



**Nottinghamshire**  
**SAFEGUARDING**  
**CHILDREN Board**

Working in Partnership to Safeguard  
Children & Young People

**Minutes of  
NSCB  
Disabled Children Sub-group  
24<sup>th</sup> November 2009**

**Attendance List for NSCB  
Disabled Children Subgroup  
Meeting – 24<sup>th</sup> November 2009**

<b>Name</b>	<b>Organisation</b>	<b>Present</b>	<b>Apologies</b>
Angela Milne (Temp Chair)	Service Manager, Disabled Children, Children's Social Care	✓	
Joe Foley	NSCB Manager		✓
Margaret Clement	Team manager Youth work Services	✓	
Mary Batty	Notts tPCT	✓	
Rachael Clawson	Anne Craft trust		✓
Jo Coffey	Team manager, Disabled Children, Children's Social Care		✓
Tina Hymas Taylor	Bassetlaw PCT		✓
Wendy Gill	Connexions	✓	
Lindsey Atkins	NORSACA		✓
Vonny Senogles	Service Manager, Regulated and Corporate Parenting Services (Residential), NCC	✓	
Lynda Connolly	Care Coordinator, CDC, Notts tPCT		✓
Liz Mangle	Access and Diversity Officer, SEN	✓	
Rosy Johnson (Minutes)	NSCB Administrator	✓	

**Minutes of the NSCB Disabled Children Subgroup – 24<sup>th</sup> February 2009**

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action</b>
<b>1. Welcome and Apologies</b>	The Chair welcomed everyone present to the meeting and introductions were made around the table. The Chair welcomed new member, Vonny Senogles Apologies were noted.	
<b>2. Minutes of Last Meeting - 2<sup>nd</sup> June 09</b>	<p><u>Management Information</u> – Angela Milne agreed to contact Mike Lee for the management information on child protection. Referral and Assessment and CST teams working with disabled children need to be reminded that information regarding the child’s disability needs to be recorded in the health data section.</p> <p><u>Intimate Care Policy</u> – The policy covers managing medication, intimate care and complex health needs has now been completed. Angela Duffus-Palmer is taking this to the Children &amp; Young People’s Leadership Board for ratification.</p> <p><u>Teenage Pregnancy</u> – The Sexual Relationships Education (SRE) policy has raised issues from youth workers who need guidance regarding disabled young people and sex education. It was agreed that Vonny and Margaret meet after the meeting to discuss new practice guidance. There was a need to identify a dedicated person to oversee this.</p> <p><u>Interagency Audit</u> – This item is on the agenda.</p>	<b>AM</b>          <b>VS/MC</b>
<b>3. Fractures Audit</b>	<p>AM advised that there had been difficulties in completing this piece of work due to not being able to succeed in getting the paediatricians involved to the meetings as well as completing the audit proformas. This work is in relation to looking at a small number of disabled children who had sustained fractures and for where there was no adequate explanation other than that the child had ‘soft’ bones due to their immobility. There are concerns regarding the large number of care givers each child has and whether moving / handling protocols are not necessarily being followed by all involved.</p> <p>Angela informed the group Joe Foley had suggested that this group could use the Substance Misuse audit model as it was simple but effective. Joe and Angela to discuss using of this model for the disabled children.</p>	<b>AM</b>          <b>AM/JF</b>
<b>4. Multi-agency Audit of Safeguarding Disabled Children</b>	<p>Multi agency audit has been postponed pending other audits which will be taking place over the next few months.</p> <p>Direct Payments – AM informed the group that in the case of Direct payments, the legislation does not allow social care to insist on parents taking up CRB checks on proposed carers although they were strongly advised to do so. The direct payments can be denied or withdrawn by the Service Manager if it is felt that there are reasons why a person should not provide care to a child but there has to be evidence for this not without evidence. This issue needs further discussion.</p>	

<b>5. Revision of Procedures in view of New National Guidance</b>	<p>Mary Batty distributed copies of the new DCSF Safeguarding Disabled Children Practice Guidance to the members. Angela Milne suggested that the group should go through the sections on “Actions for LSCB’s to Consider” and split each action into two categories:-</p> <ul style="list-style-type: none"> <li>• Action in place but needs review</li> <li>• Action Required</li> </ul> <p>Please see attached document.</p> <p>To be discussed at next meeting – *Item 3 on table.</p>	
<b>6. Training Report</b>	<p>A review of training against national guidance needs to be undertaken and it was suggested that Sarah Wells is invited to the next meeting to discuss this with the group.</p>	<b>AM</b>
<b>7. Workplan</b>	<p>AM reported to the group that the workplan was almost complete. AM requested a copy of the Disabled Children’s Workplan should be emailed to her.</p>	<b>RJ</b>
<b>8. Any Other Business</b>	<p>Review of Membership of Group – AM asked RJ to email Cathy Burke’s contact details to ask her about Bassetlaw’s representation.  MC to feed back to AM details of the role of Shah Khan from Notts Police.  YOS were not represented and AM suggested she should speak to Laurence Jones regarding representation.</p> <p>Meeting dates for 2010 - need to be set as a matter of urgency.</p>	<b>RJ - Done</b>  <b>MC</b>  <b>AM</b>  <b>RJ/JF</b>
<b>9. Date of Next Meeting</b>	<p>Monday, 18<sup>th</sup> January 2010 at Fountaindale starting at 9:30 to 1:00pm. Purpose of this meeting will be to continue with and complete agenda item no 5 above.</p>	<b>All</b>

Actions For LSCB To Consider:

<b>Action for Consideration</b> <b>Chapter 2. 2.1 – 2.10</b>	<b>Already in Place – May Need Review</b>	<b>Action Required</b>	<b>Action Taken/Comment</b>
A competent professional should be leading a sub committee to represent the view of the LSCB. The chair of this sub committee should have knowledge and experience of children with disability. The alternative is to have a NSCB member undertake the lead role for disabled children.	✓		
Develop robust protocols inclusive of the needs of disabled children.	✓		
*Hold regular multi-agency meetings with representation from: children’s services, community and hospital health teams, Crown Prosecution Services, mainstream and specialist schools, voluntary organisations, private service providers, disabled young people and parent representatives. A depth of knowledge will lead to best practice.		✓	
Other examples of good practice include agencies who do not regularly work with children who are disabled; this raises awareness of the issues.	Covered by NSCB training on Safeguarding Disabled Children parts 1 and 2		
<b>Specific referral policies which incorporate the needs of children with disability</b>			Anji Dyke/Vonny Senogles
There should be specific policies re: intimate care, handling difficult behaviour, consent to treatment, bullying and inclusive of a child’s human rights	✓		
A ‘safe touch policy’ has been developed which supports workers to manage children		✓	
Ensure there is clarity within social care i.e. disabled children’s teams, specialist deaf child workers, referral and assessment teams as to which team receives S47 referrals	✓		
<b>Chapter 2. 2.11</b>			
Ensure agencies are kept informed of the outcome of the referral and identifying which worker will be managing the enquiry and the subsequent Section 47 enquiries and results.	✓		
Reinforcing the importance of collecting information from all potential sources.		✓	
Ensuring each agency identifies who can be approached within their own organisation, for specialist safeguarding disabled children service (Name....) pg 18.		✓	
<b>Chapter 2. 2.12</b>			
LSCB’s should identify training needs and inform planning and commissioning. The safeguarding of disabled children should be everyone’s business, including workers and	✓		

managers in mainstream services.			
Training should be delivered across the board to all staff in all settings which highlight the specific safeguarding issues around the disabled child.	✓		
Training to safeguard disabled children is available on an inter-agency basis.	✓		
Seminars and workshops are delivered which are specific to the safeguarding of the disabled child.	✓		
Agreed standards in the content of training.	✓		
Workforce strategies incorporate disability inequality: deaf awareness etc., is delivered across the workforce.	✓		
Ensuring training pathways for staff so that they are not allocated cases before being trained up to safeguard children.	✓		
Safeguarding training must take into account diversity, culture, religion and ethnicity of disabled children and their families.	✓		
<b>Chapter 2. 2.13 – 2.18</b>			
For staff who are not working on a day to day basis, they need to be supported to recognise when a disabled child is at risk of harm. Where there are communication problems then resources need to be available so that investigative interviews can be carried out to enable the child to express his/her wishes and feelings.			Jane O'Daly to advise on this area
Ensuring budgets are available for staff who do not have knowledge of disabled children to access resources which can assist in the assessment of child protection concerns in relation to disabled children.		✓	Q: what would the budget actually for? If there are CP concerns they need to be referred into social care, child should not be questioned prior to this.
An up-to-date list of available interpreters/communicators is made available to all agencies.		✓	List of qualified Makaton or sign language. Children who use comm aid. Vocab list maybe required.
The Child protection unit to have a link person who has good knowledge of disabled children and safeguarding concerns		✓	
Are LSCB's clear on who pays to fund interpreters to assist communication and assist with		✓	



--	--	--	--