



Hounslow Safeguarding Children Partnership Meeting
Monday 23rd May 2022
3.00pm – 5.00pm
Virtually, via MS Teams

Attendees		
Name	Agency	Designation
Hannah Miller	Hounslow Safeguarding Children's Partnership	Independent Advisor
Steven Forbes	Hounslow Safeguarding Children's Partnership	Executive Director of Children's & Adults' Services
Amanda Lowes	London Borough of Hounslow	Assistant Director: Homelessness, Independence and Preventative Services
Vicki Taylor	London Borough of Hounslow	Interim Assistant Director Education & Skills
Martin Forshaw	London Borough of Hounslow	Interim Assistant Director – Children's Safeguarding & Specialist Services
Clare McKenzie	London Borough of Hounslow	Children's Commissioning Manager, Public Health
Phil Hopkins	London Borough of Hounslow	Head of Adolescent Services
Claire Smith	London Borough of Hounslow	Assistant Director for Children's Commissioning
Adriana Thomas	Hounslow Safeguarding Children's Partnership	HSCP Interim Business Manager
Janet Johnson	Hounslow Safeguarding Children's Partnership	Learning & Development Manager
Lorna Waite	CCG	Designated Nurse Safeguarding Children
Stephanie Hancock	HRCH	Deputy Named Nurse Safeguarding Children HRCH
Johan Redelinghuys	West London NHS Trust	Doctor for Safeguarding Children and Young People
Parminder Sahota	West London NHS Trust	Director of Safeguarding Children and Adults
Sharon Brookes	Police	Detective Superintendent
Natasha Wilson	Feltham YOI	Governor
Ian Berryman	Woodbridge Park Education Service	Headteacher (Nominated Special Schools Rep)
Kamm Grewal	Springwell School	Headteacher (Nominated Primary School Rep)
Christopher Davidson	London Fire Brigade	
Clea Barry	CAFCASS	Service Manager
Apologies		
Councillor Tom Bruce	Education and Children's Services	Councillor
Annita Cornish	London Borough of Hounslow	Interim Assistant Director Special Educational Needs and Disability

Katie Stone	Feltham YOI	Head of Safeguards
Niamh Murrell	National Probation Service	Senior Probation Officer
Josephine Daly	Oak Heights School	Independent School Rep
Victoria Eadie	Tudor Park Education	CEO (Nominated Secondary School Rep)
Kumal Rajpaul	HRCH	Interim Director of Nursing & Non Medical Professionals
Siobhan Appleton	CCG	Interim Assistant Director for Safeguarding
Graeme Baker	West Thames College	Head of Quality & Standards
Michael Michaelides	West Thames College	Executive Director Resources & Student Experience
Sarah Green	Chelsea & Westminster Hospital	Consultant Midwife for Public Health and Safeguarding
Thomas Webster	West London NHS Trust	Named Nurse Safeguarding Children
Elizna Visser	London Borough of Hounslow	Interim Head of Safeguarding & Quality Assurance
Adam Kerr	National Probation Service	Head of Service Delivery – Hounslow, Kingston and Richmond
Dr Nirmala Sellathurai	CCG	Designated Doctor Safeguarding Children
Permjit Chadha	Community Safety	Head of Service
Anil Chatterjee	ARC & HYPE	Service Manager
Not Attended		
Karen McLean	Homestart	Voluntary Sector Representative

1) Introductions & Apologies

Partnership members introduced themselves to the meeting. Apologies of members unable to attend were noted. Introduction of Natasha Wilson, Governor of HMP Feltham, Adriana Thomas, Interim Business Manager for the HSCP, Claire Smith, Assistant Director for Children's Commissioning, Hounslow and Johan Redelinghuys, Doctor for Safeguarding Children and Young People for West London NHS Trust.

2) Minutes of the last meeting & matters arising

The minutes of the last meeting were discussed. All members agreed there were no changes or amendments to be made. The action log was updated.

3) Action Log

Adriana Thomas took members through the action log.

Action 3 - Update re Covid-19 response and service delivery. To share Ofsted SEN overview report with the partnership once completed.

Steven Forbes will address this in AOB as the letter from OFSTED was shared last week.

Action 7: Universal 0-5 Pathway and Offer Report. To bring an updated report on the Universal 0-5 Pathway and Offer in six months' time.

Claire McKenzie will present a verbal update today and bring a paper to the next meeting.

Action 8: Early Help Hub Progress Report. To bring a paper to May's Board on the Early Help Hub.

Martin Forshaw to address this in today meeting.

Action 9: AOB. To update the Board on the use of tele-medicine in abortion Service.

Sarah Green is not available today. A formal report now available which will be brought to the next meeting.

Action 10: AOB. To share primary and secondary attendance figures pre and post pandemic. Bring to next meeting or circulate.

Vicki Taylor will address this today.

AGENDA (Part A)

4) CAHMS Assurance Report

Johan Redelinguys gave a brief presentation around the Hounslow Neurodevelopmental Team Autism Assessments Waiting List Performance.

- They have analysed the activity to make the Partnership aware of and address some issues that will have longer-term impact for the LSCP.
- In 2018 there were 238 referrals into the Neurodevelopmental Service, which has more than doubled to 553 by the end of this financial year, so demand has significantly increased and the number of cases being discharged is very close to the number of referrals.
- The number of initial assessments from 2018 has also about doubled, but more and more people are waiting because referral date activity is outstripping the resource with which to meet the demand.
- Even with the impact of COVID the Team have significantly increased assessment activity.
- A new mechanism has been developed for the assessment since the pandemic as, where face to face assessments were previously mandatory, they have been developing and implementing new evidence based ways of assessing young people for autism.
- Johan stressed the importance of the need for an evidence based assessment because they result in a diagnosis or lack thereof which is carried life and has an impact on whether they're considered to have a disability along with the resources that diagnosis may or may not bring, including additional support at school.
- Overall, young people are waiting significantly less than previously, with waiting times at the moment being reduced to about 20 months. It will be a struggle to reduce waiting times further due to the rise in demand.
- Diagnoses were being conducted at a steady rate each month, but they are unable to keep track of the amount of referrals that are increasing.
- The Partnership needs to think about what is done at the front end to better diagnose or manage children who are at risk of referral and support them, as they will continue to wait and will need to support while they do so.
- ASD wait for assessments has improved.
- On Friday the first 19 young people came off the waiting list as Helios has been commissioned for some of the post-diagnostic and supportive work.
- Helios has been commissioned to provide assessments over the next two years.
- The QB Test Program has been implemented; a new technologically supported mechanism for diagnosing ADHD done neurobiologically by measuring a young person's gaze distractibility, which has significant accuracy and should speed up the diagnosis.
- In parallel to the QB Test Program they are running a trial to establish if it is effective in monitoring the impact of treatment in order to monitor young people's dose requirements by whether the QB test results are deteriorating.
- They have exceeded the Commission target of 300 completed assessments per year.
- Staffing levels is a constant challenge due to recruitment difficulties faced by the NHS as a whole.
- Referral rate continues to increase, resulting in an increased number of young people waiting for an initial assessment.

- Some young people waiting develop more critical problems requiring them to be prioritized which has an impact and subsequent knock-on effect on other support services within the Stakeholder Partnership.
- Transfers to Adult Services, particularly ADHD, has been challenging because, as a regional service, it is also at capacity, which in turn affects throughput and the ability to remove cases from the waiting list.

Claire Smith continued:

- NDT waiting times is an accelerator priority at ICP.
- The Hounslow CYPMH Partnership Group is a subgroup assembled in December to bring together Hounslow Borough, the West London Trust, Northwest London HRHC and other agencies tackle this more as a whole systems approach.
- They had a multi-agency workshop which brought together all agencies in order to look at the major points they thought could be changed, resulting in 6 Task and Finished groups around recruitment and retention, network issues, schools, complexity of need, increased volume of referrals and waiting lists.
- Each of these groups has a Lead and have been asked to deliver a solution focused business case which will be presented to the subgroup to then start reviewing business cases about what is needed to prevent young people going onto waiting list and how it can be tackled as an integrated approach.
- There are many people who have been referred to that should not have been and could be signposted otherwise, and there different services that are not commissioned and are not currently available, so there is learning from lots of agencies as to what can be done.
- They hope to have a work plan completed very soon which will help to address some of these issues, along with working together to establish what can be done for those young people who are on the waiting list.
- CAHMS have many different interventions and making sure that people in crisis are seen and prioritized.
- This is monitored monthly and also at the ICP board.

Ian Berryman reflected on some of the comments made by the children coming through Woodbridge Park via the Community Engagement/Learner Voice Officer who attends on a monthly basis and talks to students. Students have highlighted the long wait prior to being assessed by CAMHS in order to access CATE. He also raised the issue of the lack of alternative provision in terms of baseline mental health support and counselling for children, which is something that is being left out of the Education sector and they need support in getting some resource.

Lorna Waite wanted to promote the workstreams and Tasks and Finish Groups resulting from the Child and Young Person Mental Health Groups which have been working really well. She asked what communication was fed back to families about managing their expectations at the point of referral, what services are accessible if there is a point of crisis in the meantime and making them aware of the reality of waiting times.

Johan Redelinghuys replied that they do let families know about the wait and periodically update people and families. A letter outlining a range of support options is sent to the family of every young person that is referred so that are aware of what is available while they wait for their assessment.

Steven Forbes acknowledged how well the team managed the sudden increase in referrals and have moved it on whilst it has risen, but it would another year to see whether or not it settles. He has had discussions with Claire about the working groups and the rate of referrals to children who receive a positive diagnosis and go on to receive treatment. He questioned how many referrals out of the overall number resulted in not receiving a positive diagnosis and not getting treatment who potentially 20 months on a waiting list to end up no better. Though also needs to be given to what can be done further downstream to stop that flow or intervene to release pressure off the service.

Johan Redelinghuys relayed that for Autism there is no treatment. For young people who have a diagnosis, the post-diagnostic work is around the adaptation the family has to make, and some of those young people have considerable ongoing comorbid mental health needs. There is an issue with the number of the children who could have benefited from a Speech and Language assessment at the beginning, for example, or some of the other ancillary Partner agency delivered support mechanisms which could have been running in the two years

while they were awaiting assessment. In some other boroughs, they are looking into developing a slightly different pathway where young people will potentially have a Speech and Language assessment prior to referral as it may reduce some of the flow through to the specialist services. Similarly with the ADHD cases; there are some earlier reviews that could happen that could help young people. They consistently receive feedback from families stating that they cannot get any special educational needs provision because they do not have a diagnosis, whether that be the case or not, it was worth noting.

Steven Forbes asked if the Partnership can be assured that those children waiting are safe and their situation is not detrimental to their welfare. There is a need to get some idea of the experience and what is happening for those youngsters sitting on the waiting list and, if there are other interventions going in, is that progressing them forward and maintaining them or is there a slow deterioration due to there being no other intervention.

Martin Forshaw questioned how aware people were about thresholds for intervention.

Johan Redelinghuys reported that they'd had a presentation at a previous CYP Subgroup meeting from the Family Hubs who had identified the increased request for young children needing to move into the Speech and Language/Autism Communication Assessment Pathway and the challenge around how some of those end up being funnelled into the CAMHS Specialist Assessment Pathway.

Martin Forshaw relayed that there had been a presentation at the Adolescent Safeguarding Subgroup which set out the significant list of Mental Health support services, in its widest sense, were available in the Hounslow Borough and questioned how that could be publicised to circulate the knowledge to the people who need it.

Ian Berryman informed that the group that those resources are not available for children that are on roll of an alternative provision such as Woodbridge Park, indicating significant gaps within the system. There are Mental Health Practitioners but they are limited to certain schools and there is not access to them across the board resulting in the suffering of some of the most vulnerable children.

Steven Forbes suggested that he have a conversation with Claire Smith and Johan Redelinghuys outside of the meeting regarding the possible need to look at some of these youngsters and establish where they are accessing support whilst they are waiting as that will give the working groups something to focus on regarding potential alternatives.

Action: Steven Forbes, Claire Smith and Johan Redelinghuys to meet to discuss where young people are accessing support whilst they are on the waiting lists.

5) Early Help Hub Progress Report

Martin Forshaw gave an update on the progress of the Early Help Hub:

- The Early Help Hub was introduced almost 3 years ago with a view to try to address and improve the service as part of the Front Door.
- Funding was obtained to promote the Early Help Hub across the partnership and with other agencies as a resource for other services and professionals rather than families. If a Professional became concerned about a child, they could have a conversation with the Early Help Hub regarding what potential prevention services could be mobilized to prevent the need for an escalation to Social Care and reduce the number of contacts at the Front Door.
- Funding was reviewed after the trial and was extended because early signs indicated that the take up had been slow and the impact was not as anticipated. Funding is in place until the end of summer 2022.
- It is questionable how much impact the Early Help Hub has had because contact rates have not changed and the use of the Early Help Hub by Professionals has been disappointingly limited.
- The Care Review is now more focused on the idea of Family Hubs, so there will be no more extension of funding for the Early Help Hub.
- Funding has been allocated from the DFE to progress work on Family Hubs for which a working group has been assembled implement them.

- It is anticipated that over time more of the things that come to the Front Door will go to the Family Hubs first, who will escalate as the level of need or risk becomes more apparent or is not addressed by preventative services.
- Funding for supporting families is very strictly monitored and is driven by evidence of system change and being unable to demonstrate that with the Early Help Hub resulted in a threat to funding.
- There needs to be successfully collaborative working as a Partnership in order to maintain funding for the Family Hubs to be set up.

Claire McKenzie asked if this meant the end of the Early Help offer and if the staff and budget would now move more to Family Hubs.

Martin Forshaw replied that as the Early Help Hub is phased out and Family Hubs are established, thought needs to be given to staff as they have always been temporary due to the nature of the project and he would not want to lose the expertise they have gained. Attention needs to be paid to how the Early Help Hub transitions into Family Hubs financially and how funding will be maintained as part of the Family Hub initiative and the ongoing commitment to be successful in the long-term once established.

Ian Berryman agreed that the Family Hub was the way forward but that the Early Help Hub was not given enough time to become embedded and jumping from one thing to the next is one of the biggest criticisms of the system nationally. The Early Help Hub was promoted as the mechanism for prevention of referrals to the Front Door but did not serve the purpose, so it is not understood how moving to a Family Hub situation would solve that problem. They will need to have been operative for more than 2 or 3 years to make any impact.

Martin Forshaw informed the group that the Care Review is looking at a 5-year timescale. The Early Help Hub received 3 years of funding and the level of impact that was expected was not seen and Partners continued to use the Front Door as the main contact point. Family hubs will be as successful as the Partnership makes them and are very much going to be a multi-disciplinary service, incumbent upon all Partners to make it a success.

Janet Johnson asked if it was known what staffing levels might be as there were only 3 members of staff in the Early Help Hub so its chances of success were limited from the outset, and it did not actually provide a service for families.

Steven Forbes stated that they have to wait to see what the DfE and the Government wants and the allocation of funds which will then determine what kind of service offer will sit around the Family Hub model.

The Chair asked for a future paper to be presented to the Board in 6 months.

Action: Martin Forshaw to present an update on the progress of the Family Hubs in 6 months.

6) Pre and post pandemic school attendance

Vicki Taylor presented a report on pre and post pandemic school attendance.

- Primary School attendance increased post-pandemic from 96.85% for the 2019 Autumn Term to 98.15% for the 2021 Autumn Term.
- Secondary School attendance decreased post-pandemic from 97.03% for the 2019 Autumn Term to 96.13% for the 2021 Autumn Term. The reasons for this are outlined in the document.
- The total overall attendance for both Primary and Secondary Schools increased from 96.92% for the 2019 Autumn Term to 97.32% for the 2021 Autumn Term.
- Decreased Secondary School attendance ties in with conversations had with Headteachers across Secondary phase about the return to school and behaviours and anxieties, and the increased OFSTED complaints received by the Local Authority.
- The Education Welfare Officers paused statutory functions several times during the pandemic in line with DfE Guidance but focused on ensuring effective safeguarding of pupils (with a focus on vulnerable pupils) and encouraging parents to make sure children accessed online learning, along with using

technology to reach families and children for whom the schools had concerns. They also conducted home visits in full PPE when families could not be contacted. Following the pandemic, EWO's are fully functional once more.

- Electively Home Educated children were not represented in the data. There are currently 417 children being electively home educated.
- Thought needs to be given to the White Paper and the additional asks of the Local Authority around attendance and how to move that forward as there will be significant changes.
- They will be looking to bolster some of the safeguarding capacity within the current advisory School Effectiveness as their capacity is quite limited and possibly linking with the Designated Safeguarding Leads, Designated Social Workers and Family Support Workers.

Steven Forbes reflected that he had no concerns with Elective Home Education, other than a few minor issues about the return to attendance in school. He acknowledged the increase of complaints to OFSTED and hoped it would settle by itself. The main issue with Elective Home Education is that coming out of the pandemic, the number of electively home educated children has increased resulting in the highest number recorded for the borough. There are some significant disparities against the school population, including the number of electively home educated children on MSN support pre HCP. The other small group who cause concern are the children coming out the 6 or 7 contingency asylum hotels, currently numbering 217 or more, that have been placed within Hounslow Borough schools, and although it is not thought that they will impact on attendance, they are a challenge given the location and uneven spread across the borough for the schools and the Local Authority to manage effectively.

Martin Forshaw added that ASMOG would be looking closer at the 4% of non-attendees and has discussed with Kate Elliot the extended responsibilities that the Virtual School now has around vulnerable children who are not looked after with an allocated Social Worker.

7) Child A - Executive summary for the national panel

The Chair highlighted the full report on Child A presented by Moira Murray at a previous meeting and informed members that it was one of 15 cases informally presented to the National Panel to help with their National Review around Elective Home Education. Nothing has been received back from the National Panel as yet but once it has it will be brought to the Partnership.

Martin Forshaw gave an overview of the Executive Summary for the group:

- The Child A summary particularly highlights the importance and the vulnerability of the Electively Home Educated group.
- Of the 417 children currently being home educated, a quarter have special education needs and are potentially very vulnerable.
- There will be a deep dive to reassure and assure everybody that systems, processes and plans are as tight as possible.
- The ability for a Local Authority to intervene in Elective Home Education is limited and is reflected in the recommendations from the review whereby the Government need to step in and put stronger, tighter guidance and expectations in place as parents are at liberty with impunity to remove their children from school and home educate.
- Improvements that the Partnership can make include use of the Quality of Care tool being embedded across the Partnership and using the Chronolater used by the Partnership for reviewing longer-term neglect cases to collate multi-agency information and track it, which will require a commitment from Partner agencies to sign up to.
- With regard to sufficiency of emergency placements, it is the Local Authority's duty to ensure sufficiency of placements. A lot of work is needed to find the placements. Thought needs to be given to who the out of hours single point of contact for Partners should be.

The Chair asked if it would be the Safeguarding Effectiveness Subgroup for the Partnership that would pull together a response to the recommendations or if there be a small task and finish group to ensure the recommendations are formally looked at as a Partnership.

Martin Forshaw replied that using the existing groups would be better than trying to establish any new groups as they are a very diverse set of recommendations.

Action: SE Subgroup to add a discussion on the Executive Child A Summary Report to the agenda for their next meeting and provide a response to the recommendations.

8) Update on Safeguarding Children within Feltham YOI

Natasha Wilson gave an update on Safeguarding activity within Feltham YOI:

- Natasha Wilson is now in post as the new Governor.
- Katie Stone has replaced Kerry Jacks as Head of Safeguarding.
- They have had a good HMRP result recently following their inspection of Feltham A where they were happy with the safeguarding arrangements in place. The report is due to be published in June.
- They are going through the action plan and establishing what needs to be done.
- They acknowledge the significant improvement since the 2019 report when the UN was invoked.
- There was little impact on their Safeguarding processes during COVID.
- Links with the local authority and the LADO oversight are good and effective at Feltham and as the new Governor she feels that it is part of the culture that everybody knows how to make Safeguarding referral.
- Regular 2-weekly meetings with the team are in place to discuss referrals. Natasha QA's all of the referrals herself to ensure she is happy with the decisions, even with those that do not meet the threshold.
- There's a strong ethos of working together across Feltham A and the Teams were recently recognised and had an award by NHS England for the implementation of Secure Stairs.
- With regard to improvements, further developments are required in recruiting the appropriate staff for working within the establishment and also the training given to those staff, especially in dealing with very complex children. There are significant issues with Prison Officer and Youth Justice Worker recruitment and retention across the Prison Service.
- There are about the 90,000 job losses, but Natasha's personal assessment is that it is unlikely to hit their frontline very hard and will more likely affect Headquarters-type functions.
- There are plans to implement extra staff training to address improvements and challenges for those already recruited and increase reward and recognition for work to increase retention rates. Further work on violence reduction should also increase retention.
- They are planning further implementation of Secure Stairs and will ensure that all children have a bespoke plan in place to change their offending behaviour and support them on release.

The Chair acknowledged the positive inspection and stated that at this point in time the Partnership can be assured about safeguarding in Feltham.

Lorna Waite echoed the good work that Feltham had undertaken and said that the team had welcomed her. She was still trying to understand what happens at Feltham in terms of CP Medical processes and internal referral pathways and has a site visit planned that week where she will meet with the Healthcare Team. She also plans to meet Katie Stone and other Team members. Lorna Waite and Grace Murphy are discussing the inclusion of Healthcare in the LADO led QA audit, which she will also discuss with the Feltham Healthcare Team to ensure that have the full process around injury complaints and how that is managed. A new Designated Nurse Lead for Safeguarding Adults is starting in Hounslow in July and Lorna is keen to establish an interlink for the CCG Designate Team as there are still incredibly vulnerable people on Feltham B side.

Natasha affirmed that she would fully support that.

9) Annual Engagement Meeting Update – Steven Forbes / Martin Forshaw

Steven Forbes gave a summary:

- The Annual Engagement Meeting with OFSTED took place 2 weeks ago, which is an informal discussion with OFSTED regarding all aspects of Children's Social Care and Education.
- A letter was finalised and sent outlining comments raised by Steven Forbes which OFSTED accepted. The letter will be circulated to the group.
- They identified a number of issues around Education in schools.
- There was no worry regarding the performance data of Children's Social Care.
- OFSTED are clear that LBH understand where the strengths and weaknesses lie and they have confidence in that.
- OFSTED confirmed the next inspection will be a full one and not a short 2-day focused visit but when pressed were unable to give a term or a period of the year when that would happen.

The Chair asked if there was anything either in the conversation or coming from the letter which has resonance for the work done across the Partnership.

Steven Forbes relayed that OFSTED were relatively content with the work done by the Partnership.

Martin Forshaw stated that the Performance Indicators and the outcomes of the audits that indicate Hounslow is operating at a good level reflect a Partnership.

10) Universal 0-5 Pathway and Offer Update

Claire McKenzie gave a very brief verbal update on the Universal 0-5 pathway and the offer, and will present a full report at the September 2022 meeting.

- One of the big concerns and risks was with Health Visiting Services not providing face-to-face services and the 0-5 things not being up to pre-pandemic levels of provision.
- There are sites spread across the borough that will offer face-to-face Health Visiting for Child Development reviews at 2 ½ years; 2 that will go live from July and another from September, along with a further 3 Health Centres.
- The offer will be to all parents choose whether they prefer a virtual or face-to-face meeting and the response will be monitored. Current feedback from some Partners is that parents do want face-to-face provision which they will endeavour to manage the demand for.

Action: Claire McKenzie to present a full report at the September 2022 meeting.

STANDING AGENDA ITEMS

AOB

Steven Forbes relayed information regarding the SEND inspection:

- The final version of the letter has now been produced and will be published this week.
- The Partners collectively need to complete a Written Statement of Action for the SEND System.
- Annita Cornish needs to clarify the date for completion as 2 dates have been given.
- The Written Statement of Action will focus on the areas for development in the SEND letter, and not on the system as a whole.
- The 4 key areas to be addressed are
 - The quality and consistency of education health and care plans
 - The inclusion of preparing for adulthood within education health and care plans
 - Quality Assurance around the whole system Quality Assurance Process, co-production with families and the cohort of the customer base
 - Therapies

- They identified that the self-evaluation that was submitted was an accurate representation of Hounslow's position and did not raise any major or significant areas needing to be addressed.

The Chair asked for the Written Statement of Action to be added to the agenda for the September meeting.

Action: Steven Forbes to present the SEND Written Statement of Action at the September Partnership Board meeting.

Christopher Davidson informed members that the London Fire Brigade are undergoing a new consultation as a fire brigade from the end of May to the middle of July. The Community Risk Management plan will steer the way they work for the next five year. They would like as many Partner agencies as possible to partake. It will look at the way they respond to incidents, fight fires and rescue people, along with how they engage with the community and some of the extra work that can be done to potentially support key stakeholders. The more feedback received will make it better moving forward for the next five years. They are working towards a more local Management Plan. Once it is live a link will be sent and Partners are encouraged to engage.

Parminder Sahota asked if the Partnership had a response to the Child Q case in Hackney and whether the Partnership were seeking Safeguarding practices from Hounslow schools on how children are being treated.

Steven Forbes stated that the issue had been discussed in the Executive Partnership Board Meeting regarding where and how a child should be searched. It is believed that if a similar scenario unfolded in a Hounslow school, Headteachers and Management would apply due common sense, but it would be difficult to seek any assurance that would have any validity. Every child should be treated equally and fairly based on no proactive or unconscious bias of racism and the Partnership can seek to ensure that through training and awareness, but it was decided that there would be no specific commissioning on this issue.

Parminder Sahota asserted that it was not very reassuring to rely on common sense because it was the school who permitted the Police to conduct the search.

Sharon Brookes provided some reassurance from the policing perspective. Following the Child Q report, local review work was commissioned to reassure themselves that no similar searches had occurred on Hounslow school premises involving young people and were satisfied that not one of them was in contravention of the Law or policy.

Ian Berryman relayed a recent incident at Woodbridge Park whereby the Police attended under the guise of following up on an assault on a child but then arrested the child for an historical offence and searched them in a safe and appropriate way. Guidance dictates that if Police are to attend a school they must inform the Headteacher, which they did not do on this occasion. The Police were taken to great task for this but the manner in which Police followed up locally and interfaced with Woodbridge Park was positive and the leadership of the Inspector and Sergeant overseeing the Safer Schools Team was very reassuring.

Kamm Grewal stated that most Primary School Headteachers would not allow it to happen and would have stopped it straight away. A lot of schools have done unconscious bias training which will continue, along with working with the police.

Parminder Sahota expressed unhappiness that the issue was not being addressed as the search on Child Q only happened because she was black and racism should be acknowledged and addressed as it still exists. She highlighted the case of Child A and the work done around that and would have appreciated a similar approach to this case. Research shows that specifically black girls are being adultified and seen as older than they are.

Steven Forbes said that with regard to racism and how staff are supported, a conversation could be had in the Executive Partnership Board Meeting so Partners can be assured that training and development and systems are not fostering that perception. Also it was worth having a discussion with the Statutory Partners about

assurance that race and unconscious bias are being addressed in all matters related to Safeguarding children as it is an issue youth offending/youth and there could also be disparities with Elective Home Education.

Action: Racism and Unconscious Bias to be added to the agenda and discussed at the HSCP Executive Partnership Board Meeting.

Janet Johnson's understanding was that racism and unconscious bias issues made up part of the work plan around serious youth violence. A recent piece of work highlighted the disproportionate numbers of young black people involved in serious youth violence with which there is a drug related aspect. It is not the responsibility of the Partnership to ensure workforces are practicing in a professional manner, it's down to single agencies, but the training provided to single agencies could be looked at.

The Chair asked if specific training was being commissioned on behalf of the Partnership, would the trainers need to be clear that equality diversity issues are part of the DNA of that training.

Janet Johnson informed the group that not a lot of training is commissioned but most of the training provided is done so by staff across partner agencies. When people are asked to do training or volunteer, their Managers are responsible for their competence. If commissioning externally, those questions are asked.