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**Norfolk Safeguarding Children Partnership (NSCP)**

**Local Safeguarding Children Group**

**March 2025**

**Norwich minutes**

Agenda

* 1. Welcome and introductions

1. Section 11 in Norfolk
   1. Safeguarding overview
   2. Family and Community Networking
   3. Father inclusive practice
   4. Neglect
   5. Child exploitation
2. Safeguarding updates from colleagues
3. Next meeting

**Attendees:**

Josie Wells, NCC Childrens Services: Partnerships, Inclusion and Practice

Louise Cowell, Probation Service

Dean Thomas, Probation Service

Karen Dye, NSFT

Julie Prior, NSFT

Carole Jacque, Earlham Nursery School

Amaryllis Macy, City Council

Charlotte Reed, Norwich High School for Girls (last meeting as starting a new role in MASH).

Mandy Marriott-Sims, City Community and Partnerships

1. Welcome and introductions

Colleagues introduced themselves. As no Admin present it was agreed that brief discussion notes would be shared.

2. Section 11 in Norfolk

**Safeguarding Overview**

**Does this fit with your experience?**

* Voice of CYP is now being embedded as a way of working within probation service. It was recognised that this was a significant change and would enable improved practice to continue to be built upon within a new culture
* CWD are now rejecting referrals because thresholds have changed, but this was not felt to have been clearly communicated to all relevant professionals thar are involved in supporting CYP and their families
* An illustration of how we view mild to moderate mental health concerns was shared and demonstrated lack of consistency across professions, which if better understood would support in better and more timely referrals
* Case notes are often delayed and then submitted with missing information owing to lack of identification of other professionals working with cases
* Changes to terms e.g. Section 17, Team around a family are not clearly understood by all professionals.

**What do we need to do to keep building on this?**

* Improved access to key contacts
* Health no longer has access to the NCC directory of names, which has been experienced as creating a negative impact
* When professionals contact main point of contact, they are advised that names of other workers cannot be shared. This hinders progress, professional awareness, sharing of key information. As there is no shared database for everyone to view a ‘case’ this was a key area of concern to be addressed
* Share Family Hub contact numbers
* Foster a clearer comprehension of services inc. thresholds
* Bring some case studies to the group for moderation to see what expertise/ views (e.g. ‘benchmarks’) we have for cases
* Create and share a visual of family support process from EHAP to Section 17.

**Family Community Networking**

**How well do you feel that Family and Community Networking is embedded in your organisations practice?**

* Where training about working with fathers had been provided to teams, it was recognised that this had brought multiple benefits to the practice.
* Health has a ‘think family’ approach.
* CYP consent was discussed as important factor from being Gillick Competent (link to early discussion on CYP voice).
* When Mums state Dads are not involved with CYP, this has too often been taken at face value and is increasingly being challenged.

**What else needs to happen?**

* To support better inclusion of all parents, it was recognised that gender equality training would support professional thinking outside of the societal norms surrounding perceptions of the role of ‘mum’s and ‘dads’. When challenged, everyone had clear illustrations within their organisations of where this had or could directly impacted practice.
* Clarity of support for fathers to help them engage where there maybe barriers inc. positive role models, mental health, addiction issues etc. The group reflected on their lack of awareness for Fathers as a point to note in itself
* Link to importance re: attachment and trauma.

**Do you know if your organisation has identified Father inclusive practice champions?**

* No attendees had awareness of Father Inclusive Practice Champions. All took away an action to read the information and would work towards identifying one and promoting this practice.



**Neglect**

**Are you aware of ANOOF?**

* The group had mixed awareness (approx. 50/50), and in-depth understanding was variable. A briefing on this would be appreciated.
* Positive feedback re: JAGs was shared. There was a lack of clarity as to whether consent should be obtained for cases being discussed.
* Probation feel they have valuable insights to add to Team Around Children meetings where relevant but are not invited.
* City Council have CPD on child neglect which is being well received and informing practice.
* Crisis team are trialling the adolescent GCP.
* Consent to engage in referrals/ multi-disciplinary meetings was discussed as creating a risk in some circumstances of relationship breakdowns between professionals and services, and this caused concerns.

**We now have a Neglect toolkit how well is this being used and what else is needed?**

* Not being widely used. Sharing of a link and briefing session to support awareness and how to use etc would increase engagement.

**Child Exploitation**

**Does this help with your organisation’s approach to child exploitation?**

* Discussed needs of some settings to look beyond practical needs (which can be well met) to emotional (which can be less well met).
* It was felt strongly that exclusion from school significantly increased risk and more challenge/ support should be channelled into schools to support with attendance and engagement with education for a range of risk factors inc. risk of crime, impact on mental health, likelihood to result in poverty etc. Health shared an interesting illustration that only 1 child from all the cases currently being worked was in school. Some CYP recognised by the group were being excluded from mainstream schools due to lack of compliance with behaviour policies that they do not have the ability to achieve e.g. SLANT.
* EY focus was important as was understanding non-verbal forms of communication e.g. behaviour as an indicator to exploitation that is too often ignored with focus being on older, verbal siblings and the risk this poses to exclusion from school (see above).

**Concerns raised:**

Independent schools are unable to use the new family and professionals phoneline and local authority provided services. As a result of families funding education for their children, they are experiencing broader health and wellbeing needs not being met in the way they would if they were mainstream educated. One illustration shared highlighted a family that had moved from independent to state funded education to enable themselves and their child to access the support services they needed to meet the presenting mental health needs. Additionally, another illustration was of a young person who had been missing education since June 2024 with unmet mental health needs that was felt could have been addressed by the mainstream school offer of support.

1. Next meeting is online 7th May 10am