**Local Safeguarding Children Group (LSCG) – Great Yarmouth**

**Date: 3rd July 2024**

**Time: 10:00 – 12:00**

**Great Yarmouth Town Hall, Council Chambers**

**Present:**

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| **Name** | **Title** | **Organisation** |
| Abby Whittaker | Executive Assistant | NCC |
| Philip Beck | Head of Service, North, East and Broadland and LSCG co-chair | NCC |
| Lynn Manning | Safeguarding lead nurse and LSCG co-chair | James Paget Hospital |
| Sgt Dan Smith | Operational Partnership Sergeant | Norfolk Constabulary |
| Steph Edrich | Head of locality for North, East and West | NHC Programme |
| Angie Jackson | Safeguarding advisor | Ormiston academy |
| Evelyn Treadwell | DSL Early childhood and family service | Seagulls Centre |
| Sally Clarke | Team Manager C+P | NCC |
| Eve Hart | Unity team manager | Matthew Project |
| Steve Scott-Greenard | Early help and prevention manager | Great Yarmouth Borough Council |

**Apologies:**

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| **Name** | **Title** | **Organisation** |
| Mark Osborn | Safeguarding Intelligence & Performance Co-ordinator (SIPCo) | NCC |

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| **No.** | **Item** |
| 1. **1** | **Welcome - Minutes from the last meeting including updates from actions**   * Welcomed the attendees to the meeting and asked them to introduce themselves. * Minutes from previous meeting were discussed and approved – No further action needed. |
| 1. **2** | **LSCG members overview of their roles/presentations**  Dan Smith – presented on Police approach to partnership working regarding prevention and support/enforcement. (See slides included) |
|  | **Norfolk Healthy Child Service – presentation of new service priorities**  Steph Edrich – Outlined and provided latest overview on Norfolk's Healthy Child Service. The CCS held contract, that was set to expire this October and is overseen and commissioned by Norfolk Public Health, has now been extended for two years—until 2026—after considering feedback from various collaborators. Adjustments have been implemented within the service extension. It's also worth noting that we're facing recruitment challenges within our health visitor (HV) and school nurse roles, reflecting a 32% national decrease in the HV workforce, a trend which seems set to continue. Consequently, we have many unfilled positions across our teams.  We have a significant contract with several key performance indicators starting with the mandated 5 start for life contacts, including antenatal, newborn, 6-8 weeks check, 1-year review, and 2-year review. In the past few years, these services were delivered but often outside of the expected timeframe, which is starting to improve now.  The new approach guarantees that all children will get a new birth visit in person and 6-8 week check universally. Our delivery method is evolving. Baby - birth to 5 settings will be where we engage with most universal families. All 6–8-week developmental reviews will take place at a venue-based setting with additional parenting, while the 1 year review will occur in a community space with each family during a dedicated 45-minute session. Newborn visits will continue to be conducted at home by a health visitor.  From September, the antenatal contact process will change; 'Pathway to Parenting' sessions will be offered for expecting parents, replacing most antenatal home visits unless specifically required. A new triage system is in place for directing parents to 'Pathway to Parenting': any affirmative responses will trigger an automatic home visit. The 2 year reviews are being reinstated as a universal service available to families face to face.  See slides included for further reference. |
| 1. **3** | **NSCP priorities – family and community networking** (LSCG members awareness and contributions?)  Discussed use of family networking approach including some of the tools discussed at the last LSCG meeting presented by the NCC family networking team (Genograms, eco-maps, mobility mapping etc). Agreed that the slides shared would be re-sent out to all LSCG members for their further review and consideration. It is recognised that some of the family networking approach is being used but is often described differently across partners, so some of the techniques and approaches are being used in practice but are not described as family networking. Community networking was then discussed separately including being clear what the difference is with family networking. It was agreed that this will require further discussions at further LSCG meetings and further training amongst partners may be beneficial to ensure that this NSCP priority is embedded within this LSCG and its local partners.  See slides included for further reference. |
| 1. **8** | **Family Help – Service update**  Over the past 18 months, the children's social care team has implemented two pilot programs reflecting national efforts after Josh MacAlister's independent review. He analysed data from 40,000 children and 200,000 professionals. His main finding was that £8 billion is required to address issues in children's social services, with the government committing only £1.3 billion.  It is essential to employ language that families feel comfortable with, as family assistance is a continuum aimed at supporting children who are categorized as in need or on a child in need plan. In England, approximately 400,000 children fall under this category, and according to Josh, this number should be raised by 200,000. Josh further shared from his experiences that the 'child in need' designation often serves as a holding area for higher risk cases—it’s not critical yet, but the children are known to the system.  In Norfolk, we have initiated the formation of dedicated teams, which include rapid response units and groups focused on corporate parental responsibilities, life after care, and family assistance. Essentially, we have amalgamated these teams to create a continuum of support that enables families to progress without transitioning between different teams.  Children’s Services have undertaken in staff consultations and have merged the staff teams. The Universal Family Hub model is central to our approach in providing early support to families. This integrates social care teams with family hub arrangements, ensuring that each family has an assigned worker. When a DSL requests CADS support for a family, social workers can be called upon to collaborate on cases together.  For further reference on the context for these changes see: [What you need to know about the Independent Review of Children’s Social Care – Children’s social care (blog.gov.uk)](https://childrenssocialcare.blog.gov.uk/2022/06/10/what-you-need-to-know-about-the-independent-review-of-childrens-social-care/#:~:text=The%20Independent%20Review%20of%20Children%27s%20Social%20Care%20has%20now%20set,care%20have%20lifelong%20loving%20relationships) |
| 1. **9** | **Next meeting**  Monday 2nd September 2024  11:00 – 13:00  Ms Teams |