✓ |
| Kailash Agrawal (KAgr) | Designated Doctor | Hartlepool & Stockton CCG | ✓ |
| Pauline Beall (PB) | Business Manager | SLSCB | ✓ |


| SLSCB Advisors | | Representing | ✓ x |
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| Diane McConnell (DMc) | Chief Advisor School Effectiveness | SBC Schools | ✓ |
| Task Group Chairs | | Representing | ✓ x |
| Eric Jewitt | SBC CESC Children's Workforce Manager | Children's Workforce Training Group | x |
| Simon Willson | SBC CESC Head of Business Support & Improvement | Performance Sub Group | x |
| Steve Jermy | Cleveland Police | Learning & Improving Practice Sub Group (does not attend represented by RD) | |

Guests

| | |
|-------------------|---|
| Laura Poppleton | Minute Taker |
| Sue Smith | SARC Manager (in attendance for Agenda Item: 2) |
| Lindsey Robertson | NTHFT Community Services Manager (in attendance for Agenda Item: 8) |
| Helen Eustace | Detective Inspector (in attendance for Agenda Item: 13) |
| Pam Gartland | Education Consultant |

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| Meeting Quorate: Yes / No | Yes |
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| Agenda Item & Discussion | Action | By Whom | By When |
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| <p>1 Attendance, Apologies and Quoracy Members introduced themselves and apologies were received from Bev Walker, Janice Deakin and Jean Freund.</p> <p>The meeting was agreed as quorate.</p> | | | |
| <p>2 SARC Presentation – Sue Smith Sue Smith from SARC provided a brief presentation on the work undertaken by the Sexual Assault and Rape Crisis Centre. Members discussed the information provided and the following points were of note:</p> <ul style="list-style-type: none"> • Medicals – it was noted for police referrals that medicals are carried out via a contract with an external medical practitioner – non-police referrals are also carried out by the same external practitioner - SARC can only take non-intrusive samples. • The Board noted that for cases involving children, they are transported to the RVI in Newcastle. In terms of assessment of risks and benefits it's the best option unfortunately but does cause problems for investigations if children don't want to travel to the RVI. The members agreed this was a highly unsatisfactory situation which the Board had tried to address in the past. • Funding - SARC is funded by partnerships usually between police and health. Tees is hosted by South Tees Hospital Foundation Trust. Durham and Newcastle | | | |

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| <p>is police hosted.</p>  <p>02 SARC Presentation 2013.ppt</p> | | | |
| <p>3 Minutes of Board & Matters Arising from the meeting held on 21st November 2013</p> <ul style="list-style-type: none"> • Page 1 – change ‘Steve Scott’ to ‘Steve Rose’. • 2a – RD confirmed the Staff Engagement Session has been set for 31st January. • 2bi – JH confirmed funding has been agreed with the CCG for 14/15. Cleveland Police are looking at capacity to do a piece of work to re-evaluate current LSCB business functions in order to convince the three Directors of Children’s Social Care and AD from Hartlepool. A future meeting may be arranged • 4bi – discussion took place between Jane Parry and Dan Maddison in terms of police assisting SBC staff entering a property where a child has been reported missing – all issues have been resolved. • Page 5 – change first sentence to read “The team will begin work in April 2014”. • 6bi – By Whom and By When columns to be filled in with ‘All CAF Champions’ – no due date. • 6bii – RD reported that Hazel Willoughby is leading on this action. RD requested clarification as to whose responsibility it is in terms of disclosures to parents of children who may come into contact with sex offenders living in the community. It was queried whether it was either the Probation Service or Social Services? JH clarified it was not social services. RD advised further update on this action will be available in February. • 8b – on-going – JH will provide feedback when written report received. • 9i – Ann Baxter has been identified as facilitator for the Safeguarding Multi Agency Case File Audits. JH advised this process should also be carried out around LAC and has asked Ann to facilitate those sessions via MALAP. Multi Agency Safeguarding Audit team names will be circulated by PB. <p>Audit tool – JH is conscious that Appendix F of the Ofsted handbook casts a lot of questions and has therefore asked Ann to cover those questions in the audit.</p> | <p>3ai - Change name ‘Steve Scott’ to ‘Steve Rose’.</p> <p>3aaii – Page 5 of minutes change wording to read “...April 2014”</p> <p>3aiiii – Update By Whom and By When columns at 6bi.</p> <p>3iiv – Provide further update re disclosures.</p> <p>3iv – Provide feedback on results of Northumberland Critical Friend Review.</p> <p>3ivi – Circulate audit team names to Board.</p> | <p>PB</p> <p>PB</p> <p>PB</p> <p>RD</p> <p>JH</p> <p>PB</p> | <p>24.01.14 ✓</p> <p>24.01.14 ✓</p> <p>24.01.14 ✓</p> <p>Feb ‘14</p> <p>✓</p> <p>24.01.14 ✓</p> |

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| <p>KH suggested that the LAC audit will need different reps involved, i.e. specialist nurse. JH suggested asking LSCB members for appropriate nominations via MALAP Chair.</p> <ul style="list-style-type: none"> • 13ai – RD advised the decision had been made not to take the “See Something” campaign forward – RD to advise CM formally in writing. • 16a – change ‘they’ to ‘that’. JH advised these two decisions will be looked at under the Critical Friend Review next week. <p>Subject to amendments agreed above the minutes were approved as a true and accurate record of the meeting.</p> | <p>3vii – Request appropriate nominations for LAC audit team from LSCBs.</p> <p>3viii – RD to formally write to SLSCB Chair to inform of decision not to continue with “See Something” campaign.</p> <p>3ix – change wording to read ‘that’ in first sentence.</p> | <p>SW</p> <p>RD</p> <p>PB</p> | <p>Feb ‘14 ✓</p> <p>Feb ‘14 ✓</p> <p>24.01.14 ✓</p> |
| <p>4 Executive Group Feedback from ratified meeting held on 17th October 2013</p> <p>The Board received the Executive Group minutes from the meeting held on 17th October 2013, for information. The minutes had previously been ratified at the Exec meeting held in December.</p> | | | |
| <p>5 Board Members Annual Quality Assurance Presentations</p> <p>a <u>Local Authority – Housing etc (non-CESC)</u></p> <p>JN presented a report to the Board. The following points were of note:</p> <ul style="list-style-type: none"> • Case audits – started about 3 years ago – carried out using a methodical approach, making sure that safeguarding is raised with everyone that comes into the service using mandatory fields on the form. • A quarterly report is produced – an action plan is put in place and then reviewed by JN. JN raises in all Senior Team Meetings. • The team have a good relationship with Tristar homes senior staff – important that they are aware of what is going on from a safeguarding point of view. One on-going issue of note is damage to property in relation to things such as kicked in internal doors, door handles removed from one side of a door etc. JN queried whether there is a process of highlighted when SBC need to look more into what has gone on in that property. • JN regularly raises safeguarding at meetings with SBC Heads of Service. | | | |

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| <ul style="list-style-type: none"> The Chair queried, as commissioner of the housing service in Stockton, whether Housing receives assurance from providers in terms of training, safeguarding, understanding procedures around CAF etc. JN confirmed that all Tristar staff attend basic safeguarding training; and JN raises in all 1:1s. In terms of community protection JN only recently took over the running of this department. JN is currently reviewing processes with senior managers – so far the system seems very robust. JN to ask Tristar to present a paper to a future Board meeting to provide members with assurance that Tristar understand the priority of children. JN is working with Head of Technical Services to look at safeguarding and Community Transport’ JN to provide update in 6 months’ time. | <p>5ai – Invite Tristar to future meeting (Provisionally May 2014) to provide assurance to members around safeguarding.</p> <p>5aia – Provide update on safeguarding and community transport issues.</p> | <p>JN</p> <p>JN</p> | <p>20.03.14 ✓</p> <p>July ‘14</p> |
| <p>b <u>Local Authority – Children, Education & Social Care</u></p> <p>JH presented on the children and adult services. The following points were of note:</p> <ul style="list-style-type: none"> Induction/training programme – it was introduced last year that every Council staff member carry out mandatory safeguarding training – JH confirmed that all staff have now completed the training. Adult peer review of adult safeguarding taking place in early February 2014. <p>It was queried whether observation of practice is undertaken in social care. JH clarified that other than CP conferences no observations were undertaken. JH took this as a good point and suggested this maybe something service managers could embed.</p> | <p>5bi – Consider observation of practice within social care service.</p> | <p>JH</p> | |
| <p>c <u>Health (Providers and Commissioners)</u></p> <p>KH presented the report. 5 key questions were posed within the report and KH, LW and LM each highlighted a key challenge for their service under each question:</p> <p>1) Challenges that our agency has faced during the year</p> <p><u>KH</u>: significant changes in terms of commissioning arrangements during the last year – particular challenges for Hartlepool and</p> | | | |

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| <p>Stockton CCGs with changes to Board membership.</p> <p><u>LW</u>: constant change in health as well as the Trust – new changes nationally as well. Trust now going through CQC review of health service provision in this area – the report will come to this Board.</p> <p><u>LM</u>: commissioners set TEWV a CQUIN target around implementation of CAF1 and increased use of CAF in children’s services. Put project lead and part time trainer in place; introducing the use of the PANIC tool; training all staff to identify needs of children.</p> <p>2) How have we as an agency addressed any issues/challenges during the year?</p> <p><u>KH</u>: interpreting the accountability framework introduced last year. Some areas relatively loose. The CCG has been working closely with the area team and are in the process of developing Standard Operating Procedures.</p> <p><u>LW</u>: workforce issues – the Trust now have a caseload average of 320. Formerly had a caseload of 500.</p> <p><u>LM</u>: TEWV are in a similar to the Trust – the number of safeguarding concerns has increased which has had an impact on operational services; the increase maybe due to extra training provided. This has had an impact on the team being able to provide all of the supervision work etc; have increased team numbers by 1 whole time equivalent. TEWV are ensuring there is a safeguarding professional in all of the services who has had appropriate training.</p> <p>3) What areas for improvement have we as an agency identified?</p> <p><u>KH</u>: LAC responsibility now sits with the designated nurse. The key challenge is to raise the profile and needs in relation to LAC within CCGs. This is well underway and papers are being submitted to the governing bodies within the CCGs. KH is working with providers to improve services and governance arrangements. Waiting for some key guidance from NHS England; some guidance already exists but needs improving – expected before Aril.</p> <p><u>LW</u>: the Trust has developed guidance around roles and responsibilities of all doctors in terms of safeguarding – found a variety of knowledge within each directorate – proved to</p> | | | |

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| <p>be a good piece of work – as a result the Trust now have medical champions in each directorate.</p> <p><u>LM</u>: training compliance – Level 1, 2 and 3 training provided as mandatory training for all staff and monitored routinely; compliance numbers show as low on the NHS system. LW believes the system can't cope with Level 2 and 3 data; TEWV has put an interim manual system in place to cope with that but need to improve the electronic system to report accurately and identify accurate areas of weakness. Several audits have been undertaken to assess the benefits of training, looking at awareness, skill base etc.</p> <p>NECS are currently leading on developing an up to date CAMHS strategy. Members agreed it would be useful to write to NECS to inform them the SLSCB has identified concerns around the absence of an up to date strategy and encourage the timely development of one.</p> <p>Some members expressed concern at the difficulty in obtaining current information and data from NECS. PK commented this has been an on-going issue for some months now; Ali Wilson and the Tees DPHs are aware. JH commented there may be a moment in time this Board needs to escalate the issue to the Department of Health.</p> <p>KH agreed to pick this issue up with NECS and feedback at the next Exec meeting.</p> <p>4) What has our agency done and what are we doing to ensure safeguarding is a priority throughout our organisation? <u>KH</u>: Development of quality surveillance group within CCG and area team – one well established already but sub-group will be safeguarding group with a broad forum and will include Durham, Darlington as well as Tees CCGs. <u>LW</u>: safeguarding is a priority throughout the Trust and evidenced through good governance in the organisation. LW believes this is what is missing with LAC which is what the Trust found through preparation for the Ofsted review - don't have the robust arrangements in place in terms of reporting and responsibilities. LAC is left very much within directorate responsibility and not seen as corporate – LW is changing that.</p> | <p>5ci – Write to NECS to express concern at out of date CAMHS strategy if not resolved.</p> <p>5cii – Raise access to data with NECS.</p> | <p>CM</p> <p>KH</p> | <p>Feb April '14</p> <p>Feb '14 ✓</p> |

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| | Supervision is held every 6 weeks, followed by performance learning review. | | | |
| 6 | Partners Operational Safeguarding Issues | | | |
| a | <p>CESC currently have no unallocated safeguarding cases but do have a significant number of LAC cases that a manager is holding due to staff absence on sick leave – additional staff have now been brought in to cover those.</p> <p>LGA Diagnostic safeguarding review in March will focus on practice – JH has asked the review team to look at two long term cases involving neglect and/or domestic violence.</p> | 6a – Provide any relevant information from the LGA diagnostic safeguarding review to be LSCB. | JH | April / May 2014 |
| b | Cleveland Police are expecting to be called for a HMIC inspection soon, which will be a similar format to the Ofsted inspections and will involve some partners especially in terms of domestic violence. | | | |
| 7 | <p>Serious Case Review / Learning Improvement Updates</p> <p>KH informed the Board that the group is now called The Learning and Improvement Practice Sub Group (SLIPG) – a slight change in remit has meant that subsequently the number of cases has increased as the group are looking at a broader set of cases.</p> <p>KH provided feedback from the group in respect of a number of cases they have been looking at.</p> <ol style="list-style-type: none"> i. Gavin ii. AR iii. KG iv. GP v. TB vi. MFT vii. CW | | | |
| 8 | <p>Investigation of Challenge & Risk Assessments by Health staff at ICPCs</p> <p>LW presented a report to the Board. The following points were of note:</p> <ul style="list-style-type: none"> • LW advised the Trust is managing the assessments the right way. • The Trust reviewed its current processes, looking at core functions of supervision and currently offer supervision to all staff who have a role or function with a child or young person who has a protection plan. Part of the supervision focuses on the needs of the child and it is up to the | | | |

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| <p>supervisor and supervisee to agree on action for the child. Senior nurses explore if lead worker needs additional support.</p> <ul style="list-style-type: none"> • School nurses working with private schools continue to be included and are offered the same support based upon the needs of the child and not the school. • An inspection to be held next week will focus on observations and decision making. • KH agreed it's important to skill up staff across the whole workforce. • JH wants all IROs to have some intensive training. | | | |
| <p>9 VEMT</p> <p>a Tees LSCBs VEMT Strategic Group</p> <p>The terms of reference for the Tees VEMT Group were circulated to the Board for endorsement. The Tees VEMT Strategic Group is technically a sub group of the Tees LSCBs similar to CDOP and documentation should therefore be agreed by the Boards.</p> <p>RD informed the Board that the strategic group is now well established with the terms of reference and strategy circulated to the LSCBs for comment and approval. KH confirmed the documents had been reviewed by Ofsted during the Hartlepool inspection.</p> <p>The Terms of Reference and Strategy were endorsed.</p> <p>It was queried whether there was an action plan to sit alongside the multi-agency strategy. RD confirmed that there was an Action Plan and was requested to present it to the SLSCB Exec meeting in February for comment and approval.</p> <p>Progress on the Tees Running or Missing From Care (RMHC) Protocol was asked about and RD advised that Hartlepool were taking the lead in reviewing it.</p> <p>It was clarified that the Tees RMHC Protocol was different to the local RHMC Procedures which are developed. The Tees Protocol is the overarching protocol that provides strategic direction and needs to be agreed by all four Boards. The local RMHC procedure is an operational procedure which provides staff with instruction on what is required. The procedure is signed off by the relevant LSCB.</p> | <p>9ai – Provide Feb Exec meeting with Tees VEMT Strategic Action Plan.</p> <p>9aia – Address the Tees Running or Missing From Care protocol at next VEMT Strategic Group.</p> | <p>RD</p> <p>RD</p> | <p>19.02.14 ✓</p> <p>Feb '14 ✓</p> |

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| <p>The strategic group meetings are scheduled 6 weekly throughout 2014. RD to ensure the Tees Running or Missing From Care Protocol is addressed at the next meeting of that group and brought to the LSCBs for sign off.</p> | | | |
| <p>b SLSCB VEMT Operational Group SMcL advised that there are currently 19 Young People who are being monitored by this group. It was noted there is good attendance and contributions from all agencies currently.</p> <p>Observation of learning between the four Operational VEMT Groups is taking place. A meeting to review current working arrangements in Stockton is currently being arranged.</p> | | | |
| <p>10 CDOP</p> | | | |
| <p>a <u>Review</u></p> | | | |
| <p>A draft report on the review arrangements of the Tees Child Death Service was included with the Board papers that had been provided.</p> <p>It was noted there has been universal support for the recommendations listed on page 10 of the report when they were presented to Board Chairs and CDOP in December.</p> <p>Members of the four LSCBs were now being asked to discuss and consider the recommendations contained within the report. In addition a further request had been made that Boards when considering the report also advise if changes are agreed when they should take place.</p> <p>The recommendations in the Review Report were addressed in turn and the following was noted:</p> | | | |
| <p>Recommendation 1: The arrangement of a single Tees CDOP accountable as a sub-committee to each of the four LSCBs should continue. Currently a Lead Council hosts and supports the CDOP. This works well and should continue.</p> <p>Decision: Recommendation 1 Supported.</p> | | | |
| <p>Recommendation 2: The Independent Chairing of the Tees CDOP ends and is replaced by a rotational</p> | | | |

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| <p>arrangement between the four Directors of Public Health in the four boroughs, who will take on this work as part of their substantive role, funded by their employing authorities. This will require careful negotiation and planning. A new Chair will require sufficient time to take on the role effectively so it is recommended that this is an annual commitment, each DPH holding the responsibility for one year.</p> <p>PK advised the Tees DsPH had discussed this proposal – there was lukewarm enthusiasm for taking on chairing responsibility with the four DsPH agreeing they feel the current arrangements are working very well. It was also noted that none of the Tees DsPH are medically qualified; plus consideration should be made of other responsibilities held by the DsPH.</p> <p>After an in-depth discussion the Board agreed DsPH should chair the Tees CDOP, each Chair holding responsibility for a minimum of 2 years rather than 1 year as recommended in the report.</p> <p>Decision: Recommendation 2 supported however amendment proposed re timescale from 1 year to a minimum of 2 years.</p> | | | |
| <p>Recommendation 3: Support arrangements are reduced and incorporated into the Lead Council's LSCB Business Unit. Further work to be undertaken to estimate the costs of this arrangement, which will then need to be agreed by each of the four LSCBs</p> <p>KH commented that the in addition to the Manager and Administrators positions referred to in the report that Board Members needed to be aware that additional support is currently provided by the CCG and sits within NECS. This consists of 10 hours admin time</p> <p>Decision: Recommendation 3 supported.</p> | | | |
| <p>Recommendation 4: A sub-committee is established to consider neonatal deaths. The membership of this sub-committee would have a clinical focus and be accountable to the multi-agency CDOP. It should refer to CDOP any particular case which it considers requires a multi-agency</p> | | | |

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| | <p>discussion. CDOP should continue to meet every two months to discuss all expected deaths of children over the age of 28 days and all unexpected deaths. The learning from CDOP and the Neonatal Sub-committee should be reported to the four LSCBs.</p> <p>Members felt that consideration needed giving to the membership of that group; external scrutiny is important. The group should explore more around issues such as substance misuse, domestic abuse, smoking etc.</p> <p>Decision: Recommendation 4 supported.</p> | | | |
| | <p>Having considered the report and agreed the recommendations the additional question of when should the change take place was considered.</p> <p>Decision: The Board agreed implementation of the recommendations should be as close to 1st April 2014 as possible, taking into account contractual arrangements etc.</p> | 10ai - Redcar LSCB as host to be advised of SLSCB decisions in respect of CDOP Review and timescale. | PB | 17.01.14 ✓ |
| b | <p>CDOP Research Request The Board discussed a request from Professor Jonathan Scourfield of the Cardiff School of Social Sciences for CDOP to share information on youth suicides and unexpected sudden deaths to inform their research on the role of social media in the aftermath of youth suicides. Members agreed this would be a useful piece of work that would be very helpful; the only issue of note is around consent.</p> <p>The Board agreed the request in principle subject to clarifying the issue around consent. PB to contact Professor Scourfield to request confirmation around obtaining consent before any work takes place.</p> | 10b – Prof. Scourfield to be advised of SLSCB decision to agree to the request subject to clarification regarding how consent issues will be managed. | PB | Feb '14 ✓ |
| 11 | <p>Expansion of CAF Team Proposal SMcL presented a report to the Board of the proposed expansion of the CAF Team as requested. The current team is made up of two members of staff; a co-ordinator and a data quality support officer. The team support all agencies in Stockton who provide services, or come into contact with, children and their families.</p> <p>The proposal suggests 3 different models for 3 different cost options which the Board were</p> | <p>11a – discuss contribution towards CAF team funding with CCG</p> <p>11b – circulate CAF proposal and funding request to schools</p> <p>11c – Arrange discussion to collate funding contributions for</p> | <p>KH</p> <p>JH</p> <p>PK</p> | <p>Feb '14</p> <p>Feb '14</p> <p>March '14</p> |

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|---|---|---------|--------------|
| <p>asked to consider.</p> <p>Funding of the proposed new posts was discussed. It was noted the CAF Team is a multi-agency service and subsequently partner contributions would be required to fund further posts.</p> <p>PK felt this proposal was an excellent solution and would be a positive move toward early intervention / help. Due to its importance he advised that he is willing to fund a quarter of the cost to employ 4 full time posts.</p> <p>JH commented that CESC hope to identify £25k towards the cost.</p> <p>Cleveland Police advised that contribution to funding will be a significant issue for the force and therefore couldn't commit Police funds without discussion.</p> <p>KH agreed to take the proposal to the CCG, discuss funding options and report back outcome to LSCB Exec..</p> <p>A contribution from individual schools was suggested. JH agreed to contact the schools for contributions but commented there are more partners around the table in a better position to contribute.</p> <p>PK offered to take forward discussions with health colleagues and others regarding funding for the proposal of 4 full time posts.</p> | 4 x wte posts from SLSCB Partners and present outcomes report to Board. | | |
| <p>12 Regional & Stockton Assessment Framework</p> <p>The regional and local assessment protocols were presented to the Board for approval.</p> <p>Work has been undertaken to try and get the two documents to dovetail. The regional framework has been developed through the Vulnerable Children Safeguarding Network and will be presented to all 12 LSCBs for agreement.</p> <p>SMcL to show action of informing the referrer if a referral is not progressed. This process should be automatic and may already happen but needs to be identified in the protocol.</p> <p>When reviewing the protocols at the Exec meeting it was agreed that the local protocol,</p> | 12a – Flowchart on pg52to reflect position of informing referrer if a referral is not progressed. | SMcL | Feb '14 ✓ |

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| | <p>once agreed by the Board, should be badged with the SLSCB logo to show backing by this Board in accordance with Working Together 2013.</p> <p>The Board agreed both the regional and local protocols subject to amendment on page 52 discussed above.</p> | | | |
| 13 | Inappropriate Referrals | | | |
| a | <p><u>To Children's Social Care</u> SMcL provided a report to the Board to update members on the progress of the referral protocol introduced on 4 November 2013 and the number of referrals subsequently returned as inappropriate.</p> <p>To date 24 referrals have been returned as inappropriate. Aside from the police referrals discussed below, SMcL felt it was worth noting how few referrals are being returned (7 referrals and 17 police referrals).</p> <p>The Board agreed recommendation 5.2 – that the practice of returning referrals to CAF Champions (or designated reps) continue.</p> | | | |
| b | <p><u>Cleveland Police Review of Referrals</u> RD and DI Helen Eustace (HE) presented a report on the review of the child referral process from the Police to Children's Social Care. For the purpose of the report 20 referrals were reviewed and the main issues highlighted were lack of consent and being documented on a standalone domestic referrals form. Quality issues and the reason for referral were also queried.</p> <p>HE commented that a lot of the returned referrals are teething problems for the new unit. In terms of the consent issue HE commented this is a difficult issue for police to rectify. PCs don't understand the full concept of consent and can therefore not explain the process fully to the public when requesting consent. Cleveland Police have never obtained consent in the past and no other local authority in the area has requested consent, or has any other police force in the country been asked to do so.</p> <p>RD commented that in terms of practicalities if Cleveland Police were to request consent, parents are going to worry their children will be</p> | <p>13bi – Consultant to review inappropriate referrals and advise way forward.</p> <p>13bii – Mark referrals as 'information only' where applicable.</p> <p>13biii – Circulate interim protocol for referrals from the Police to Children's Social Care</p> <p>13biv – Update Exec Group on outcome of DCS, Police meeting held on 30th January in respect of consent issue.</p> | <p>JH</p> <p>RD</p> <p>SMcL</p> <p>JH</p> | <p>Feb '14 ✓</p> <p>Feb '14</p> <p>20.01.14 ✓</p> <p>19.02.14 ✓</p> |

| Agenda Item & Discussion | Action | By Whom | By When |
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| <p>removed from the family home which will make the situation worse.</p> <p>A meeting of the Tees Valley Directors will take place on 30th January with JH, RD and local authority ADs in attendance to discuss the consent issue.</p> <p>Hartlepool LSCB believe there are some issues around inappropriate referrals in terms of domestic violence and agree use of the MASH model would be helpful. RD commented that the force only refers 30% which is a lot less than other forces.</p> <p>HE commented that referral guidance agreed between the Police and LSCB's via Jason Dickson when he was Safeguarding Lead for the Police needs tightening up as its open to interpretation and police officers refer to this guidance each time they refer.</p> <p>DMc commented she would like the schools to be informed under the MASH model, but consent would be needed.</p> <p>RD stated his concern around the risk when the police make referrals that are then closed because social services are not taking them forward.</p> <p>SMcL agreed none of the inappropriate cases reach threshold for s47 but there are concerns under s17. JH agreed to have a consultant currently working in CESC to look at these cases and give a view on next steps.</p> <p>RD commented that he misunderstood the proposal signed up to in November 2013 which is not a workable process. The Chair acknowledged this.</p> <p>JH to consider a system where further information is gathered for each referral followed by a table top exercise to decide if it's CAF or not.</p> <p>RD to attempt to get future referrals noted as 'information only' where applicable.</p> <p>SMcL offered to draft an interim protocol for Police Referrals to Children's Social Care to replace the SLSCB referral protocol introduced on 4 November 2013 pending further discussions with colleagues across Tees about</p> | | | |

| Agenda Item & Discussion | | Action | By Whom | By When |
|--------------------------|---|--|---------|---------------|
| | <p>this issue.</p> <p>Further discussion will be held on this issue once feedback is available from the 30th January meeting with local authority ADs.</p> | | | |
| 14 | <p>RMHC Procedure</p> <p>Due to time constraints it was agreed for the Stockton RMHC procedure to be considered by the Exec Group in February 2014 and for them to reach a decision regarding adoption.</p> | 14a - Add RMHC Procedure to Exec meeting agenda. | PB | 19.02.14 ✓ |
| 15 | <p>SLSCB Consent Form</p> <p>JH advised of slight amendment to the Multi Agency Consent Form to include some additional agencies – the main issue was around children’s centres.</p> <p>Members approved the changes.</p> | | | |
| 16 | <p>Any Other Business</p> <p>No further items of business were discussed.</p> <p>Although in advance of the meeting Board Members were advised that the meeting needed to be extended from 1 – 4 to 1 - 5 to take into account the amount of business to be covered, due to the challenging discussions that took place the meeting closed at 5:30. A number of Members left the meeting during agenda item 13 onwards however careful monitoring took place to ensure the meeting remained quorate.</p> | | | |

SLSCB Meetings 2013 / 2014

| Board Meeting | Venue | Executive Meeting | Venue |
|----------------------|-----------------------------|----------------------|----------------------|
| 20 th Mar | Preston Hall Education Ctre | 20 th Feb | Conf Rm 2 Munic Bldg |

