

Barnet Safeguarding Children Board

Board Meeting

Thursday 30th October 2014, 2-5pm
Conference Room 1, Building 2, NLBP

Attendees:	
Chris Miller (Chair)	Barnet Safeguarding Children and Adults Board – Independent Chair
Polly Walsh (Minutes)	Barnet Safeguarding Children Board - Administrator
Carlene Firmin	MsUnderstood Partnership
Christine Dyson	Barnet, Enfield and Haringey Mental Health Trust – Head of Safeguarding for People
Cllr Reuben Thompstone	London Borough of Barnet – Lead Member for Education, Children and Families
Debbie Gabriel	London Borough of Barnet – Service Manager, Provider Services
Deborah Sanders	Royal Free Hospital – Director of Nursing
Delphine Garr	London Borough of Barnet – Workforce Development and Learning Manager
Duncan Tessier	London Borough of Barnet – Assistant Director, Early Intervention and Prevention
Flo Armstrong	London Borough of Barnet – Head of Youth and Community
Hema Parmar	London Borough of Barnet – Interim Business Manager
Janet Matthewson	Community Barnet – Children’s Services Manager
Jo Moses	London Borough of Barnet – Head of Safeguarding and Quality Assurance
Jo Pymont	London Borough of Barnet – Assistant Director, Children Social Care
Judith Gainsborough	London Borough of Barnet – Head of Specialist Inclusion Services
Julie Riley	The Barnet Group – Director of Care and Support
Liz Royle	Central London Community Health – Head of Safeguarding
Naomi Burgess	Barnet Safeguarding Children Board – Community Member
Neel Bhaduri	Public Health Barnet – Senior Health Improvement Specialist
Nigel Norie	Barnet Safeguarding Children Board – Community Member
Paul de Keyser	Barnet and Chase Farm Hospital – Designated Doctor, Children’s Safeguarding
Paula Light	Metropolitan Police – Superintendent
Phyllis Dyer	CAFCASS – Senior Service Manager
Ruth Williams	London Ambulance Service – Community Involvement Officer
Sam Denman	National Probation Service - Brent, Barnet and Enfield – Asst Chief Officer
Sara Keen	Beit Shvdlar Primary School – Head Teacher
Sarah Le May	Norwood – Family Support Service and Social Work Manager
Siobhan McGovern	Barnet CCG – Designated Nurse for Safeguarding
Tony Lewis	London Borough of Barnet – Voice of the Child Co-ordinator
Zainab Bundu	London Borough of Barnet – Voice of the Child Co-ordinator

Apologies:	
Adrian Usher	Metropolitan Police – Borough Commander
Cecile Kluitse	Solace Women’s Aid – Family and Children Services Manager
Dawn Wakeling	London Borough of Barnet – Director of Adult Social Care
Dolyanna Mordochai	Norwood – Business Manager
Ian Harrison	London Borough of Barnet – Education and Skills Director
Joanne Kelly	Pavillion Study Centre – Head Teacher
John Foulkes	Metropolitan Police – Detective Chief Inspector
Karen Jackson	London Borough of Barnet – Assistant Director of Adult Social Care
Kate Kennally	London Borough of Barnet – Director of Children’s Service and Strategic Director for Communities
Laura Fabunmi	London Borough of Barnet – Public Health Consultant
Louise Ashley	Central London Community Health – Executive Director of Nursing and Quality Assurance
Manju Likhman	London Borough of Barnet – Domestic Violence Co-ordinator
Mary Sexton	Barnet, Enfield and Haringey Mental Health Trust – Executive Director of Nursing, Quality and Governance
Nicola Francis	London Borough of Barnet – Family Services Director
Steve Leader	London Fire Brigade – Borough Commander
Steve Wallace	Metropolitan Police – Detective Superintendent
Toni Beck	Barnet and Southgate College – Director of Quality and Learner Experience

No	Agenda Item	Action
1.	Introduction / Apologies Introductions took place and apologies were noted.	
2.	Previous Minutes and Matters Arising The previous minutes were agreed. Matters arising to be covered under the Action Log.	
3.	Action Log The items in the Action Log were briefly reviewed. It was noted that all future Sub Group reports would be presented at the Joint BMG Meeting rather than at BSCB Meetings.	
4.	Community Safety Partnership Kiran Vagarwal stated that the paper, previously circulated, provided clarity on the strategic alignment of the Domestic Violence (DV) and Violence Against Women and Girls (VAWG) Delivery Boards with the BSCB and BSAB. A structure chart had been produced to show the interfaces across the various Boards. There had been a suggested review of the Terms of Reference for the Boards. Chris Miller is now a member of the DV and VAWG Group (reporting to the Safer Community Partnership Board (SCPB), which provided the link to the BSCB. Jo Moses, Jo Pymont and Duncan Tessier were also members of DV&VAWG and BSCB in order to strengthen links further. The Safer Community Partnership Board (SCPB) is represented on and reports to the BSCB annually to ensure there is a good link between the CSPB and BSCB.	

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	<p>Paula Light queried who the Police representative was on CSPB. Kiran advised that prior discussions had taken place several months ago with Simon Corkhill. Simon had been a member of the SCPB.</p> <p>With regards to Action Point 7 - prevention of duplication across the Boards, Chris Miller queried how the DV and VAWG would ensure that the opposite did not occur and issues were not missed. Kiran advised that she had met with Hema Parmar to ensure that the goals of both the BSCB and DV and VAWG were reflected. Further strategic dialogue was needed to ensure that both Boards continue to work alongside each other. Continued feedback between all Boards was constantly necessary.</p> <p>Hema Parmar stated that Domestic Violence Protection Orders (DVPOs) came into force in June 2014. They can be effectively utilised by the police, LA & courts to take protective steps to safeguard victims of domestic abuse and children. The first case where the police successfully enforced a breach of a DVPO was reported in Sep 2014 (in Stevenage). The 32 year old was given a 7 week term of imprisonment. Hema asked whether the CSPB and police are up to speed on the use and enforcement of DVPOs. Paula Light advised that the Police had received training in relation to DV Protection Orders and the new powers are being utilised.</p> <p>Hema advised that the government is consulting on strengthening the law on domestic abuse. The law is out-dated and the consultation paper seeks views on whether the current law needs to be strengthened to offer better protection to victims of domestic abuse. It is focused on whether there should be a new specific offence that captures patterns of coercive and controlling behaviour and psychological abuse in intimate relationships, in line with the government's non-statutory definition of domestic abuse. The proposals are supported by Women's Aid, Paladin and the Domestic Violence Law Reform Campaign. Hema asked Kiran whether the CSPB had responded or whether it proposes to respond. Kiran advised that she would refer this to the DV and VAWG for a response as well as Manju Likhman, the DV Co-ordinator.</p> <p>Action: Manju Likhman to confirm whether a response had been given to the consultation relating to the law on domestic abuse.</p> <p>Hema stated that the Children and Vulnerable Witnesses Working Group initial proposals have been published with a view to coming into play Jan 2015. It relates to the inadequacy of current procedures for taking evidence from alleged victims. It seeks to address the wider issue of vulnerable people giving evidence in family proceedings and review guidelines in respect of children giving evidence. There is also a specific proposal with regard to victims of FGM and forced marriages: how they are to be identified as vulnerable witnesses and what special measures / support should be put in place. Hema asked how closely the CSPB is working with the local courts and the police to meet the standards proposed? This is a matter DV&VAWG can drive forward, however, the BSCB need to be assured of the steps in train to support vulnerable witnesses. Kiran advised that she would also refer this matter to the DV and VAWG.</p>	<p>Manju Likhman</p>

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5.	<p>FGM Proposal The Proposal presented was previously circulated.</p> <p>Siobhan McGovern stated that FGM was made illegal in the UK in 1995, but there had been no successful prosecutions to date. The Prime Minister raised the issue of FGM at the Girls Summit in July 2014. The intercollegiate document on FGM was produced earlier this year. At local level girls were still at risk of FGM and were not receiving adequate protection from harm.</p> <p>In Enfield cases were referred via MASH if:</p> <ul style="list-style-type: none"> - A girl was at risk of having FGM - A girl who had undergone FGM - A baby girl born to a mother who had undergone FGM <p>If this model was followed and referrals were made in this way in Barnet, there was concern as to what MASH would do with the referral. Would the referral be returned to health for monitoring or would MASH act on the referral? Clarity was needed as to how MASH would act on the referral. It was essential that professionals asked the appropriate questions if a woman had undergone FGM or was at risk of FGM. It was important that all information was recorded centrally. For example, if the mother was told that FGM was illegal but still allowed the procedure to be performed on her daughter, claiming she was unaware that the procedure was illegal there would be a central record to prove that the mother did know that FGM was illegal. The information needed to be recorded centrally and in the child's "red book". It could also be recorded on the GP system. When women were discharged from Maternity a letter could be sent to the GP with the relevant information on.</p> <p>Siobhan McGovern noted that midwives were currently exploring the most appropriate questions to ask. It was also necessary to explore how this information could be disseminated via schools.</p> <p>Currently referrals, following the Enfield model, were not made in Barnet. Siobhan asked the BSCB to either endorse current protocol until further guidance was released from NHS England. Or if the BSCB were in favour of the Enfield model then to ascertain how this would work. It was also necessary to take into account the current complication of Barnet and Chase Farm/Royal Free Hospital and North Middlesex Hospitals.</p> <p>Jo Pymont stated that a referral to MASH would be positive. Even if MASH decided to categorise as "No Further Action" taken at the time, the incident would still be logged. If there was then further incidence years later then this information could be cross referenced.</p> <p>Jo Moses queried the prevalence. Siobhan McGovern stated that Health providers had to collate this information and statistics. Previously all information was anecdotal. Paul de Keyser added that there were at least 560 cases reported nationally. A lot of these cases would have been ante natal.</p> <p>Liz Royle highlighted that in the Tri Borough there was currently a joint project with St Mary's regarding FGM and this included an assessment with Social Care. However this relied on the woman accepting the referral to the FGM clinic.</p>	

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	<p>Siobhan McGovern noted that it was highly unlikely that ante natal women would confirm that they were intending to have the procedure carried out on their daughters. The risk would therefore be in the future. Judith Gainsborough queried if it would be helpful to record when there had been any form of discussion regarding FGM with a woman. This could then act as a deterrent. Siobhan McGovern advised that this would heavily lie with GPs to record any information. Judith Gainsborough commented that school Safeguarding Leads must be made fully aware of how to get involved.</p> <p>Neel Bhaduri stated that this was a very sensitive and cultural issue which should therefore be aimed at school level. A local campaign would also be necessary, stating that FGM was offense that would result in prosecution. Chris Miller queried why the schools should be the primary target and not health. Neel Bhaduri clarified that it would be parallel work with health with equal importance.</p> <p>Zainab Bundu noted that this must be recognised as a cultural issue. Raising awareness for young people was important. Videos had been made by young people for young people. Young people did not necessarily use the term FGM. However we should make use of the information already available out there.</p> <p>Councillor Thompstone stated that we must move strongly and confidently forward strategically. It was right to refer via MASH. Information should be cascaded via schools and it was also important to look at how schools managed this. Delphine Garr stated that the Home Office had released guidance. This should be forwarded to all in our networks.</p> <p>Action: Delphine Garr to forward the Home Office guidance on FGM to the BSCB for dissemination to all agencies and services.</p> <p>Janet Matthewson stated that intervention was necessary as the concern would not be when the child was born but further down the line. Community Leads needed to find ambassadors to speak out against FGM.</p> <p>Naomi Burgess advised that there were a number of independent and private schools that did not have the same access to information that the state schools had. There were also a number of TAs, part time staff, meal time supervisors etc that did not have the same access to training. Information regarding FGM should be taken to teacher training colleges as well as to the different disciplines on site.</p> <p>Jo Moses commented that in order to properly log and appropriately respond, early intervention was important therefore Jo advised that she was in favour of cases being referred to MASH.</p> <p>Paula Light agreed that referrals should be made to MASH. It was a criminal offence and therefore essential that girls and their families were safe.</p> <p>Chris Miller added that in the worst case scenario, we could record information from today but evidence of the crime may not become apparent until that child then had her own baby. Records therefore needed to be well documented and retained.</p>	<p>Delphine Garr</p>

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	<p>Paul de Keyser expressed concern as if women were aware that Barnet and Enfield referred cases to the MASH but other areas did not then women potentially could book to have their babies in other Boroughs. We would also need a different information sheet from the current one regarding referrals to MASH when related to FGM.</p> <p>Siobhan McGovern commented that currently if a woman had undergone FGM but stated that she would not allow her child to have the procedure, then a referral was not made to MASH – based on the woman’s word.</p> <p>Chris Miller advised that a task and finish group was needed to establish the finer details if we were to follow the Enfield model.</p> <p>Chris clarified that:</p> <ul style="list-style-type: none"> - Enfield refer all cases to MASH. - Camden refer cases to MASH if there was cause for concern <p>Chris added that the BSCB now had to decide which option to endorse.</p> <p>Jo Moses noted that very few women would acknowledge that they were considering FGM for their child. Siobhan McGovern commented that women concerned were being told that FGM was illegal and that information discussed would be kept for 25 years.</p> <p>After a vote at the BSCB it was agreed that we will now follow the Enfield model and refer all cases to the MASH until further notice.</p> <p>Zainab advised that she voted to follow the Camden model until further guidance received. This was because FGM was a cultural issue and not all women who had undergone FGM would allow their child to have the procedure. Paul de Keyser reiterated that women may opt to have their babies outside of the Borough if they knew a MASH referral was likely in Barnet.</p> <p>Action: Siobhan McGovern to set up a task and finish group to establish the finer details of how MASH referrals would be received and acted on. Members of the group would include:</p> <ul style="list-style-type: none"> - Siobhan McGovern - Police MASH - Social Care MASH - Named midwife. <p>Action: Zainab Bundu/Tony Lewis to circulate the information they had for young people.</p> <p>Chris Miller confirmed that we would continue as we were currently until the task and finish group had developed an action plan for us to refer all cases via the MASH.</p> <p>Action: Polly Walsh to ensure that this item is put on the agenda for the next Board meeting in February 2015.</p>	<p>Siobhan McGovern</p> <p>Tony Lewis</p> <p>Polly Walsh</p>

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6.	<p>Joint Working Protocol between Barnet’s Health and Wellbeing Board, Local Safeguarding Children Board and Local Safeguarding Adults Board</p> <p>Chris Miller noted that this Proposal, previously circulated, established how both the Children and Adults Safeguarding Board worked with the Health and Wellbeing Board. Chris asked the BSCB if we wanted to adopt this Protocol. Councillor Thompstone stated that the Protocol should clarify that the Chair of the BSCB was also a non-voting member. Once the change was made the Protocol could be circulated.</p> <p>Action: Polly Walsh to advise Kate Kennally’s PA of the change needed with regards to the Chair of the BSCB being a non-voting member of the Health and Wellbeing Board.</p>	Polly Walsh
7.	<p>Partners Report to the BSCB</p>	
7.1	<p>Early Intervention Strategy</p> <p>Duncan Tessier stated that the Early Intervention Strategy, previously circulated, set out three guiding principles:</p> <ul style="list-style-type: none"> - Intervene as early as possible - Take a whole family approach - Use evidence based monitoring systems <p>Duncan advised that these principles were used to aid redesigning teams in terms of Family Support Services. This method would also be used in other services related to Early Intervention including voluntary services. The Early Intervention Strategy would be implemented across the Borough to ensure the growth of the CAF. In reality there could be potential obstacles. For example, some schools may take the view that they had their own pastoral care system in place; Health Visitors that had an already large caseload would not want to complete a CAF or voluntary sectors that complete their own early intervention work may not want to complete a CAF as well. A strategic group was therefore needed to monitor use and establish ways of increasing the use of the CAF. Duncan Tessier noted that an update would be provided to the Board in six months’ time.</p> <p>Liz Royle queried how the team would monitor the completed CAFs. Duncan advised that it was essential to ensure that a good assessment was completed within the CAF, regular reviews to be held and recorded in the CAF what the Practitioner had felt about the situation. The families could also be asked how they felt as well as the Voice of the Child. However. it was necessary to look at an outcome based measurement system which was what the Strategy proposed.</p> <p>Janet Matthewson added that it was important to support all those that completed a CAF to ensure that it was completed properly. The voluntary sector could perhaps be up skilled in order that the CAF process could be built in. Zainab Bundu noted that the Barnet Youth Board members were currently working on a leaflet regarding the CAF to ensure that children also understood the process.</p> <p>Judith Gainsborough stated that there was a good list of Partners on the Board membership however no-one from Education and Skills was listed. Duncan advised that this was the first draft, however, Judith Gainsborough and Ian Harrison were invited to be a part of the Board.</p>	

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	<p>Judith Gainsborough also stated that School Action and School Action Plus had now merged into one stage. The impact of this was not yet known. Naomi Burgess explained that the SENCOs Forum had noted that SENCO's found the CAF from hard to complete and were unsure in what manner to record information. Delphine Garr advised that SENCOs were able to attend CAF training in order to help them understand how to complete the form.</p> <p>Duncan Tessier highlighted that Early Intervention would like the BSCB to support the overarching principle as well as support to be given from Schools, Health and the Voluntary Sector to increase the number of CAFs and therefore Multi Agency commitment. Support was also needed in establishing the Early Intervention and Prevention Strategic Board.</p>	
7.2	<p>MsUnderstood</p> <p>Carlene Firmin explained that she had been working with Barnet regarding our peer on peer approach since January 2014. The interim audit report was circulated prior to the meeting. The London cluster audit report was due to be finalised in November 2014, then detailed information would be available.</p> <p>Carlene noted that MsUnderstood Project was a partnership with the University of Bedfordshire, Imkaan and the Gangs against Girls project. The Project would continue to work with Barnet until 2016 to build on the work we were currently implementing. The audit was necessary to understand the delivery plan and agree the way forward with the steering group.</p> <p>We were very lucky to have a Detached Youth Team in place. This was critical in order to deal with peer on peer abuse. The Pupil Referral Unit was very engaged and willing to work on the issue of peer on peer abuse. MASE discussed a number of girls who attended the PRU. During MASE, each Social Worker discussed an action plan for their case however there was little discussion as to how the PRU strategy as an overall Unit, could be put into place. Carlene Firmin highlighted the importance of looking at what we had in our profile, explore strategies and overall work.</p> <p>Flo Armstrong thanked Carlene Firmin for her acknowledgement regarding the Detached Youth Team. Flo noted that stronger links were needed between Youth Workers and MASE. Flo therefore advised that Karen Ali was now a member of the MASE Panel.</p> <p>Janet Matthewson stated that it was necessary to utilise more the services of the Voluntary Sector in terms of early intervention. This matter to be discussed further in another forum.</p> <p>Action: Janet Matthewson and Carlene Firmin to discuss further the services that the Voluntary Sector was able to provide in terms of early intervention.</p> <p>Chris Miller queried if it was necessary for the BSCB to complete a piece of work in terms of safety of the PRU and young people in Barnet. Carlene advised that it was necessary to look at how the PRU could be better supported especially in terms of young girls. Girls had already been sexually exploited prior to attendance at the PRU. Early intervention was needed prior to sexual exploitation. Chris Miller queried if single sex PRU provision was feasible. Carlene noted that it would depend on the set up of each PRU so the local dynamic would need to be understood. Multi Agency support was needed</p>	<p>Janet Matthewson/ Carlene Firmin</p>

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	<p>to look at this.</p> <p>Duncan Tessier noted 3 strategic points:</p> <ul style="list-style-type: none"> - Detached Youth Work – linked to a current project and will assist with the evaluation. - PRU – currently being explored, needed to look at PRU as a whole rather than each young person. - Governance of Gangs – clearly a connection between gangs and sexual exploitation so one group was needed. 	
7.3	<p>MASE</p> <p>Jo Moses stated that MASE meetings had commenced in January 2014. Meetings were held on a monthly basis. Barnet had a significant problem with sexual exploitation. There was an important overlap between gang activity in Barnet and CSE. Data had been gathered and showed that there were approximately 150 cases of children at risk of sexual exploitation. Approximately 60 cases had been discussed in MASE so far. A lot of the girls had been sent to out of Borough placements with high risk cases sent to secure units. Some cases had also been diverted to the KYPS (Keeping Young People Safe) Project. There was concern that a lot of work had been undertaken with victims but there had been no work related to perpetrators. This element needed to be looked at strategically. Police response had been problematic when following out of Borough cases. A CSE Co-ordinator was now in place, working 3 days a week until the end of March 2015. Lynn McIntosh was the new CSE Co-ordinator. This post was funded by the Board. Succession planning was needed for when funding for this post ceased.</p> <p>Action: Polly Walsh to provide the Board Members with contact details for Lynn McIntosh.</p> <p>Jo Moses added that further training on CSE was in the process of being rolled out. We would also shortly have 6 highly trained practitioners to work with CSE victims. This was via KYPS Project and Safer London. The CSE Strategy and Action Plan were to be signed off by the Board and then uploaded to the BSCB website. A themed audit on CSE would be initiated via the PQA Sub Group using the Ofsted criteria to help us understand how we were performing.</p> <p>It had become apparent that MASE needed to remain operational, however, a strategic group was needed to provide robust oversight.</p> <p>Paula Light advised that she had attended the last MASE meeting. All actions allocated to the Police had been followed up and actions taken had been dealt with. Individuals that had come to notice had been found and one already arrested. Significant changes had therefore been made.</p> <p>Chris Miller noted that it was necessary to confirm how we would take cases forward where victims did not always engage. Chris queried how these cases would be progressed. Paula Light stated that the Police had explored tagging to ensure victims engaged.</p> <p>Delphine Garr stated that online CSE training was due to be rolled out next week.</p>	Polly Walsh

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	<p>Action: Delphine Garr to forward details of the CSE on line training in order that Polly Walsh can circulate to the Board.</p> <p>Sarah Le-May noted that Norwood had a potential increase in CSE cases. Further discussion was needed on this in another forum.</p> <p>Action: Sarah Le-May and Lynn McIntosh to discuss the number of CSE cases in Norwood.</p>	<p>Delphine Garr/Polly Walsh</p> <p>Sarah Le-May/Lynn McIntosh</p>
7.4.	<p>Missing, CSE and Gangs Strategic Group</p> <p>Jo Pymont stated that the Proposal, previously circulated, provided an oversight of CSE. It showed how gangs, missing and CSE were linked. However we do not have strategic oversight to link all three categories. The Proposal suggested that MASE and Missing join as an operational group. We currently had a Gangs/Youth Violence operational group. An overarching strategic group was therefore needed. Gangs had its own strategic group however this will now dissolve and a new CSE, Gangs and Missing strategic group had been proposed with Nicola Francis as the Chair. Jo Pymont noted that the Terms of Reference were to be discussed.</p> <p>Sam Denman advised that he agreed with the Proposal however it was difficult to commit and comment further until Probation had completed their split and therefore knew who was available to fully commit.</p> <p>Hema Parmar commented that a strategic group for CSE, Gangs and Missing would provide more robust strategic oversight. It was noted that the failure to join up these areas strategically was identified as an area for improvement in recent Ofsted inspections of other LAs.</p> <p>Chris Miller clarified that the BSCB had agreed this Proposal.</p> <p>Action: Nicola Francis to confirm the Terms of Reference and Membership to the CSE, Gangs and Missing Strategic Group.</p>	<p>Nicola Francis</p>
7.5	<p>Private Fostering</p> <p>Hema Parmar referred the Board to the LSCB Regns 2006. Regn 5(1)(a)(v) sets out the specific statutory function in relation to private fostering in developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to the safety and welfare of children who are privately fostered. It was therefore important that the Board has a proper understanding of private fostering and the effectiveness of existing policies and procedures in ensuring the safety and welfare of children who are privately fostered.</p> <p>Hema explained that private fostering was either when a child under the age of 16 (or 18, if disabled) was cared for by someone who was not the parent or close relative; or a private arrangement had been made between a parent and a carer for a 28 days or more.</p> <p>Debbie Gabriel advised that in terms of assessment once it was known that a child was being privately fostered the Kinship and Permanence Team (KPT) would visit and assess the carers within 35 days of notification. If there were however any Child In Need concerns identified then the Duty and Assessments</p>	

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	<p>Team would undertake an assessment prior to a referral to the KPT.</p> <p>Many of the arrangements were because children were sent to the UK from abroad to attend school. These children were very vulnerable especially if they had no contact with their parents whilst in this country. They were potentially at risk of CSE, although most private fostering cases were straightforward.</p> <p>An area for improvement is better analysis of data to inform practice.</p> <p>Debbie Gabriel noted that there had been increased numbers of private fostering cases due to raised awareness. Professional network awareness i.e. schools, universal services etc - had ensured an increase in the number of known cases.</p> <p>Chris Miller asked Sara Keen how high the level of awareness was in schools. Sara advised that in her school there were no children that she was aware of in a current privately fostered arrangement.</p> <p>Siobhan McGovern noted that a host mother brought a child into her GP to register them with the practice. The GP passed the information on to Social Care. Siobhan queried if schools alerted Social Care if they became aware of a pupil in a private fostering arrangement. Debbie Gabriel confirmed that the schools informed the service rather than the host family.</p> <p>Debbie Gabriel clarified that an aunt or uncle was not classified as private fostering. Any family member more distant than this was classified as private fostering. Sara Keen queried that if Barnet Council was informed of a child who was being privately fostered, would this child then become a "Looked After Child". Debbie Gabriel confirmed this not to be the case and added that this was separate to LAC.</p> <p>It was known that there were many children who were looked after informally in communities however the extent/numbers were not known. This was due to communities fearing that private fostering was a part of Social Care. Notifications were also not received if a young person was known to "sofa surf".</p> <p>In terms of knowing who the child was living with, it was difficult to ascertain whether or not this was classed as a "close relative" or not. In time the schools became aware of whom the child was living with and at that point the schools alert the KPT that there was a known private fostering arrangement.</p> <p>Debbie Gabriel highlighted that once it was recognised that a child was being privately fostered, the KPT would make themselves known to the family as they had a duty of care to the child. It was important to monitor these children and those around them and ensure that the family were aware that services were available if needed.</p> <p>Phyllis Dyer stated that we were reliant on schools to alert us of private fostering arrangement for school age children. Phyllis therefore queried what procedure was in place for pre-school children? Debbie Gabriel advised that it would be helpful if the Board could assist with this matter. Previously there was a group linked to this. Hema Parmar added that a consistent approach was needed.</p>	

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	<p>decision making was currently in progress to ensure that qualitative information was obtained. MASH were increasing the data that they could collate and this would also be benchmarked against other Boroughs.</p> <p>It was necessary to look at how MASH aligned closely with the priorities of the Board and greater analysis of outcomes was also needed.</p> <p>Siobhan McGovern stated that Health had concern regarding MASH in terms of referrals, data etc however work had been implemented here too.</p> <p>Councillor Thompstone noted that this was a very helpful report and it was obvious that progress had been made.</p> <p>Dr Paul de Keyser stated that there had been issues in making an online referral. Health had felt that the mechanisms of completing the form took a long time to get right. Jo Pymont advised that the issues regarding the health referral form timing out had been resolved. Jo agreed that there had been technical problems at the start.</p> <p>Sara Keen stated that education saw families on a daily basis. The threshold from schools was higher therefore MASH may class a case as 'NFA', however the relationship between the family and school was then damaged once the family knew that a referral had been made. Sara therefore queried if there was any other way that opportunities could be given to schools to work with families rather than make a referral and then lose the opportunity and trust of a family. Duncan Tessier advised that this situation would benefit from completion of a CAF and a referral to Early Intervention.</p>	
8.	<p>Youth Shield Report</p> <p>Zainab Bundu stated that work was taking place to increase young people involvement in commissioning services. The Voice of the Child Action Plan had highlighted this as an area of improvement. Simon Causer from the Police had completed good work relating to "Stop and Search". Paula Light added that the Police recognise the issues and would learn from other areas and find ways of incorporating this within their work. It was necessary to break down barriers.</p> <p>Chris Miller thanked Zainab Bundu for all her work and contribution to the BSCB. This was Zainab's last BSCB meeting as she was leaving Barnet.</p> <p>The Youth Shield report, previously circulated, was presented by Jen Fidai.</p> <p>The Young People had delivered 14 Healthy Relationships workshops with further sessions booked. It was expected that Youth Shield would reach up to 900 young people across their workshops.</p> <p>The Youth Health Forum was a Sub Group of Youth Shield. The first meeting was due to take place in November 2014. Youth Shield planned to focus on mental health issues.</p> <p>Youth Shield was to take part in Safeguarding Month by presenting their Healthy Relationship workshop.</p> <p>Janet Matthewson advised that it had become necessary to turn down some requests from schools in relation to the Healthy Relationship workshops. Some</p>	

No	Agenda Item	Action
	<p>schools were only allocating 30 minutes which was not appropriate or a long enough duration for the delivery of the workshops.</p> <p>Siobhan McGovern noted that this was a brilliant report. Siobhan queried if any discussion had taken place regarding self-harm and suicide with intention. Jen Fidai confirmed this to be the case and added that the Youth Health Forum would tackle this topic.</p> <p>Christine Dyson queried if the Healthy Relationships workshops would be offered to health staff. Janet Matthewson advised that this was not currently the case but that workshops could be provided. Janet added that demo workshops would take place during Safeguarding Month with all Partners welcome to participate.</p>	
9.	<p>Swaylands This report was previously circulated. The BSCB accepted the report.</p> <p>Jo Moses explained that the recommendations in the report were there to ensure that any child in a safeguarding setting ie a residential home/school, were as safe as they could be. The report also highlighted the warning signs that staff should look out for. Jo Moses asked if there were any questions concerning the follow up actions and recommendations of the Swaylands report. Chris Miller queried how many Barnet children were in Swayland. Jo Pymont confirmed that there were approximately 10-20 children from Barnet that had resided at Swaylands, however few of these children were known to Social Care.</p> <p>Jo Moses noted that Liz Shaw would action the majority of the recommendations as well as Jo Moses and the QA Manager. Delephine Garr would actions those recommendations that related to training.</p> <p>Chris Miller stated that the BSCB accepted this report and that a progress report on the recommendation would be needed in a years' time.</p> <p>Action: Jo Moses to provide an annual update on progress with regards to the Swaylands report recommendations.</p>	Jo Moses
10.	<p>Business Plan/Effectiveness of the BSCB – Ofsted Readiness Hema Parmar stated that the report, previously circulated, sets out what the Board is required to do, what it is doing now (and how well) and what its next steps are. This report, together with the Challenge Log, would also form the basis of the next Annual Report (2014-2015) in order to provide a clear and structured focus on the effectiveness of the Board. The framework of this document is based on the Ofsted grade descriptors. Hema added that the datasets from all partners are critical to enable the Board to properly monitor and evaluate how partners are discharging their statutory functions in regard to safeguarding. It has been agreed that the dashboard collated for the Children's Service Senior Management Team can now be used at PQA Sub Group meetings. The current dashboard is being updated and revised and this will significantly strengthen the Board's ability to monitor and evaluate effectiveness and evidence how it is making a difference in safeguarding.</p> <p>Hema advised that positive steps have been made on training and evaluation, the Learning Improvement Framework had been approved and taken to every</p>	

No	Agenda Item	Action
	<p>sub-group to raise awareness. The PQA maintains oversight of audits and reviews and the sub-groups work collaboratively to ensure that the learning from audits and reviews is captured and cascaded and that there is a clear plan for embedding the learning and evaluating the impact of the same.</p> <p>Hema informed the Board that the Challenge Log was currently being devised to capture and evidence challenge between partners. Section 11 Challenge Meetings are scheduled for November 2014 and the ambition is for all partners to be compliant with the 8 standards in the audit.</p> <p>Hema stressed that as a partnership we needed to understand the relationship between missing children, children at risk of sexual exploitation and gangs. The new strategic group would respond appropriately to this requirement. This was a positive step in securing more robust oversight.</p> <p>Our strategic approach on all 4 Action Plans in the Business Plan is adopted from the CSE Strategy i.e. prevention, early identification, intervention and support and disruption and prosecution (where appropriate). Progress is being made on these 4 Action Plans.</p> <p>We were still waiting for some schools to respond and provide clarity in terms of who their designated Safeguarding Lead are, however, Education representation across the Board and sub-groups has been significantly strengthened.</p>	
11.	<p>Future Meeting Dates</p> <p>Date: Thursday 5th February 2015 Time: 2-5pm Venue: Oak Room, Building 4, NLBP</p> <p>Date: Thursday 14th May 2015 Time: 2-5pm Venue: Oak Room, Building 4, NLBP</p> <p>Date: Thursday 10th September 2015 Time: 2-5pm Venue: Oak Room, Building 4, NLBP</p> <p>Date: Thursday 10th December 2015 Time: 2-5pm Venue: NLBP - TBC</p>	