

Barnet Safeguarding Children Board

Board Meeting

Thursday 14th May 2015, 2-5pm

Oak Room, Oak Room, Building 4, North London Business Park, Building 4

Attendees:	
Chris Miller (Chair)	Barnet Safeguarding Children and Adults Board – Independent Chair
Simon Corkill	London Borough of Barnet – Interim Board Manager
Yvonne Archer (Minutes)	Barnet Safeguarding Children Board – Administrator
Alexander Kemp	Service Manager, CAFCASS
Bridget O’Dwyer	Public Health – Senior Commissioner, Substance Abuse
Cecile Kluitse	Solace Women’s Aid – Family and Children Services Manager
Chris Munday	London Borough of Barnet – Commissioning Director
Duncan Tessier	London Borough of Barnet – Assistant Director, Early Intervention and Prevention
Helen Morrison	Martin’s Primary School – Head Teacher
Helen Williams	Metropolitan Police - Detective Chief Inspector
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’s Social Care
Joanne Kelly	Pavilion Study Centre – Head Teacher
John Foulkes	Metropolitan Police – Detective Chief Inspector (CAIT)
Julie Riley	The Barnet Group – Director of Care and Support
Laura Fabunmi	London Borough of Barnet – Public Health Consultant
Liz Royle	Central London Community Health – Head of Safeguarding
Lydia Papacostas (Observer)	London Borough of Barnet - Voice of the Child Project Support (Apprentice)
Marc Shoffren	Alma Primary School – Head Teacher
Mary Sexton	Barnet, Enfield and Haringey Mental Health Trust – Executive Director of Nursing, Quality and Governance
Naomi Burgess	Barnet Safeguarding Children Board – Independent lay member
Nicola Francis	London Borough of Barnet – Family Services Director
Nigel Norie	Barnet Safeguarding Children Board – Independent lay member
Cllr Reuben Thompstone	London Borough of Barnet – Lead Member for Education, Children and Families
Ruth Vines	Royal Free Hospitals NHS Trust – Head of Safeguarding
Ruth Williams	London Ambulance Service – Community Involvement Officer
Sam Denman	National Probation Service - Brent, Barnet and Enfield – Head of Barnet NPS
Shirley Green	London Borough of Barnet - Head Of Service, Commissioning and Business Improvement
Siobhan McGovern	Barnet CCG – Designated Nurse for Safeguarding
Steve Leader	London Fire Brigade – Borough Commander
Stuart Bray	London Borough of Barnet – Education - Learning Network Inspector
Sue Smith	London Borough of Barnet, Adults - Head of Safeguarding

Toni Beck	Barnet and Southgate College – Director of Quality and Learner Experience
Tony Lewis	London Borough of Barnet – Voice of the Child Co-ordinator
Judith Gainsborough	London Borough of Barnet – Head of Specialist Inclusion Services Was there I think

Apologies:	
Deborah Sanders	Royal Free Hospitals NHS Trust, Director of Nursing
Dolyanna Mordochai	Norwood – Business Manager
Ian Harrison	London Borough of Barnet – Education and Skills Director
Jane Merriott	London Borough of Barnet – Associate Director, Inclusion and Skills
Karla Day	National Probation Service – Senior Probation Officer
Kate Kennally	London Borough of Barnet – Director of Children’s Service and Strategic Director for Communities
Louise Ashley	Central London Community Health – Executive Director of Nursing and Quality Assurance
Neil Marlow	London Borough of Barnet - Head of School Improvement
Paul de Keyser	Royal Free Hospitals NHS Trust – Paediatric Consultant, Designated Doctor, Children’s Safeguarding (Barnet)
Sarah le May (Dolyanna Mordochai)	Norwood
Vivienne Stimpson	Director of Quality and Governance, Barnet CCG

No	Agenda Item	Action
1.	<p>A lunchtime presentation was delivered by Mark Parkinson, Senior Criminal Intelligence Analyst on ‘Human Trafficking’.</p> <p>Mark asked that those who would like him to deliver his presentation again in another forum should contact him directly to make arrangements via his email address: Mark.Parkinson@met.police.uk</p> <p>The Board challenged Mark to consider not just how Barnet professionals could help the MPS with discovering and disrupting human trafficking but how the MPS could be more systematic in its approach to supporting local authorities in managing unaccompanied asylum seekers taken into care. Often there was a high risk of these children absconding into the care of organised criminals who would exploit them, but currently it was not clear that there was a strategic plan that could mitigate this</p> <p>Action: Chris to write to MPS</p>	Chris Miller
2.	<p>Introduction / Apologies</p> <p>It was noted that the lunchtime presentation ran over and as a result, the BSCB meeting started at 14.20.</p> <p>Introductions took place and apologies were noted.</p> <ul style="list-style-type: none"> - Siobhan McGovern attended to represent Vivienne Stimpson. - Bridget O’Dwyer attended in place of Stephen Murphy (Barnet & Harrow Public Health Team) who has now left. - Stuart Bray attended to represent Ian Harrison. 	

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3.	Previous Minutes and Matters Arising The previous minutes were agreed. Matters arising to be covered under the Action Log.	
4.	Action Log The items in the Action Log were briefly reviewed and the Action Log updated. To be moved to Action Log <ul style="list-style-type: none"> - CSE Norwood – outcome is unknown. Simon Corkill to chase up. - Swaylands – trial concluded but jury is out and the judge is going for a majority verdict. Result expected today 14.05.2015. The Chair asked board members to note this is an historic case relating to unit in Kent. Nicola Francis offered to update the next board meeting. - CDOP collaboration– Chris Miller has discussed awaiting the new London Chair. Laura Fabunmi and Ruth Vines to circulate an update on their work in this area with the minutes. They reported they are hoping to pull out some more data, requesting the board acknowledge this will be a complex task. The Chair thanked Laura and Ruth for their work on this. 	Simon Corkill Nicola Francis Update to be provided by Laura Fabunmi and Ruth Vines.
5.	CSE Strategy (Jo Moses) This report was circulated prior to the meeting. The strategy was signed off. Jo Moses provided an overview of the strategy and highlighted progress so far: <ul style="list-style-type: none"> – Strategic group chaired by Nicola Francis – Setting up and developing the MASE meeting – CSE co-ordinator – CSE audit – Setting up joint CSE surgeries and consultations Additional feedback was also received from other board members as follows: <ul style="list-style-type: none"> – Joanne Kelly (Pavillion Study Centre) reported they have found them helpful. – Chris Miller asked whether the surgeries should be available to schools. – Tony Lewis emphasised that this is also a priority for ‘Voice of the Child’ and they will be feeding into this. – Jo Moses reported that funding has been identified for CSE and will be tied in with other strands such as training. – Chris acknowledged this was an emerging success story. Action: Chris to raise the CSE surgeries at his Breakfast Meeting with School Heads. Jo to advertise surgeries to schools.	Chris Miller Jo Moses
6.	FGM (Paul de Keyser/Siobhan McGovern) This report was circulated prior to the meeting. Siobhan McGovern asked members to note this is the 3 rd time this topic has come back to board and covered the main points presented in her report as follows: <ul style="list-style-type: none"> - The proposal fits in with Home Office Guidance. - There was a substantial amount of dialogue on whether it would be appropriate to record information in the Red Book (child’s health record) of a 	

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	<p>child whose mother has had FGM performed on her. Siobhan informed members she was of the view that the Red Book would be a central point where information on FGM and possible risks would be recorded.</p> <ul style="list-style-type: none"> - She agreed a referral to MASH should fulfil the criteria and requirement to report FGM to the police, however she expressed an interest in hearing the board's view on this. <p><i>Feedback on this report included the following:</i></p> <p>Women who have not yet had children but may be known to Health Services and may have had FGM performed have been omitted. It is known that this group of women generally go on to have children quickly after having had the procedure performed on them and visits to Health Services would present an opportunity for professionals to discuss FGM with individuals and speak with them about their plans for any children they may have. It was agreed that the onus would thus be on the professional a woman has engaged and worked with, to follow up this, ensuring she understands that:</p> <ul style="list-style-type: none"> - FGM is illegal - there are implications should she have FGM performed on her female child - a risk assessment would still need to be carried out with her once she becomes pregnant although she has not done anything illegal herself. <p>John Faukes (Metropolitan Police) asked the board to note the importance of gauging how deep such a conversation should go.</p> <p>Janet Matthewson (Community Barnet) expressed her concern around how much of a disclosure would be recorded at that stage.</p> <p>Helen Williams (Metropolitan Police) queried the value of the personal details given and recorded; Ms McGovern agreed that clients may not always give their correct name and/or date of birth.</p> <p>John informed members that in the majority of cases that the police are investigating mothers are co-operating as they did not want their children to have been victims of FGM.</p> <p>Toni Beck (Barnet and Southgate College) reported staff has undertaken training and it is clear they would make a referral whether the victim who has come to their notice is an adult or a child. Siobhan clarified staff would be required to make a referral to MASH if they came across someone who they suspect or understand to have had FGM performed on them.</p> <p>Members queried whether elicited information would be lost following the Health Visitor stage. Siobhan asked the board to note that a woman's personal medical details should not be widely shared with agencies and information on her regarding FGM would be held by her GP.</p> <p>While acknowledging that at this stage, only statistics are being shared, Cecile Kluitse (Solace Women's Aid) asked board members to consider why such intrusive</p>	

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	<p>information is being asked when we are unable to tell women here the information is going to be held or how it is going to be used.</p> <p>Siobhan emphasised it is useful to get an idea of how many children, women who have had FGM performed on them might have. In addition, GPs' records can be cross-referenced with the records of any female children in the family. Members acknowledged that the issue of data protection breaches versus the useful gathering of statistics had to be carefully balanced.</p> <p>The Chair challenged the board that the issue seemed to need a policy across the partnership (BSCB) and not just by health. Nicola Francis stated that there needed to be clear referral pathways and offered to progress this for the board.</p> <p>The chair questioned the detail of how practitioners would be trained to have the conversations and what the actual risk factors would be.</p> <p>Nigel Norie (Lay Member) asked members to note that when girls are taken away 'on holiday' at short notice from school, this can present an issue around making a referral.</p> <p>In addition, Naomi Burgess (Lay Member) queried how the interface with confidentiality and registers would sit comfortably.</p> <p>Janet reported that her role would be to try and disseminate the information on FGM as widely as possible within the voluntary sector.</p> <p>Action: 1)Provide referral pathway. 2)To update education services on process. 3)To update board on detail of training and risk assessment 4)Community Barnet to report back on how they disseminate information</p>	<p>1)Nicola Francis 2)&3)Siobhan McGovern 4)Janet Matthewson</p>
7.	<p>Annual Report (Chris Miller) This report was circulated prior to the meeting. Simon Corkill presented the report on behalf of Chris Miller and thanked members of the board who have already contributed.</p> <p>Due to time constraints, only the main points of the report were highlighted as follows:</p> <ul style="list-style-type: none"> - Most agencies are involved now and need to contribute about ½ page each. - CSE will be covered in more detail as it is a board priority and is now a requirement in Government guidelines. <p>Chris asked members to note that the next Education & Children Committee will be held on 28th July.</p> <p>Nicola advised that the proposed time line will not fit with the submission requirements for the Committee. It was agreed the schedule will be reviewed.</p> <p>Action: To review the scheduling of the Annual Report.</p>	<p>Chris Miller and Simon Corkill</p>

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	To contact CAFCASS regarding their contribution to the Annual Report.	Simon Corkill
8.	<p>Missing Strategy (Jo Moses) This report was circulated prior to the meeting. Jo Pymont explained that this was not a Board strategy but a council one but would appreciate members' views in order to take it forward. The board agreed it was happy with the report.</p> <p>Helen Williams (Met Police) stated her team currently deals with both missing, adults and children but that there will be changes to how this service is managed locally and the leadership of it will move to DCI Peter Stride at Harrow.</p> <p>Action: Nicola Francis requested that the police update the board with the new arrangements.</p>	DCI Williams
8.	<p>Substance Misuse (Bridget O'Dwyer) This report provided an update on the board's challenge from last meeting and was circulated prior to the meeting.</p> <p>Bridget O'Dwyer informed the board that:</p> <ul style="list-style-type: none"> - The service will only be working on the current model for the next 4 months. Following that period the service has been re-commissioned and there will be one provider. - They have set up a partnership board with links to other agencies including SOLACE and the London Fire Brigade. - The main provider is BDAS with 36 service users who have 83 children. 24 of those children are known to Children's Services. - The Process involves information provided being passed onto MASH. - Each individual service has a Safeguarding Lead; weekly clinics are held with all leads, the duty worker takes the first contact and a debrief takes place regarding automatic referrals to MASH. - There are fail-safe protocols in place for workers. If there are no issues, but the children are at risk, workers should still be discussing how the welfare of those children is promoted. - A member of WDP (Westminster Drug Project) attends MASH. Children are not automatically referred or discussed unless there is an issue but there is an on-going assessment. - Information on HAGA is provided in the report. <p>Simon Corkill was thanked for his feedback on safeguarding. As a result assessment had been changed to prompt for information from other members of staff such as reception.</p> <p>Bridget welcomed any information or data from members.</p> <p>Duncan Tessier (Early Intervention and Prevention) expressed an interest in knowing the number of referrals being received from areas such as his own and whether this</p>	

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	<p>would be included in the database.</p> <p>Bridget was asked for clarity about independent supervision. She reported that her team are currently looking into this option.</p> <p>It was noted that some parents who are misusing alcohol and/or drugs may still be functioning, have a supportive partner and not use within the home however, it was acknowledged that arriving at school or appointments looking unkempt is a trigger for a referral MASH. It was agreed that schools are often in a position to be able to monitor parents' presentation and make such referrals.</p> <p>Joanne Kelly (Pavilion Study Centre) reported that when looking for information, they are only able to look at a young person's misuse as they do not have information on their parents although this could be useful in breaking the cycle of misuse. Bridget acknowledged this is an instance where the database could be useful.</p> <p>Alexander Kemp (CAFCASS) advised there is a roll out of Drugs and Alcohol Family Courts (FDAC) and this may come to Barnet.</p> <p>The board was informed that everyone who goes through the criminal justice system and has a history of misuse, is referred to BDAS/WDP.</p> <p>It was reported that Young Carers not represented within the data base, which was picked up on last year.</p>	
9.	<p>Safeguarding Data Set (Shirley Green) This report was circulated the day before BSCB.</p> <p>The Chair thanked Nicola Francis, Shirley Green, Simon Corkill and Peter Clifton for their work on this.</p> <p><i>The indicators were clarified as:</i> Green = data is available Amber = data can be collated Red = it may not be possible to capture the data.</p> <p>Shirley Green (Commissioning and Business Improvement) requested the board approve the work done thus far and approve her team continues to take the work forward. Chris clarified that they would not be expected to provide an update at every board adding, that the purpose of the Dashboard is in relation to our priorities:</p> <ul style="list-style-type: none"> - celebrate success - identify areas that they would like more information on. - gain an understanding of service provided and whether it has been effective. - And possibly note new priorities that need to be flagged up, e.g. FGM <p>The board was informed that some red flagged information is held by the police and that some assistance from the police would be needed to develop the performance report.</p> <p>Nicola emphasised that the council had invested significant resources to develop the proposal and the first set of data. It was highlighted how much the assistance of other agencies is now needed in order to enable them to produce the required</p>	

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	<p>outcomes for the children they are working with. She added that this is critical for the board in understanding safeguarding and to be Ofsted ready.</p> <p>The chair stressed that this remains a considerable challenge for the Board; how to analyse and understand our data in a way that enables the board to influence strategy across agencies delivers performance improvement and gives reassurance that the LSCB is doing its job.</p> <p>Shirley clarified that the receipt of data now would be very useful but advised the board they are still thinking through indicators which will identify gaps in safeguarding.</p> <p><i>Other comments included:</i></p> <ul style="list-style-type: none"> - Duncan asked board members to note that it is necessary that members understand the information presented by the data. - Laura Fabunmi (Public Health) suggested further clarity could be provided on some areas, e.g. CSE. - Toni Beck (Barnet and Southgate College) asked how we would know that the 'proportion of girls who feel able to say no to sexual activity' is correct? Janet suggested that what information could be obtained from their peer on peer workshops and surveys. - Sam Denman said that probation could provide some data now. - Chris went explained that figures are providing a parallel picture rather than complete figures, e.g. a chaotic lifestyle amongst children may be an indicator of CSE - Shirley informed the board that the data set being built can be reviewed annually. <p>Action: Probation data to be given to Shirley Green.</p> <p>Action: Police to look at what data is already in existence which can be given to assist.</p>	<p>Sam Denman</p> <p>DCI Helen Williams/DCI John Foukes</p>
10.	Annual, Bi-annual and Quarterly Partner Reports to BSCB:	
	Early Intervention:	
10.1	<p>Early Help (Duncan Tessier) This report was circulated prior to the meeting.</p> <p><i>Duncan highlighted that:</i></p> <ul style="list-style-type: none"> - The CAF team has moved into MASH; it is hoped this will result in further referrals. - E-CAF went live on April 1st; this enables a more efficient and accessible process. - Youth and Family Support Services have been integrated into one service which is much more targeted and measurable and they are continuing to 	

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	<p>monitor progress.</p> <ul style="list-style-type: none"> - Early Intervention will go live on 1st September; there is evidence that the partnership with Early Intervention is working and improving, thus work with families is improving. - There are fewer CP and CIN plans and an academic study on the impact may need to be carried out. The most striking impact is on cost and outcomes, further demonstrating that the approach and partnership is working, particularly youth offending work. - In answer to a question, it was noted that it could be useful to have data on which schools are filling in the CAF forms and which schools are not, could be useful. It is estimated that there should be 2-3 times more CAFs being completed that there currently is. - Helen Morrison (Martin Primary School) reported that the recent training was very well attended. The quality of the training and follow-up was commented on as being good and has raised the profile. However, the quality of engagement and level of help has been a concern and there has been a push for improvement. Duncan acknowledged this which was one of the reasons for the new team being based in the Mash. Helen further reported that in another borough, parents' permission was not required to complete a CAF which meant that more being completed. This was not Barnet's practice. <p>Siobhan reported that Health Visitors case load is too large to complete CAFs. This was challenged by Liz Royal who did not think the case load was so high and that it was their duty to complete.</p> <p>Siobhan advised the board that GPs will not do CAF assessments as their 10-minute slots do not allow them sufficient time to complete the form.</p> <p>The Chair emphasized the challenge is for CAFs to be generated much earlier in a child's life.</p> <p>Janet informed members she has been approached to fill CAF forms for schools as they were 'too busy'. She suggested the voluntary sector should make use of CAF as a tool for part of their work and in future make sure that the costs are included in any funding bids. She clarified that it can take up to 19 hours to complete a CAF, further emphasising the resource cost to complete.</p> <p>Janet suggested the benefits of CAF need to be highlighted to the voluntary sector and the LBB should work with them to raise awareness that it is not just a council tool but rather that it can be useful to the voluntary sector for monitoring.</p> <p>Laura suggested the CAF should include Health & Well-Being questions, which would assist in getting Children's Centres involved earlier.</p>	

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	<p>The Chair thanked Duncan for the amount of work they put into this report.</p> <p>Action: Duncan Tessier to update the board with progress in September 2015</p>	Duncan Tessier
	<p>Barnet, Enfield and Haringey Mental Health Trust (Mary Sexton) This report was circulated prior to the meeting.</p> <p>The challenge for the Trust is representation on approximately 64 LSCB sub-groups across there boroughs with three members of staff who have Safeguarding as a part of their job.</p> <p>In relation to the Beacon The Chair asked Mary was asked whether it was safe. She reported that it is as safe as possible. However, there are still risks around:</p> <ul style="list-style-type: none"> - Leadership - getting suitably qualified children’s nurses - the volatility of the children and young people who come into the secure unit. <p>Naomi asked members to note that she is also an educational psychologist and understands it is very difficult to reach the threshold criteria to get a referral to CAMHS. She queried whether there is still an 18 month to 2 year waiting list and Mary acknowledged it is incredibly difficult to get an in-patient bed from time to time. She reported that is attributable to the increase in numbers of referrals.</p>	
	Business Plan:	
10.2	<p>Update on Business Plan and Priorities, including CSE Action Plan (Simon Corkill) This report was circulated prior to the meeting.</p> <p>Due to time constraints, the four main priorities were highlighted as follows:</p> <ul style="list-style-type: none"> - CSE – significant progress as outlined in the action plan. - Neglect – not much work been undertaken on this; it was reported that Karen Pearson for the LBB has volunteered and will hold the first sub-group meeting next week. - DV - Progress has been made through the multi-agency DV&VAWG group. - eSafety - Mark Shoffren (Alma Primary School) has started work with Simon on the ‘Task and Finish Group’, primarily with primary schools. Simon reported he is hoping to get something started after the summer term with input from the police. 	
	CSE:	
10.3	<p>CSE and Missing updates (Jo Moses) This report was circulated prior to the meeting. It was signed off by the board.</p>	

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	<p>Jo Moses reported that the strategies on CSE and Youth Violence Prevention:</p> <ul style="list-style-type: none"> - will look very similar and the aim is for them to be readable - everyone has reviewed them and the task is to sign them off - a very detailed action plan has been drafted - it was acknowledged that the document represented a snapshot of a moment in time but that the plan will be a work in progress with updates over time. <p>Jo went on to focus on the key achievements and key priorities going forward:</p> <p>CSE</p> <ul style="list-style-type: none"> - MASE is now a highly effective meeting despite a quite difficult start - victims are getting effective support - every single case has been audited in Family Support - only 2 cases were of concern in terms of the level of support given but this was rectified very quickly. <p>CAMHS plus CSE</p> <ul style="list-style-type: none"> - clients were given services if they were willing to engage - CSE cases get a thorough social care assessment - cases are treated as a child protection issue <p>It was agreed that</p> <ul style="list-style-type: none"> - the board needs to know who the CSE lead is within each organisation - awareness-raising is required for the wider community - develop the approach to the perpetrators of peer-on-peer abuse. Research is currently being undertaken on a project in Hackney and recommendations are being awaited on what might be successful in Barnet and how those recommendations can be taken forward. <p>MASE</p> <ul style="list-style-type: none"> - there should be easier access to sexual health services particularly through schools - Sarah McCarthy has sent through ideas on this via the Health & Well-Being Board - a profile for CSE using a wide range of data is currently being progressed by the LBB on behalf of the board. The initial report is expected at the end of May. - Bridget O'Dwyer is liaising with a Senior CSE worker to look at commissioning for Sexual Health. <p>MISSING</p> <p>Lots of work has been completed on the response to missing children and the following points were highlighted:</p> <ul style="list-style-type: none"> - independent return interview for children in care - previously, a return interview had not been offered to those missing from their own home. - this has been challenging as children/young people do not often wish to engage and decline the interview. However, but persistence is achieving better results. - Interviews are conducted by someone who is independent and is not involved 	

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	<p>in the child's life; research has shown this can achieve disclosure of risks or harm they may be exposed to.</p> <ul style="list-style-type: none"> - Meeting with an independent service has yielded information to help assess risks. - LBB currently commissioning the independent interview service. - Close work with police colleagues has been undertaken each week to gain an assessment of missing Barnet children. They are currently working on cross-checking records with the police. - More work needs to be undertaken with schools to develop the response to missing from education. <p>DCI Helen Williams questioned how the information gained from the interviews was shared with police as it would be useful to them. Jo explained that the results were put on ICS and that the police would be able to get this through the Mash.</p> <p>Jo informed the board there is currently</p> <ul style="list-style-type: none"> - a take up of 30% acceptance of a Return Interview - they make three offers and hope to improve the record on acceptance - there are three main areas where the information comes from - care, home and education - each week, between 5 and 10 children are having a missing episode; Helen Williams added that sometimes it is the same child. There is an 80% recidivism rate and the police tend to see the same names each week. <p>Action: This to come back to Board in September to report on progress on independent interviews.</p> <p>Nicola Francis asked the board to note that a 14 year old has now been missing for a significant number of days. Safeguarding is very concerned and has done a lot of work with the police. She emphasised this is a major risk issue and would like to convene an Exceptional Review meeting to include health, social care etc. in order to review strategy on this. Chris Miller has agreed to chair this.</p> <p>Action: An exceptional meeting to be arranged to review the strategy on the missing 14 year old with Chris Miller as independent Chair.</p>	<p>Jo Moses</p> <p>Simon Corkill</p>
11.	<p>Assessment against Ofsted criteria(Simon Corkill) This report was circulated prior to the meeting.</p> <p>Ofsted have two sets of criteria for LSCBs the first assess 'effective' and the second 'good'. Using a RAG rating method Simon has made an initial assessment of the board, for the Ofsted 'effective' there is no red and one for 'good'.</p> <p>Board members were asked to review the Simon's assessment and provide evidence to include.</p> <p>Nicola Francis suggested at this stage the documents should be marked draft.</p> <p>Action: Mark the documents as draft.</p>	<p>Simon Corkill</p>

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12.	Voice of the Child	
12.1	<p>Youth Shield Report (Janet Matthewson) This report was circulated prior to the meeting.</p> <p>Janet confirmed that the list the young people chose answers from in the survey was provided however, there were areas where they could make their own suggestions.</p> <p>Janet conveyed the young people's apologies as they were on holiday and would not have been able to arrive at the board meeting on time.</p> <p>Action: Results of the survey to be circulated.</p>	Janet Matthewson
12.2	<p>Voice of the Child Strategy Action Plan (Tony Lewis) This report was circulated prior to the meeting.</p> <p>Tony informed the meeting that: Information on the work they will be undertaking over the next two years can be provided.</p> <p>Chris Miller asked members to consider</p> <ul style="list-style-type: none"> - The strategy primarily focuses on teenagers and challenged about how can the voices of young people be best captured or from people that could speak for them. Tony said there was a junior Role Model army that did provide some feedback. - It should be noted that a child's voice does begin before the age of 10 years old. <p>Tony Lewis expressed his view that this might best be achieved from partners that engage with younger children.</p> <p>Naomi reported that children with learning disabilities have already done some work on this, which may be useful.</p> <p>Janet suggested school councils could be utilised.</p> <p>Mary asked it be noted that CAMHS also has access to children and young people of all ages who could also inform the process/provide some of the information needed.</p> <p>Nicola reminded the board that Tony Lewis is the only person working in this area, that he is part of LBB Family Services and resources are scarce and each agency should consider whether they might be able to contribute a small amount each towards this work. In addition, she emphasised that it must be understood that Tony needs to be out working with the young people rather than sitting and writing policy and strategy.</p> <p>Tony reported that a Barnet young person is now part of a National Youth Select Committee that is re-designing the mental health service and asked the board to recognise this as a unique opportunity for Barnet to get involved.</p> <p>Action: Feedback from young people that is held by partners to be passed to Tony</p>	BSCB members

No	Agenda Item	Action
	Lewis.	
13.	AOB: Janet Matthewson informed the board this will be her final meeting as she is leaving Barnet. However, members were assured she would pass on the information/tasks in her hand-over notes to her successor regarding Safeguarding Support for the voluntary sector.	Janet Matthewson
11.	Future Meeting Dates Date: Thursday 10 th September 2015 Time: 2 – 5pm Venue: Committee Room 1, Barnet House (tbc) Date: Thursday 10 th December 2015 Time: 2 – 5pm Venue: Conference Room 1, Building 2, NLBP Date: Thursday 25 th February 2016 Time: 2-5pm Venue: Committee Room 1, Barnet House (tbc) Date: Thursday 9 th June 2016 Time: 2-5pm Venue: tbc Date: Thursday 15 th September 2016 Time: 2-5pm Venue: tbc Date: Thursday 8 th December 2016 Time: 2-5pm Venue: tbc	