



**Northumberland Safeguarding Children’s Board Meeting
26 July 2016, 1.00 – 4.00pm**

**Northumberland Fire and Rescue Headquarters
West Hartford Fire Station, Cramlington, NE23 3JP**

Present	Role	Initials
Paula Mead	Independent Chair, NSCB	PM
Debbie Reape	Interim Director of Nursing, NHC Foundation Trust	DR
Daljit Lally	DCS and Deputy Chief Exec. NCC	DL
Paul Woods	Detective Chief Inspector, Northumbria Police	PW
Sharon Dunbar	Children’s Service Manager, Barnardo’s	SD
Alan Hartwell	Senior Manager, Education, Safeguarding & Performance Team, NCC	AH
Marcus Weatherly	Senior Manager, NHCFT	MW
Sheila Askew	Deputy Head, National Probation Service (on behalf of Carina Carey)	SA
Margaret Tench	Designated Nurse, CCG	MT
Jan Grey	Head of SAPP, NTW (on behalf of Vida Morris)	JG
Natalie Caush	Team Manager, Northumbria CRC (on behalf of Liz Kelly)	NC
Christine Joyce	Operations Manager, Action for Children	CJ
Deborah Brown	Community Safety, Fire & Rescue	DB
Annie Topping	Director of Nursing Quality & Patient Safety, Northumberland CCG	AT
Julie Young	Principal Housing Services Manager, NCC	JY
Karen Herne	Senior Public Health Service Manager, NCC	KH
Julie Dodson	Director, Voices	JD
Sue Reilly	Lay Member	SR



Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

Northumberland Fire and Rescue Headquarters

West Hartford Fire Station, Cramlington, NE23 3JP

Jill Scarr	Lay Member	JS
Anna English	Strategic Adult Safeguarding Manager, NCC (on behalf of Jane Bowie)	AE
Naomi Jones	Designated Doctor, CCG	NJ
Carole Goodman	Assistant Director, CAF/CASS	CG
Robert Arckless	Cabinet Member for CS, NCC	RA

Apologies Received		
Robin Harper-Coulson	Business Manager, NSCB	RHC
Deborah Reeman	Head Teacher, Prudhoe High School, NCC	DR
Ian Billham	Strategic Community Safety Manager, NCC	IB
Elizabeth Kelly	Director of Offender Management, Northumbria Community Rehabilitation Company	EK
John Barnes	Head Teacher, Astley High School (Dee)	JB
Gillian Physick	Children’s Services Manager, Action for Children	GP
Jane Bowie	Associate Director, Adult Services - Safeguarding & Strategic Commissioning.	JB
Vida Morris	Group Nurse Director In Patient Care, Northumberland Tyne and Wear NHS Foundation Trust	VM

In Attendance		
Christine Wright	Minute Taker, NSCB Administrator	NA
Angela Hufton	Detective Inspector 7512, cyber Crime Unit	AH



Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

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Mary Connor	Senior Manager, Early Intervention & Prevention, NCC	MC
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Agenda Item	Discussion and Action Agreed	A	C
1	<p>Welcome, Introductions & Apologies.</p> <p>Welcome, introductions and apologies noted, see above. Paula welcomed new members Jill Scarr and Paul Woods.</p>		
2	<p>Presentation from Angela Hufton, Detective Inspector 7512, Cyber Crime Unit, Northumbria Police</p> <p>Presentation from Angela Hufton to give an overview of cyber crime, how it is reported and what Northumbria Police are doing about it. She explained about the 4P’s</p> <ul style="list-style-type: none"> ● Protect ● Prevent ● Prepare ● Pursue <p>She gave some statistics regarding online child exploitation:</p> <p>Between 10/13 to 9/14 - 112</p> <p>Between 10/14 to 10/15 - 272</p> <p>2016 so far 162 (in May this was 79)</p> <p>An NSPCC survey suggests teenagers do not perceive online exploitation as a serious issue and don’t think adults can help.</p> <p>The Police ask the following of everyone:</p>		



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26 July 2016, 1.00 – 4.00pm

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	<p>A - awareness - keep up to date with your children’s use of technology C - Critical Thinking Skills - Teach children to think critically about what they see online. E - Engagement - a simple and effective way to get involved with our children and their lives.</p> <p>PM - What should the board and partners do to support this work which is all our business?</p> <p>Angela -. Police need people to come forward at the earliest opportunity. Staff training, awareness, vigilance, online security and safer internet days for parents need to be in place to assist in keeping everyone up to date.</p>		
<p>3</p>	<p>Minutes of last meeting & matters arising & action log from 31 May 2016</p> <p>Page 3 - replace ‘medical professional on group’ with: a member of the CCG links to the medical professionals.</p> <p>Minutes agreed with the above amendments.</p> <p>Action Log updated. See separate document.</p> <p>Action No. 13 - The disbanding of the VYP sub-group.</p> <p>The board agreed to disband the VYP sub-group as the issues are largely dealt with in the other on the understanding that the other sub-groups would ensure that they covered the discrete groups, inparticular disabled children. It is the responsibility of each sub-group to evidence they are covering these vulnerable groups in their committee meetings.</p> <p>Action - RHC to ensure all sub-group Chairs explicitly consider discrete groups, particularly disabled children, and evidence of this in minutes.</p>	<p>RHC</p>	



Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

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	<p>Challenge - SR - There needs to be a set of questions the sub group asks relating to disabled children to ensure they are being considered.</p> <p>Action - RHC to consider how to incorporate questions into sub group agendas to ask to ensure disabled children are being considered and evidenced in the sub-groups.</p>	RHC	
4.1	<p><u>4.1 Overview of NSCB Development Day</u></p> <p>PM thanked everyone for their excellent contribution and attendance at the development day. She gave an overview of the day, including the good practice the Board would want to retain in any future arrangements/changes in context of Wood Review and areas for improvement/concern.</p> <p>External validation from Ofsted judged the board as good, including strong, mature partnerships, good relationships enabling constructive challenge, strong governance, learning organisation.</p> <p>Partners had concerns regarding dwindling resources and the need to prioritise and adapt new guidance, using regional and sub-regional approaches where appropriate.</p> <p>Agreed we need to maintain a Northumberland focus on quality of interagency child protection work and wider safeguarding consideration including early identification and intervention.</p> <p>PM asked the board if we should continue to focus on present priorities.</p> <p>AH felt they should remain the same because it has taken a while for the sub-groups to catch up and it will give the sub-groups time to monitor/implement priorities.</p> <p>The board agreed to roll the priorities over to this year.</p> <p>Challenge - PM agreed that we retain current priorities but stated that as Neglect is largest cause of harm, this also</p>		PM



**Northumberland Safeguarding Children’s Board Meeting
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	<p>needs to be a specific priority.</p> <p>Action - Ensure Neglect is incorporated in all Business planning and sub group work.</p>	RHC	
4.2	<p>SAB Merge between Northumberland and NT - AE</p> <p>AE gave an update on the proposed merger of two LA adult boards. They are having a development day in November. Certain sub-groups will remain separate i.e. CSE.</p> <p>Challenge - CG - If it’s considered appropriate to merge adult safeguarding boards, what are the reasons is it not considered for children’s board?</p> <p>Responses</p> <p>PM. The adult model may enable some learning for children’s boards. We have yet to test out how well this will work; if it doesn’t work it will be disbanded. Also Childrens SG boards contains particular complexities.</p> <p>DL. There are different levels of inspection for adults and children which means their respective boards developed differently in response. There is a huge focus on inspection. In SAB’s more of a strategic focus, however the Ofsted model of inspection requires LSCB’s devote a significant amount of time to detail as well as strategy.</p>	PM DL	CG
4.3	<p>Consent and Mental Health Capacity - AE</p> <p>AE explained that consent and mental capacity has been around since 2005. She explained that a child has to be able to demonstrate competence. It is assumed that at 16 years old a child has the capacity to make decisions. Any decisions we make have to be in the child's best interests and have to be the least restrictive. She also explained that before a child becomes 16, they may be deemed competent to give consent. However important to remember that there is not one size fits all issues.it</p>		



Northumberland Safeguarding Children’s Board Meeting

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Northumberland Fire and Rescue Headquarters

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	<p>may be deemed they have capacity for one issue but not another and this may change over time.</p> <p>In order to record capacity a child needs to be able to understand information and retain it.</p> <p>AE explained that child protection and best interest can be used alongside each other.</p> <p>The consent and mental health capacity act can be applied to young people and parents of young people.</p> <p>Challenge - MT - Is there somewhere on the Assessment paperwork that asks/records if capacity has been assessed?</p> <p>DR - There are questions around capacity but not sure how well agencies achieve this.</p> <p>SR - This is an area where a child with disability needs to be assessed very carefully and time needs to be spent and considered carefully.</p> <p>AE - patience and time needs to be considered and taking people’s rights into consideration at all times.</p> <p>Response - DL - There has been a lot of work done on caseloads and the work with the disabilities team and we can, through regular feedback give some reassurance on the caseloads of social workers say we are taking this into consideration.</p>	<p>MT</p> <p>DL</p>	
<p>4.4</p>	<p>Early Help Strategy Development & SPA - Mary Connor</p> <p>MC gave an update on the Early Help strategy and the amendments to it.</p> <p>She informed the board that the Early Help Early Intervention sub-group have had sight of this last week. The updates to the document are as follows:</p>		



Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

Northumberland Fire and Rescue Headquarters

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	<p>Page 6 - Neglect Strategy link updated</p> <p>Page 8 - Windscreen wiper diagram removed. In process of updating threshold document and will be inserted once updated.</p> <p>Information sharing, link has been inserted. Organisation responsibility has been updated. Key element is going to be embedded. Supporting families partnership has been added and some information around local outcomes.</p> <p>Page 11 - Updated the progress in the last 12 months. All agencies understanding their role in Early Help.</p> <p>Appendix 1 - updated action plan.</p> <p>Appendix 2 - work plan of the strategy will be the workplan of the EHEI sub-committee this year.</p> <p>SPA - (Single Point of Access) - Marcus Wheatherly</p> <p>Currently there are several points of access. We are moving towards a single point of access (SPA) to make referral and advice seeking simpler. Will be able to track the child’s journey more easily and achieve consistency in decision making.</p> <p>Statutory referrals - nationally Northumberland is ranked 7th, this indicates we have too high a referral rate for the number of contacts. It suggests children and families may have been helped at an earlier stage. This is a real opportunity to work with partners and achieve more efficient use of resources.</p> <p>Ofsted recommendation was to move towards a SPA. MW informed the board of a move to Foundry House (Bedlington) for the SPA and the development of early help. LADO’s will be centralised as well. The goal of the SPA is for the customer to get directed to the right service at the earliest opportunity.</p> <p>Challenge - DR - Do we know if LA’s have had improved</p>		
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Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

Northumberland Fire and Rescue Headquarters

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	<p>outcomes/good indicators from developing an SPA?</p> <p>MC - Informed that Cheshire West have had an SPA for a while and they report a positive impact, although improved outcomes may not have been captured. They have worked well with partners, give clear feedback and provide information and advice. CS need to be really clear about what we want partners to provide.</p> <p>DL - The decision making process will be very clear. Ofsted judged that we have a safe front door however it is ‘wide open’ when it needs to be appropriately open. The SPA it is not about closing the door, rather it aims to direct staff to the right place at the right time.</p> <p>Challenge - SR - you aren’t expecting families to attend a single point?</p> <p>Responses</p> <p>MW - No, it is a funnel for information to be received. All the local offices will still be there for families to attend across the county.</p> <p>DL - We know the amount of referrals that come through the door. Currently the referrals are taken by an administrator. This will change to be a professional social worker and the right level of response for the enquiry will be received quicker.</p> <p>NJ - Who is currently making the most referrals?</p> <p>MW - Police are the highest referrers. There is a piece of work that needs to be done around what is a referral and what is the criteria.</p> <p>NJ - There are certain pathways in place already, young people presenting at hospital, referrals are made then the referral not being taken any further for whatever reason.</p> <p>JG - The threshold bar seems to have increased for referrals</p>	<p>MW</p> <p>DL</p>	<p>SR</p>
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Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

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	<p>MW - We need to engage partners and reflect on decisions that have been made so that we all agree on the decisions made.</p> <p>CG - is there anywhere where the SPA has been imbedded and we can see a longer term impact?</p> <p>MC - There is not anywhere that we are aware of that we can see a change in the impact yet.</p> <p>JG - The threshold bar seems to have increased.</p> <p>MW - Ofsted fed back that Northumberland thresholds were out of kilter with other LA’s and too low. We may not always agree but we need to engage partners and reflect on the decisions that have been made so we all work together to achieve best outcomes for children.</p>		
4.5	<p>SQS youth offending - Mary Connor</p> <p>There was an inspection from 6 - 9 June 2016 which led to a very positive judgement with outstanding features.</p> <p>They did a case file audit and interviewed case managers and looked at procedures. We received feedback following the audit.</p> <p>The key strengths were motivated staff, transfer arrangements were based on individual needs and excellent shared practice.</p> <p>The classification of risk of harm needs further work and a workshop has been set up to look at that.</p> <p>PM congratulated Mary and requested that she take the boards thanks back to the staff for a job well done.</p>		
4.6.1	<p>SIF Action Plan - Alan Hartwell</p> <p>AH gave a brief update and background to the SIF improvement plan which the board requested following the Ofsted inspection. Two improvement plans were submitted, one for the NSCB for it’s</p>		



Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

Northumberland Fire and Rescue Headquarters

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	<p>3 recommendations and one for the LA for it’s 15 recommendations. The plans have been set out in phases and timescales according to priorities, with recognition of some of the more complex recommendations and longer timescale requirements.</p> <p>15 are on track, 3 have begun but the pace needs to be picked up.</p> <p>The plans were submitted yesterday to Ofsted, work was started on them on 3 May 2016.</p> <p>Improvement plans have been shared with staff at roadshows in June to ensure they have an understanding of the plan and the recommendations.</p> <p>Feedback from the inspectors will be received and feedback from the council. The goal for the LA is to see full impact of the plan by May/June 2017 and the LA will be asking staff if they feel the changes.</p> <p>AH informed the board that Ofsted could be back in 24 months time. They are proposing to implement modular inspections which will be shorter and focus on SW caseloads and care leavers. There is also a proposition that LA’s provide regular self-evaluations.</p> <p>PM - In terms of board scrutiny, sub-groups could oversee specific recommendations as appropriate. Particularly the Business Sub-group.</p> <p>AH - yes in terms of work and detail. The board itself will continue to to scrutinise overall progress.</p> <p>RA - Gave an overview of the Ofsted inspection process and report and thanked the staff for all the hard work during the inspection.</p> <p>DL - Compared and contrasted recent Northumberland Ofsted and CQC inspections. The Ofsted inspection was a big audit of SW</p>		
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**Northumberland Safeguarding Children’s Board Meeting
26 July 2016, 1.00 – 4.00pm
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	<p>cases. In respect of health services , CQC judged outcomes as outstanding. There are 5 or 6 key recommendations and we need to evidence what we are doing to pro-actively work together with partners to gain the evidence and share the workload.</p>		
<p>4.6</p>	<p>Performance Report - Alan Hartwell</p> <p>In May the board asked the QIP sub-group to look at the indicators again. This has been done. The group also identified some as internal management information and these have come out of the NSCB reporting data set. If trends are going up or down they will be reported to board.</p> <p>AH asked if the board were happy with the new list of indicators and the additional annex of management information.</p> <p>The board agreed with these.</p> <p><u>Key Themes.</u></p> <p>Children’s Services Indicators</p> <p>There has been a backlog on assessment timescales but the numbers have reduced.</p> <p>MW - There was a dip in referrals being made in any one day, we have looked into this, it was a resources issue. When the SPA comes on line, this will solve the issue.</p> <p>Social Work caseloads is always monitored on the performance report, we will report information on other areas of caseloads when the information is available. This will be monitored through the QIP group.</p> <p>DL - Due to significant concerns around outcomes that rely on SIPS service delivery, it is critical the board to have an overview of the SIPS caseloads/PI’s..</p> <p>JG informed the meeting that the information they provide is only available quarterly and it’s being requested monthly. In June she</p>		



Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

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	<p>wrote to all LSCB managers in NTW area to request they agree a consistent data set.</p> <p>Challenge - PM reiterated that this is a multi-agency board that needs to scrutinise the whole safeguarding system therefore needs receive performance information from all organisations and partners as appropriate (for example, it wouldn't be helpful to receive SHA caseload data monthly as it's a universal service that cover a number of schools and 1000's of pupils. It would be helpful to see caseloads of they hold of those with CPP's however).</p> <p>Action - PM to talk to RHC. Ask him to liaise with other Business Managers and agree a consistent data set required from NTW for LSCB's in the NTW area.</p> <p>AH - Is there anything strategically we can do to support GP's to provide information for CP conferences. The numbers are improving but still 28% of cases where no information was provided from GP's at initial conference.</p> <p>Challenge - MT we have worked with GP's and they know they need to attend or provide reports. NJ and MT frequently meet with GP's to discuss this. A huge improvement has been made with this issue and the report system has improved. We provide mandatory training to all GP's and they know the importance of these meetings.</p> <p>CRC and NPS reporting need to be split as now two separate companies.</p> <p>Challenge - DL - The LA have responsibility for their PI's/data but reminded partners that organisations need to own responsibility for providing and presenting theirs.</p> <p>Challenge - NJ - Have all the questions gone through the QIP sub-group before coming to the board? In other words could these have been resolved at that point rather than coming to full board?</p>	<p>PM/R HC</p>	<p>PM</p> <p>MT</p> <p>DL</p> <p>NJ</p>
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Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

Northumberland Fire and Rescue Headquarters

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	<p>AH - No, not all of them have due to the timescales of the meetings.</p> <p>Action: RHC and AH to revisit timing of QIP to enable operational issues to be resolved at that level</p>	RHC/ AH	
4.7	<p>Case Review Update - Margaret Tench</p> <p>MT gave an update on the cases reviewed at the CRC. There have been three meetings since the last board meeting.</p> <p>1st case - It was decided to undertake a learning review. We have started to work with Gateshead. The case went to national panel and they felt the criteria had been met for a SCR. The Independent Chair felt that a learning review, published on the NSCB website, would produce effective learning and impact. She has written to the national panel and we await their response.</p> <p>2nd case - The committee unanimously agreed it met SCR criteria. It was decided to use the SILP process. We are currently commissioning another SILP author. We have identified one that has specific experience of sexual abuse.</p> <p>3rd case - Was referred through EHEI. We will take the learning from this case to PP&T sub-committee. There was some really good practice which has been taken back to the workers including the GP. The persistence of the workers to engage with this young man was to be commended.</p> <p>4th case - Referred by the judge following a finding of fact hearing. Lived in Newcastle, abused by family members. There were a number of allegations. The young people came into Northumberland in 2014. There were allegations of abuse from foster carers. Northumberland are taking this case on from when they came to reside in Northumberland. When it was reviewed by the CRC and the information was vast. The children are now in safe places however the young girl, who when she goes missing, goes back to the carers. We are going to use the chronolator. The CRC is going to reconvene in October to look at this case</p>		



**Northumberland Safeguarding Children’s Board Meeting
26 July 2016, 1.00 – 4.00pm
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	again. We are going to keep the judge informed.		
4.8	<p>Eve & Kirsty Action Plan updates</p> <p>Kirsty - Complete. Action plan. Shared learning with training sub-group. Court date is set for October.</p> <p>Justine - This is a long standing case. There were on-going criminal proceedings. When these were complete, she was 17 years old. It was decided not to have a SCR. In order to review this case, we required her consent. RHC and MT wrote to her to ask for her consent, she has refused her consent. The decision at the CRC last week was that 2 people would undertake a desk top review. Bearing in mind that she is an adult now, and she refused consent, is the board happy for us to do this?</p> <p>AT - in context of earlier presentation around consent, we need to respect her wishes. She has refused her consent.</p> <p>SR - What exactly was she asked to give consent for?</p> <p>MT - She refused to take part in the review.</p> <p>PW - the purpose of the review is to provide learning that should prevent harm to children and YP in the future. Therefore we should undertake this review.</p> <p>DB - If we don't review the information we already have access to and some harm comes to another child then we aren't doing our safeguarding duty.</p> <p>PM - The information that we already hold, we can't un-know it. We hold it, however it hasn't yet been analysed. If we are seeking new sources of information then we should not do that because she has not given her consent. Any learning from the review should not be referred to as 'lessons from Justine', rather it should be anonymously threaded through training materials.</p> <p>Action - MT to clarify the position on what Justine is refusing consent for.</p>	MT	



Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

Northumberland Fire and Rescue Headquarters

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	<p>Eve - All actions and recommendations are Green</p> <p>Eve recommendations should continue to be monitored.</p> <p>Because of the workload of the CRC the sub-group has proposed the they only review SCR's. Any case reviews will be reviewed through the EHEI sub-group.</p>		
4.9	<p>Agency Impact Statements</p> <p>None</p>		
4.10	<p>Annual Report</p> <p>Almost complete</p>		
5	<p>Information Items</p> <p>5.4 - NEAS Annual Report</p> <p>Challenge - PM - This is extremely descriptive and no analysis for areas for improvement.</p>		PM
6	<p>Any other Business</p> <p><u>Consultation: Reporting and Acting on Child Abuse and Neglect.</u></p> <p>KH informed the meeting that the National consultation: reporting and Acting on Child Abuse and Neglect has just been launched in response to National Crime 2015.</p> <p>She requested that the following link be inserted into the minutes for partners to respond.</p> <p>I am writing to inform you that the Government's proposals</p>		



Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

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	<p>for mandatory reporting of child abuse are now open to consultation until 13th October 2016. The consultation documents can be viewed at: https://www.gov.uk/government/consultations/reporting-and-acting-on-child-abuse-and-neglect.</p> <p>The consultation seeks views on the possible introduction of one of two additional statutory measures: a mandatory reporting duty or a duty to act. It responds to the aims set out in the Serious Crime Act 2015 and tackling child sexual exploitation report, published in March 2015.</p>		
7	<p>Dates and Times of Future Meetings: Next meeting: 27 September 2016 - 1.00 - 4.00pm Future meetings:, 29 November 2016 - 1.00 - 4.00pm</p>		

Name	31.05.16	13.07.16	26.07.16	27.09.16	29.11.16	18.01.17	07.03.17
Paula Mead	✓	✓	✓				
Robin Harper-Coulson	✓	✓	A				
Sue Reilly	✓		✓				
Jane Bowie	✓	✓	A				
Ian Billham	✓	DNA	A				
Julie Young	✓	A	✓				



Northumberland Safeguarding Children’s Board Meeting

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Georgia Evans	✓						
Annie Topping	✓	✓	✓				
Andy Johnson	✓	✓					
Sharon Dunbar	✓		✓				
Julie Dodson	✓	✓	✓				
Sheila Askew	✓		✓				
Leesa Stephenson	✓						
Jackie Coleman	✓	✓					
Marcus Weatherly	✓	A	✓				
Alan Hartwell	✓	A	✓				
Liz Kelly	✓	A	A				
Christine Platton	✓						
Karen Herne	✓	A	✓				
Yvonne Hush	✓						
Maggie Martin	✓						



Northumberland Safeguarding Children’s Board Meeting

26 July 2016, 1.00 – 4.00pm

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Anne Graney	A	✓					
Deborah Brown	A	A	✓				
Naomi Jones	A	✓	✓				
Deborah Reeman	A	✓	A				
Catherine Joyce	A	✓	✓				
Robert Arckless	A	✓	✓				
John Barnes	A	A	A				
Carol Goodman	A	A	✓				
Margaret Tench	A	✓	✓				
Daljit Lally	A	✓	✓				
Debbie Reape	A	✓	✓				
Vida Morris	A	✓	A				
Julie McVeigh	A	✓	A				



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✓ = Attended DNA = Did not attend A = Apologies