



Reading Local Safeguarding  
Children Board

**Annual Report**  
April 2013 - March 2014

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## Foreword by Independent Chair

Everyone has a responsibility for safeguarding children and young people. It is vital that all agencies work together to ensure children and young people are safe and achieve good outcomes.

The LSCB has a statutory duty to co-ordinate how agencies work together to safeguard and promote the well-being of children and young people in Reading and to ensure the effectiveness of local safeguarding arrangements.

This year has seen a focus on implementing the revised government guidance Working Together to Safeguard Children 2013. This has led to the development of threshold criteria for Children's Services, along with a single assessment form. The Threshold document aims to help practitioners identify a child's level of need and to be familiar with the best way to access the support needed.

Changes in the health service structure came into effect in 2013, with the establishment of Clinical Commissioning Groups and NHS England Local Area Teams. Reading LSCB worked with the new groups to ensure good links were made and safeguarding remained a priority.

A major restructure is currently underway in Thames Valley Probation Trust. The LSCB will work with the Trust to ensure partnership working remains effective and children are safeguarded.

Working Together 2013 requires the Chair of the LSCB to publish an annual report on the effectiveness of safeguarding arrangements and setting out how well agencies promote the welfare of children in the local area.

This Report aims to provide an overview of the performance and effectiveness of local services. It identifies areas of weakness, the causes of weaknesses and the action being taken to address them as well as other proposals for action. Each agency has been asked to provide its own assessment of performance; these are summarised in the Report, along with contributions from sub-groups which undertake a significant amount of the work of the Board.

The report is presented to the Chief Executive of Reading Borough Council, the Lead Member, Chair of the Health and Well-Being Board and the Police and Crime Commissioner. It is also formally reported to the Boards of the local Health Trusts. It is intended for a wide audience including the professional workforce and local communities.



Stephen Barber, Independent Chair

## Executive summary and key messages

The Annual Report provides an insight into the work carried out locally to safeguard children, outlining progress made during 2013/14 and summarising the key priorities and challenges ahead.

Reading LSCB (RSCB) is an effective, strong partnership which continues to work together to ensure the effectiveness of what is done by each person or body represented on the Board and to assess whether they are fulfilling their statutory responsibilities to help, protect and care for children and young people.

We do this by:

- Being an influential, strategic Board that influences and improves sustainable effective performance
- Identifying and prioritising local issues and demands;
- Monitoring and evaluating quality of practice and services including early help, and the experience of children, parents and front line staff are included as an essential source of information;
- Developing further the preventive, proactive and responsive work of the LSCBs in the West of Berkshire as set out in Chapter 3 of Working Together to Safeguard Children 2013;
- Having close working arrangements across pan Berkshire and particularly the three LSCBs (Reading, Wokingham and West Berkshire) with joint sub-groups;
- Offering a constructive challenge to partner agencies and holding each other to account
- Ensuring national and regional developments are incorporated into the work of the LSCB and promote these locally;
- Promoting the safer recruitment and appropriate training of the children's workforce in agencies working with children;
- Commissioning Serious Case Reviews and other reviews and disseminating the learning;
- Having an effective communication strategy to raise awareness of safeguarding and promote the welfare of children.

### Key Messages:

The LSCB has identified the following key messages to support effective safeguarding within the Reading borough area.

#### Messages for Chief Executives and Directors

- Senior officers must ensure that their workforce is able to participate in LSCB safeguarding training, to attend training courses and learning events.
- Every agency's contribution to the work of the LSCB must be categorised as the highest priority in the allocation of time and resources.
- The LSCB needs to understand the impact of any organisational restructures on the capacity to safeguard children and young people in Reading.
- Performance information needs to be produced and contextualised to demonstrate the effectiveness of safeguarding within services.
- Information on ethnicity, disability, gender and other equality and diversity issues needs to be used in a strategic context to commission relevant services.

#### Messages for the children's workforce

- All members of the children's workforce, from all agencies and the voluntary sector, should use safeguarding courses and learning events to keep them up to date with lessons learnt from research and to improve their practice.
- All members of the children's workforce, both paid and voluntary, should be familiar with the role of the LSCB and Berkshire child protection procedures.

Link: <http://berks.proceduresonline.com/index.htm>

#### Messages for Children's Social Care

- All staff should undertake appropriate training in basic adult safeguarding.
- Ensure recruitment and retention rates improve to reduce the need for agency workers.
- Ensure greater awareness of the LADO role.
- Improve greater awareness regarding private fostering and the identification and referral of this group of children and young people.

#### Messages for Thames Valley Police

- Ensure adequate attendance at Initial Child Protection Case Conferences.
- Ensure that referrals into children social care take account of the thresholds for statutory intervention.
- Continue to improve identification of risk in domestic abuse cases.
- Ensure that police officers receive safeguarding training appropriate to their level and evidence this.
- Ensure police officers are able to participate in multi-agency training events.
- Continue to improve responses to child sexual exploitation and the identification of risk when children and young people are reported missing.

#### Messages for Thames Valley Probation

- Ensure any safeguarding risks, arising out of the current restructure, are identified and mitigated against.
- Demonstrate that the Multi-Agency Public Protection Arrangements (MAPPA) and the Multi-agency Risk Assessment Conferences (MARAC) protect children from harm and promote children's wellbeing.
- Continue to support the work with children of prisoners or in contact with offenders.

### **Messages for Berkshire Healthcare NHS Foundation Trust**

- Continue the work to ensure looked after children receive appropriate, high quality and timely health services.
- Promote the Think Family approach within adult mental health services.
- Continue engagement with early help services, ensuring health visitors and school nurses understand thresholds for statutory intervention and where to get help for families whose needs do not need a statutory intervention.

### **Messages for Royal Berkshire Foundation Trust Hospital**

- Ensure that appropriate staff undertake Level 3 child protection training.
- Ensure appropriate care is provided to children and young people who present with significant mental health needs (when a tier 4 CAMHS bed is unavailable) and that the paediatric ward staff caring for these children also have the support they need.
- Implement the actions identified from the scoping project on transition services for children and young people.

### **Messages for Clinical Commissioning Groups**

- Complete Section 11 self audits.
- Ensure all commissioned services are monitored to ensure they meet safeguarding standards and share health safeguarding data with LSCBs.
- Promote the need for GP involvement in all aspects of child protection conferences

### **Messages for NHS England Local Area Team**

- Play a full part in LSCB work.
- Complete Section 11 return.
- Ensure that the SARC achieves a quality service and provides performance information to LSCBs regularly.

### **Messages for schools in Reading**

- Continue to complete the annual Section 11 audits.
- Encourage schools to sign up to the Youth Cabinet's Mental health manifesto.
- Ensure all staff have an awareness of emerging issues such as child sexual exploitation and female genital mutilation.
- Ensure all staff are recruited safely.
- Ensure all staff are appropriately trained in safeguarding.

### **Messages for Adult Social Care**

- All staff should undertake appropriate training in children's safeguarding.
- That learning from any adult service reviews, in relation to safeguarding, is shared with the LSCB to determine if similar situations could arise in any children's services.

## Local area profile

The population in Reading, estimated at 154,000 is on the whole - young, diverse and dynamic; both in terms of mobility and cultural presentation. Our young people represent the largest group within the community with 35,300 people being under 20yrs old. There is also a large under 5yrs population (11,300 children), and as over 2700 babies are expected to be born each year - a higher than national average figure. Many families move to the area for work and as such the demand for housing options and school places have never been higher.

The challenging characteristics of this population were further understood through the development of our JSNA - the pressure points noted below.

We have -

- Overall poorer health than the national average.
- An increase in presenting mental health issues in the adult population.
- Housing demand is projected to increase by 31% over the next 10years.
- 20% of our children living in relative poverty.
- 18% children accessing free school meals which is higher than the national average
- 7% of young people are NEET, which is higher than the national average of 6% and much higher than the regional average of 5.5%.
- 17% of Babies have younger mothers ( than average by under 25yrs

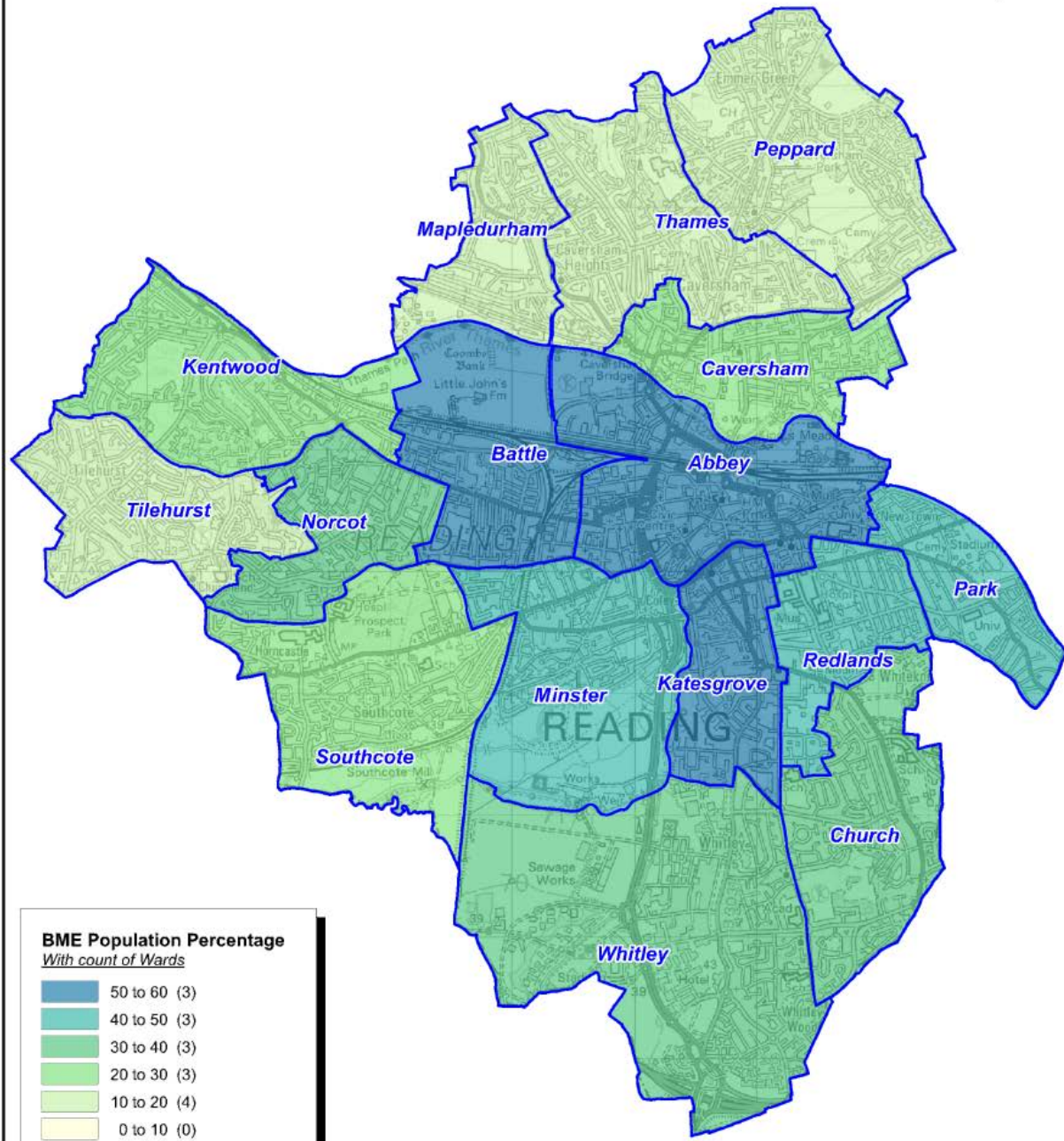
## Diversity in Reading

Reading's population is the third most diverse in the South East of England. ONS data shows that Black and Minority Ethnic (BME) communities account for some 25% of the total population. The wide-ranging diversity in the local area is illustrated by the fact that over 60 languages in addition to English are spoken by pupils in Reading schools. Reading has a high proportion of children and young people for whom English is an additional language, with the highest proportion living in the East area.

School census data shows a 51% BME population with some schools having 60% of students whose main language is not English. 43% of live births in Reading are to mothers who do not originate from the UK; with continued immigration from Nepal and accession 8 countries, diversity in Reading is likely to increase significantly over time. High levels of diversity in the Reading population do not generally translate into ethnic tension however, with the majority of residents believing that people from different backgrounds get on with each other.

Below is a BME population percentage map of Reading, broken down by Wards, taken from the 2011 census data.





**BME Population Percentage**  
*With count of Wards*



- 50 to 60 (3)
- 40 to 50 (3)
- 30 to 40 (3)
- 20 to 30 (3)
- 10 to 20 (4)
- 0 to 10 (0)

**Boundary**

- Ward

**Title: BME Population by Ward**  
Census 2011 Data

Drg.No.: Date: 04/03/2013 Scale at A4: 1:46000  
 Produced by GIS & Mapping Services Ref: 35075\BME Pop by Ward Census 2011 A4P.wor

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## Major factors influencing the work of the LSCB

### Changes in partner agency structures

Changes in the health service structure came into effect in 2013, with the establishment of Clinical Commissioning Groups and NHS England Local Area Teams. The LSCB continues to work with the new groups to ensure good links are in place and that safeguarding remains a priority.

A major restructure is currently underway in Thames Valley Probation Trust. From 1st June 2014, Thames Valley Probation Service will be replaced by the National Probation Service and Thames Valley Community Rehabilitation Company. The LSCB will work with the National Probation Service and the Community Rehabilitation Company to ensure partnership working remains effective and children are safeguarded.

### Funding

All public sector organisations face resource restrictions with new challenges locally in relation to a rising child population. The LSCB provides regular opportunities for agencies to highlight pressures on safeguarding at meetings.

### Child Sexual Exploitation (CSE)

2013 saw an increase in national awareness in relation to sexual abuse, including historical abuse and links to child sexual exploitation. An operational CSE group has been set up locally to take this work forward, with strong multi-agency support led by Reading Borough Council and Thames Valley Police.

### Missing Children

New statutory guidance in relation to missing children (January 2014) provides detail on how Local Authorities and their partners should take to prevent children from going missing and to protect them when they do. A new expectation that a return interview will be completed by an independent person after every missing episode is being responded to locally but will have major resource implications in future. Safe and well checks continue to be completed by Thames Valley Police, and the LSCB carried out a sample to check these were being done appropriately.

### Female Genital Mutilation (FGM)

The publication of a report by The Royal College of Midwives entitled Tackling FGM in the UK - Intercollegiate recommendations for identifying, recording and reporting (November 2013) identified key principles and recommendations to safeguard girls at risk of FGM. In response to the recommendations, a local multi-agency task group has been formed and an action plan developed.

## Governance and accountability arrangements

### Statutory objectives and regulations

Section 13 of the Children Act 2004 requires each local authority to establish a LSCB for their area and specifies the organisations and individuals that should be represented on LSCBs.

The core objectives of the LSCB are as set out in section 14(1) of the Children Act 2004 as follows:

- a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in West Berkshire, and
- b) to ensure the effectiveness of what is done by each such person or body for that purpose.

The role and function of the LSCB is defined by Working Together to Safeguard Children 2013 and related safeguarding national, regional and local guidance.

Members are reminded of their roles and responsibilities at meetings and during their induction.

### LSCB Chair, accountability and resourcing

Working Together 2013 states that, in order to provide effective scrutiny, the LSCB should be independent. The Reading Chair, Stephen Barber, is independent of partner agencies to allow the LSCB to exercise its local challenge function effectively. The chair has a crucial role in making certain that the LSCB operates effectively and secures an independent voice for the LSCB. Stephen also chairs the West Berkshire and Wokingham LSCBs to support joint working and consistency across agencies. To ensure effective communication between the LSCB and other partnerships the chair also attends the Health & Wellbeing Board annually and works closely with the chair of the West of Berkshire Safeguarding Adult Partnership Board.

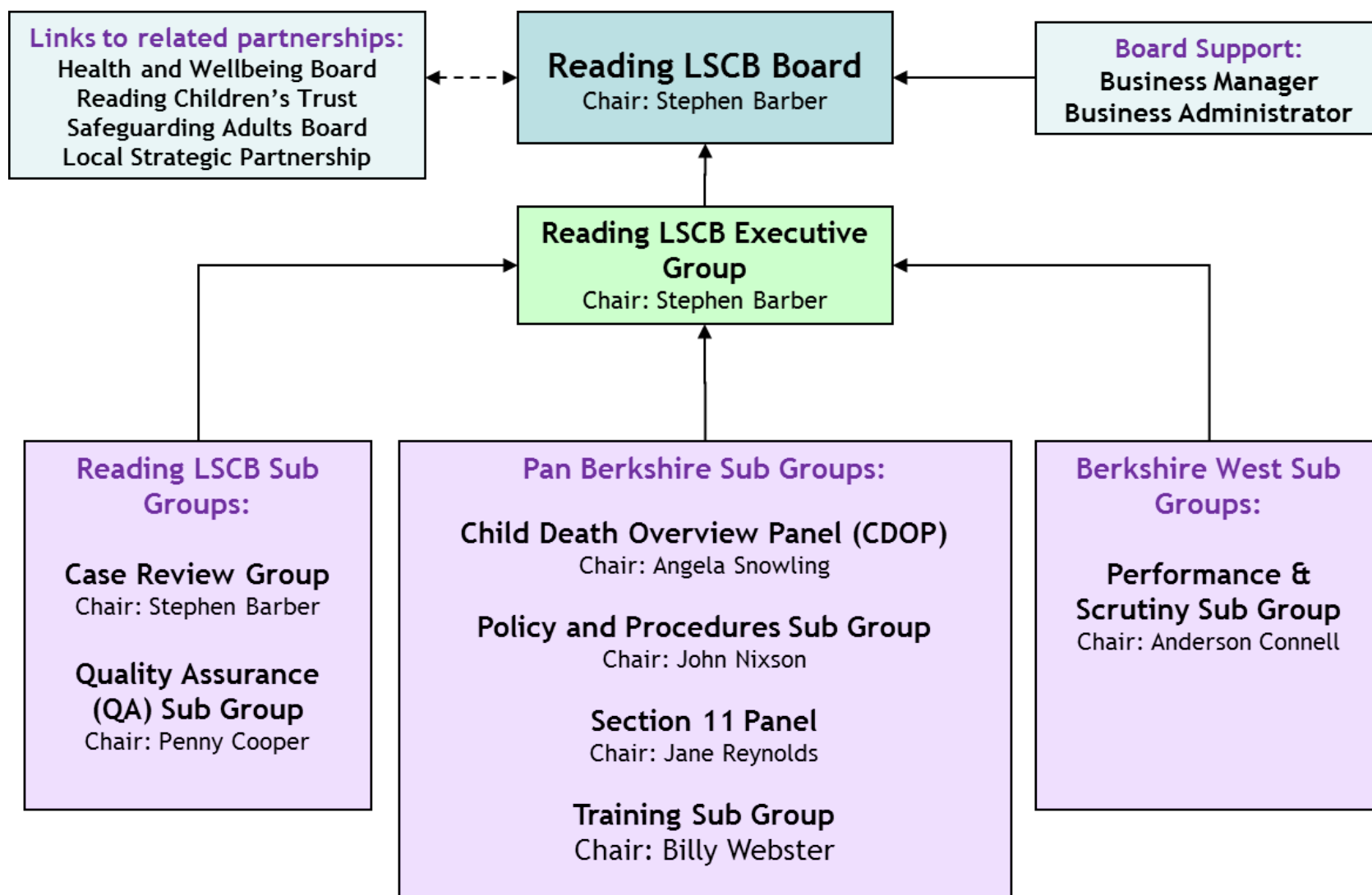
In order to meet its objectives, the LSCB has several sub-groups, each of which is accountable to the LSCB. An overview of the work of the sub-groups can be found on page 31.

### Links to Reading Children's Trust (RCT) and the Health and Wellbeing Board (H&WB)

Reading LSCB works together with the RCT and H&WB to minimise the duplication of reports and actions; ensure that there are no unhelpful strategic or operational gaps in policies, protocols, services or practice; and to provide constructive challenge to each partnership group or partners when appropriate. A protocol has been agreed this year which sets out the expectations of the relationship and working arrangements between these partnerships, which can be viewed in the key documents section of the LSCB website.

Key senior members of each Board are members, or invited participants, of each other Board which ensures key issues are discussed in the appropriate meeting. Key documents, such as the LSCB Annual Report, are presented to each Board either as part of a consultation or for review, plus any particular issues or concerns raised by one Board for consideration by either or both of the other Boards are scheduled onto the appropriate agenda via the LSCB & RCT Business Manager or Principal Committee Administrator.

## Reading Local Safeguarding Children Board Structure

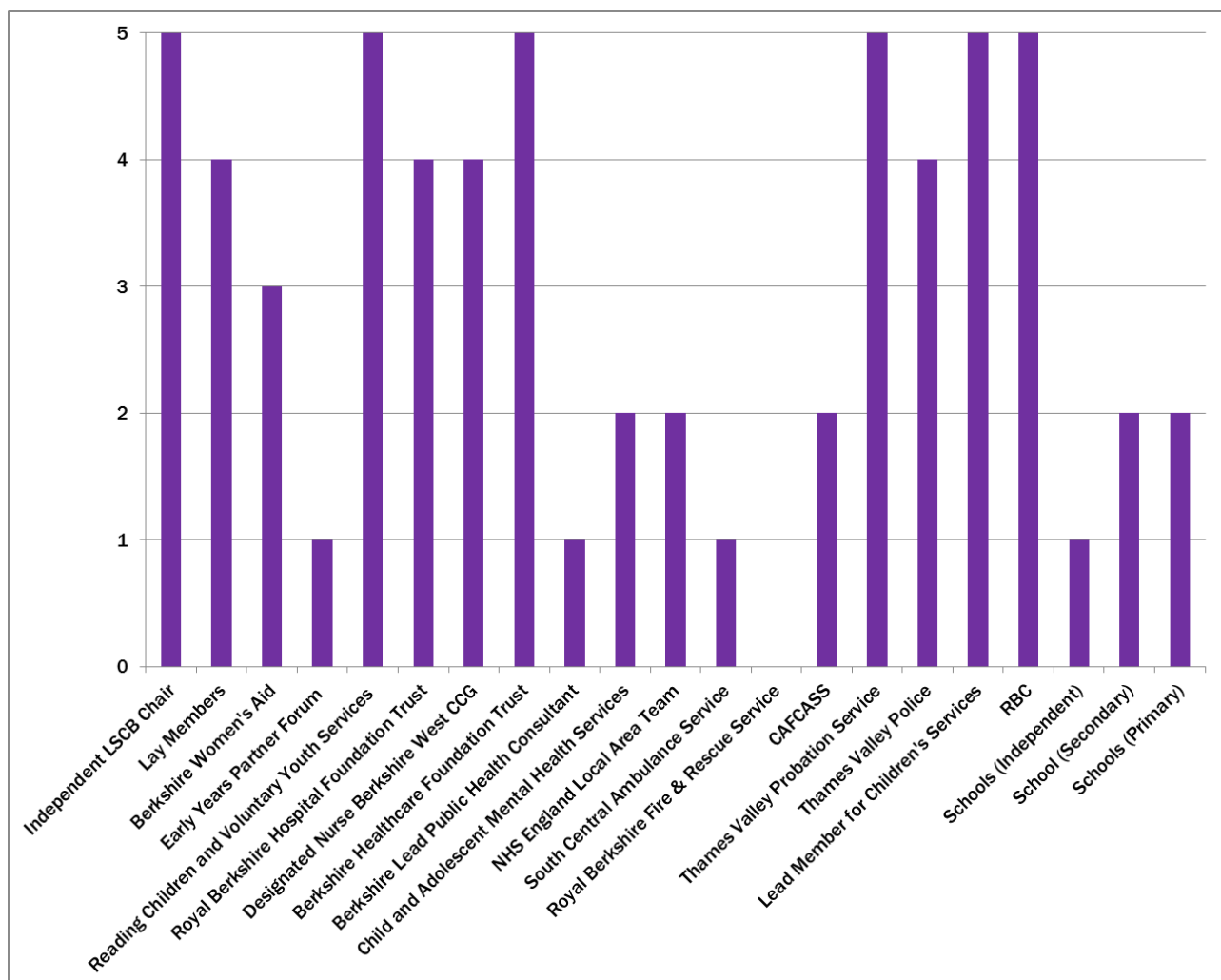


## Membership/Attendance

LSCB members have a responsibility to attend all meetings and disseminate relevant information within their agency. Attendance at meetings is monitored to ensure attendance is regular and at an appropriate level. These records are presented to members on an annual basis as part of the LSCB's quality assurance process.

Attendance in Reading is generally good and, if a member is unable to attend, they are asked to send a deputy to ensure all messages are disseminated to each agency. Any lack of agency attendance is addressed directly by the Business Manager or escalated to the Chair.

Attendance figures by agency, based on five meetings held from April 2013-March 2014, are shown below.



In addition, the Designated Doctor and a representative from Adviza attend meetings once a year by arrangement.

## Engagement with children and young people

Ensuring that the views of children and young people are heard is an important part of the scrutiny process for Reading LSCB. Below are some of the initiatives that have taken or are continuing to take place.

### Children-in-Care Council

The Children-in-Care Council have worked with the Independent Reviewing Officer (IRO) team to develop several pieces of work:

- They have developed a review sheet for the IROs to give to young people after their reviews to feedback about the review process - what was good, what was bad, and what not so good. These will be collected on a regular basis, and an overview will be posted online with feedback about what is going to be done as a result on the [www.readingyouth.com](http://www.readingyouth.com) website.
- They have supported an IRO consultation about the service. 18 young people in-care within Reading participated in the consultation, which included questions about whether they understood the role of the IRO and what they could do better. This has been taken back to the IROs to inform their practice.
- Finally, they are also undertaking work currently with the IRO team to develop a preparation sheet for young people to be used ahead of the review. This will help the young people to think about what they want to talk about in the review and to ensure that any ideas or concerns they have are discussed within the review.

### Independent Reviewing Officer (IRO) Service

The IRO's are responsible for chairing Looked After Children reviews and a key element of their work is to ensure the voice of that particular child or young person is heard as part of that process. The Annual IRO Report explains that in the past year, 89% of children over the age of four years participated in some way to their meeting, either through attendance at the meeting (60%), by talking to adults who can convey their wishes and feelings to those attending the review or they can write something. There have also been a number of cases where the IRO has supported the young person in chairing their own review or setting their own agendas. This provides them with a real sense of being heard, being in control and develops transferable skills. Some of those that have chaired their review said of the experience:

'It was good I loved it they spoke to me they made sure I understand them and yeah perfect'

'Yes I have and it was a lot quicker and I chose what to say in depth regarding my life'

'I have done it and I thought it was fun being in charge of everyone and making sure they are doing what needs to be doing'

'I did this in my last review, it was good to be included in the discussion, because I hate it when people talk about me behind my back'

Not all responses were so positive however, and maybe represent a need for more support for some young people to chair their review:

I did it but I did not like it as I was shy

I am not ready for this

Too embarrassing

**Impact:**

Young people have more control over their own reviews and can ensure that their views and wishes are taken into account.

**Youth Cabinet**

The Youth Cabinet ran an event in October 2013, to which young people from a range of schools attended. This focussed on the topics of careers guidance, and mental health. The mental health section had a section dedicated to self-harm - the various types of self-harm were discussed, along with where and how to get support. The report from this event has been presented to the Children's Trust and members of the Youth Cabinet attended the LSCB Board meeting in January 2014 to inform a discussion on this topic. This had led to the planned addition of a question on acceptance of the Youth Cabinet manifest to the next round of its Section 11 returns from schools.

The youth-cabinet also discussed and fed back on a leaflet designed for young people to explain the signs of safety approach. As a result, changes were made to the leaflet.

Further information about the Youth Cabinet achievements can be found in the Youth Voice 2013 yearbook via this link: [www.readingyouth.com/voice/](http://www.readingyouth.com/voice/)

**Impact:**

Three Reading secondary schools have so far signed up to the Young Cabinet Mental Health Treaty. Pupils at these schools will now receive education and support around mental health and emotional wellbeing.

**Royal Berkshire NHS Foundation Trust (RBFT)**

RBFT have an ongoing participation programme to ensure that services for children and young people reflect their views and needs, plus those of their parents. This includes:

- Parent and child surveys are routinely given out and results are fed back to teams at ward meetings. This has led to improved communication regarding waiting times and a current piece of work on nursing and medical staff giving teenagers the chance to discuss their concerns without their parents present. Changes have also been made in the neonatal intensive care unit including refurbishment of parent spaces, new breast pumps and cots that allow parents more contact with their baby.
- A Youth Forum Task Group has been established to give young people a direct say in their services. This group is working closely with Reading Youth Cabinet.
- The first Patient Lead Assessment of the Clinical Environment (PLACE) has been completed using parents and children. Results are currently embargoed but an action plan will be completed. However one of the initial actions will be to look at age appropriate seating in a number of the areas assessed.

**Impact:**

Children and parents are able to influence the services they receive and the surroundings in which they receive them.

## LSCB Business Plan

The current three year Business Plan 2014-2017 was agreed by members in March 2014. The Plan has multi-agency actions and represents work from most LSCB partners. The priorities addressed in the plan are:

**Domestic Abuse** - Children are safer because the children's and wider workforce can recognise the signs of domestic abuse

**Child's Journey** - Effective auditing and reviews make sure that the right child is in receipt of the right service at the right time in order to ensure effective early intervention

**Health services will continue to deliver improvements in quality and performance in safeguarding children** - Children continue to receive health services in a seamless and timely way

**Core Governance and Monitoring** - Children are safer in Reading because the LSCB is functioning well, is able to motivate member agencies to full engagement and is able to use all its reporting mechanisms to improve best practice in safeguarding children and young people.

The full Business Plan can be viewed on the LSCB website: [www.reading.gov.uk/lscb](http://www.reading.gov.uk/lscb)



## Effectiveness of safeguarding arrangements over the past year

### LSCB

#### LSCB Achievements

- Hosting arrangements have been put in place for all sub-groups to improve communication links with LSCBs;
- Workshop on Serious Case Review models held March 2014 to consider the range of models available;
- Business planning session was carried out in December 2013 to identify priorities for the 2014-2017 LSCB Business Plan;
- LSCB member development session held with members in October 2013 on leadership and challenge, with a further session for Executive members in June 2014;
- Berkshire West LSCBs and Safeguarding Adults Partnership Board held their annual joint safeguarding conference in September 2013; the theme for the conference was Sexual Abuse;
- Raising awareness of child sexual exploitation amongst young people, parents and the wider community, through a LSCB and Thames Valley Police jointly funded project with performances of 'Chelsea's Choice' in Reading secondary schools.
- Reading safeguarding information updates emailed weekly;
- Child Sexual Exploitation (CSE) operational multi-agency sub-group established to address CSE locally;
- New CSE e-learning course launched for all LSCB partner organisations;
- Developed effective links with CCGs in their first year of operation; including reps for the LSCB and LSCB executive;
- Published threshold criteria and assessment protocol for Children's Services;
- Recruited successfully new lay members
- Berkshire wide lay members meetings held to increase awareness of the role and to network with others across Berkshire;
- Commissioned a presentation on the Serious Case Review of Daniel Pelka which was delivered to the LSCB and made available as PowerPoint for dissemination to all LSCB partners;
- Agreed a protocol between the Thames Valley LSCBs and the Sexual Assault Referral Centre; to improve communication and reporting;
- Task-group set up to take forward the intercollegiate recommendations Tackling FGM in the UK;
- Berkshire Child Protection Procedures have been updated in relation to recent guidance on CSE, missing children and safe staffing;
- A signs of safety model approach has been introduced to the front sheets submitted with each report to the LSCB to ensure achievements and challenges are easily identified, plus impact on children and young people;
- The Youth Cabinet presented issues surrounding mental health at a Board meeting which has led to actions being taken forward across agency, and the LSCB support of their Mental Health charter and campaign.

#### LSCB Challenges

- Developing an agreed dataset; agencies providing context and commentary to the data;
- Monitor police and GP attendance and reporting to Child Protection Conferences to ensure contribution is effective;
- Voice of the child - this issue is discussed at every Board meeting and impact is

requested as part of the front sheet but more work is needed to really hear the child's voice in the work of the LSCB;

- Ensure a section 11 return is completed by the local authority and any other organisations allocated to Reading LSCB by the pan-Berkshire Section 11 panel;
- Improve links with NHS England Local Area Teams and ensure they are fulfilling their Section 11 duties; including providing regular reports on the SARC.

## Learning from Partnership Review - Child D

In September 2013, Reading LSCB commissioned a Partnership Review regarding Child D, a 15 year old child, who had been referred to Children Services aged 14 years following an allegation of sexual abuse. The Partnership Review focused on the serious concerns of sexual abuse that had remained hidden for several years in a child with emotional and behavioural vulnerabilities and learning difficulties and the complexities of working with uncertainty. The review explored whether sufficient support was offered Child D during her health care, schooling and general parenting which could have avoided the need for the most substantial level of state intervention having to be provided this close to her adulthood.

### Summary of learning points

- The key finding has been the need to recognise that children sometimes attempt to alert adults they trust to the fact they are being, or have been abused, by their behaviour rather than verbally. Such behavioural clues are likely to be difficult to interpret, as the possibility of other causation must also be considered. To this end a clear planning process, using the different expertise of investigative and therapeutic agencies, needs to be in place.
- Addressing the variable pattern of cooperation with non-engaging families and young people needs to be explicitly thought through utilising the multi-agency safeguarding planning processes.

### Strengths identified:

- Good understanding and use of CAF by Child D's primary school to secure a primary mental health worker and Children's Action Team (CAT) involvement to address Child D's anxieties about transition to secondary school
- Appropriate school support at both primary and secondary school to address Child D's learning difficulties
- Thorough diagnosis and liaison with medical specialists and CAMHS when Child D was admitted to hospital, and positive response from CAMHS to Child D while she was in hospital and written liaison with GP, education and CSC
- A very child centred and generally analytical CSC core assessment that also evidenced managerial oversight and supervision.
- Overall evidence of agencies communicating with each other.

### Areas for improvement:

- Differences between the primary and secondary school perceptions of Child D's learning difficulties.
- Poor planning relating to ensuring multiagency expertise to interpret complex behaviours being included in the Core Assessment - this was particularly between CSC and CAMHS.
- Poorly thought out strategies to secure parental engagement, for example insufficient challenge to parents during the Core Assessment and failure to check directly with the neighbours (original referrers) the robustness of their concerns.

- No formal outcome meeting following the lengthy and complex assessment to establish a coherent and meaningful plan.
- Professional differences between CSC, CAMHS and hospital health professionals about how to respond to Child D when her behaviour became extreme following her disclosure of sexual abuse.
- The psychological assessment was conducted at a time when Child D was recovering from her breakdown and which gave a far more pessimistic view of her capabilities than was later to be assessed to be the case.

An action plan based on these recommendations has been created and is being monitored by the Reading Case Review sub-group.

#### Impact:

- A bespoke training course for children's social workers on inter-familial child sexual abuse has been delivered and will be re-run later in the year. This course also highlights the importance and ways of working with non-disclosing young people where child sexual abuse is thought to be a factor.
- Children's Social Care will ensure that when it is clear that a detailed single assessment is required, a strategy or professionals meeting will be held with the involvement of partners, to plan the assessment. This should ensure the assessment includes multiagency expertise, to the benefit of the child or young person concerned.

## Partner agencies' safeguarding effectiveness

### Reading Borough Council (RBC)

RBC has responsibility for a range of statutory duties relating to the safeguarding and protection of children and young people of Reading. RBC is a key partner in delivering services alongside other agencies to promote positive and safe outcomes for children and young people and their families and to promote resilience.

The number of Looked After Children reduced from 225 as at 31/03/2013 to 208 as at 31/03/2014 however nationally Cafcass report a 2 % increase in Care Proceedings as at June 2014 from the previous year. The number of children on a Child Protection Plan also reduced marginally from 157 as at 31/03/2013 to 153 as at 31/03/2013. This is a reflection of both the impact of the Family Justice Review and working more efficiently and not an indication of a reduced level of work in the system. The Edge of Care Service has been effective in reducing the length of time children are remaining on Child Protection Plans. The number of referrals to the Assessment and Action Team has remained similar to last year and sharper focus will be given to cases stepping up and down the system to target resources most effectively. Single Assessment is well embedded in the Action and Assessment Team and the Signs of Safety Methodology is used across all teams.

Recent agreement for a dedicated Thames Valley Police (TVP) Resource for a Reading only MASH (Multi-Agency Safeguarding Hub) is welcomed and plans can now be progressed for this and determine whether Adult Safeguarding will be included in the MASH. There remains a continued and critical focus on Children in Need and ensuring services are

aligned to ensure this group of children receive an appropriately targeted service within a shrinking budget. The child's journey as they move between services will be a key feature in any developments for RBC and we will proactively engage with partners including the Third Sector to ensure best value in terms in cost and outcomes for families.

Significant multi-agency development alongside RBC is ongoing in respect of Child Sexual Exploitation and Children who go Missing and a jointly chaired panel with TVP is now in operation which considers both these cohorts with a recognition of the possible overlap for some children and young people. Learning will also be incorporated from Oxford and TVP's work on Operation Bullfinch which was set up to tackle CSE.

Work on allegations management by the LADO (Local Authority Designated Officer) has identified the need for awareness raising and training on safeguarding for some Madrassahs in Reading. The LADO and Detective Inspector, CAIU, have set up a working group to produce training leaflets and plan a series of learning events for Autumn 2014.

Teenage Pregnancy continues on a downward trajectory and consideration of using the LARC nurse is firmly embedded in practice especially at the Legal Planning stage of PLO.

Of the 13 Children's Centres under the new Ofsted Inspection 5 are rated as Good, 1 as satisfactory, 3 as Inadequate and 4 have not been inspected yet. Additional capacity through the ADCS sector led improvement programme has been used to review the Children's Centres delivery to inform future work and improvements. RBC has two registered Children's Homes for Children with Disabilities and these are both currently rated as *Good*.

The Adoption and Fostering Service has seen more activity this year and the challenge in finding suitable Foster carers and Adopters reflects the national position and RBC have entered into a South Eastern Consortium to collectively address this more strategically. Ensuring children and young in care people remain within or near Reading remains a priority as well as provision of sufficient and appropriate accommodation. There has been an increase of 6 children residing more than 20 miles from their home address and outside the Local Authority boundary. The features of these young people and their needs will inform future commissioning of placements. Private fostering numbers remain low at 5 and consideration by RSCB needs to be given to awareness raising of all agencies identifying and notifying this vulnerable group.

Domestic abuse is an ongoing issue in Reading, reflected by the fact it is now one of the LSCB priorities in the 2014 Business Plan. The Family Choices Programme has been commissioned through Berkshire Women's Aid for families affected by domestic abuse, offering support to the whole family. Support is provided via group work and 1:1 sessions, looking at parallel themes including - different forms of domestic abuse, the impact abusive relationships have on partners and children, and ways to resolve conflict in a non abusive way.

Referrals to the programme are received from a variety of sources, including Children's Social Care, Solicitors, Probation, GPs and self referrals. 51% of the perpetrators engaging had children subject to Child Protection Plans.

Last year in Reading 70 families were referred to the programme, including 65 children aged 5-18. Of these families, 74% of the victims and 47% of the perpetrators agreed to engage with support. Of the perpetrators engaging with the programme there was only a 1% repeat rate of reporting to the police within the year, which was corroborated through

contact with the victims. Going forward the group work with perpetrators will restart in September this year (currently the work is done on a 1:1 basis), and consider how to increase the rate of engagement with families still further.

**Impact:**

Feedback from those attending the programme suggests that families find it helpful in a number of ways. Perpetrators have commented on how the work undertaken has had a positive impact on their behaviour, highlighting increases in respect for their partners, with understanding of how to control anger and alternative non abusive ways of behaving. Victims have found the support particularly helpful in overcoming isolation through the opportunity to meet others with similar experiences. Learning how to identify signs and traits of Domestic Abuse has led to participants feeling more able to set appropriate boundaries within their relationship with their partner, and a subsequent improvement in relationships with their children.

A recent Young Carers Survey has taken place against a backdrop of an increase in this cohort and this will inform future service developments to increase the number of carers accessing short breaks. 421 children aged from 5 to 19 years have been identified as young carers in Reading. In 2010 this figure was 90 which represents a 467% increase in the identification of young carers over 3 years.

**Impact:**

By identifying a young carer we are able to alert any services they are already working with to be mindful of their situation, making them aware of the particular challenges faced by that child or young person. They may have support from services such as Family Workers or Youth Workers but crucially ensuring their school is aware can make the a key difference.

90 young carers are currently able to access the young carers clubs and this allows them to meet other young carers, have time away from being a young carer, be involved in activities and informal education such as cooking, arts and crafts, play, plus sessions on healthy eating, healthy relationships and professionals that come in to talk about a variety of subjects such as the illness that their parents or siblings may have.

Troubled Families has met the Government Target of identifying 345 families and next year's emphasis for this initiative will be on NEETS.

Quality assurance has remained a strong focus and has at its centre the *"lived experience of the child"* as well as embedding *"Signs of Safety"* as a consistent methodology. As at March 31<sup>st</sup> 2014 the service was rated as Amber against a benchmark of *Good* with no case audits highlighting immediate risk to children.

It is intended to link Performance information more closely with auditing activity in the coming year to target more effectively areas for additional scrutiny and influence multi - agency auditing activity.

RBC have not been further inspected by Ofsted. However, a Peer Review on Safeguarding in January 2103 found *"the ingredients to realise ambition and make further improvements"* present and no children were found to be at risk. Children's Services were seen to be a political and corporate priority with a committed Lead Member. Improvements in recording were recommended especially in how the voice of the child is captured within case records and supervision inconsistencies. A supervision survey has

recently been undertaken in response to this and results are pending. The recommendations from this and the previous Ofsted Inspection have been integrated into the current Service Improvement Plan.

There have been no Serious Case Reviews but a culture of reviewing cases as lessons learnt internally is promoted as good practice.

Statutory complaints to Children's Services saw a small increase of 6 from 77 in 2012/13 to 82 in 2013/14 and work is ongoing to ensure lessons from complaints are incorporated in practice and service development.

Children's Social Care has seen a higher turnover of staff and an increase in Agency Workers and a renewed focus on Recruitment and Retention will be a priority within the next six months as a stable workforce is critical to delivering a quality service and sustainable relationships with families.

The focus on young people who are NEET has continued to have a positive impact in reducing the level to its lowest level in several years. At the same time Reading has been able to keep the percentage of the population 'not known' at the lowest level in the South East. The ending of the pan Berkshire 'Raising Participation Partnership', the level of authority budget reductions and the transfer of statutory responsibility for IAG (Information Advice and Guidance) to individual schools will make it hard to maintain the focus on the 'not known' cohort - by definition the most vulnerable as they are not in education, employment or training.

**Impact:**

By working to ensure we know who these particularly vulnerable young people are and enabling them to access employment, education or training, this improves their life chances and reduces safeguarding risks.

In line with the Children and Families Bill 2013, by 1<sup>st</sup> September we will have in place the Local Offer and the Education Health and Care (EHC) Plan with its accompanying statutory requirements. We will also have a common assessment format that is objective lead.

**Impact:**

The Children and Families Bill radically rethinks the relationship between practitioners and families. It requires professionals to work in partnership as true equals during the process of sharing knowledge, identifying aspirations for the children and families, identifying provision to meet those aspirations and generating SMART outcomes. As a result of the consultation on the current SEN arrangements partners are already working closer together and forums for families have been established.

**Key priorities for the coming year:**

- Recruitment and Retention
- Implementing budget reductions
- Workforce Strategy
- Embedding the Early Help Strategy
- MASH development
- Foster Carer and Adoptive Parent recruitment

- Strengthening Performance management to include Early Help
- Care Planning and sufficiency
- Joint commissioning
- Partnership working
- Professional Practice
- Maintain focus on those vulnerable young people who are not in education, employment or training
- Implementation of the statutory requirements built into the Children and Families Bill
- Complete and circulate the SEN Action Plan and establish an operations group to carry out the actions.

## Children and Family Court Advisory and Support Service (CAFCASS)

### CAFCASS Achievements

- The proportion of open public law care cases allocated to an appointed Children's Guardian is currently 100% (against a target of 97%) and this target rate has been achieved in each of the last 12 months in Reading;
- The current timescale for allocation to an appointed Children's Guardian for a public law care application is less than a working day (against a target of 0-3 days on average);
- The current public law care application duration is 36 weeks in Berkshire on average and is the lowest for at least 12 months;
- Proportion of open private law workload allocated to a Family Court Adviser is currently 100% for Berkshire (against a target of 97%);
- Percentage of Section 7 reports that meet the agreed filing times is currently 100% for Berkshire (against a target of 97%);
- Time taken for private law reports to be filed in Berkshire is currently 12.8 weeks on average. This compares to a national average of 11.8 weeks;

### CAFCASS Challenges

- Impact of Public Law Outline and the Child Arrangement Programme in Private Law have led to significant structural and operational changes across the area as well as nationally. The LSCB looks to see CAFCASS reach at least the national average for filing private law reports.

## Thames Valley Police

### Police Achievements

- Unprecedented record low of all crime in Reading, 999 fewer victims year on year.
- Multi agency working on CSE locally. As a result of the excellent partnership arrangements, Reading is now in a strong place to safeguard children and to work to reduce the risk of child sexual exploitation, targeting perpetrators and supporting the victims. Planning in place to combine Operational CSE & missing children meetings to maximise opportunity for risk identification and safeguarding.
- Partnership arrangements have been agreed to allow agencies to better identify and help victims who are repeatedly victims of domestic abuse even though the victims often avoid engaging with the police and other agencies. These arrangements will help

prevent children from being witnesses or suffering from domestic abuse.

- Partners have agreed a new MASH proposal for Reading. Project board being set up to deliver this vision ASAP.

#### Police Challenges

- Increase in workload due to a rise in number of child protection cases and the need for the police to be involved in all initial child protection conferences.
- Introduction of new, combined, IT system (April 2014) presents short term challenges around reporting, but in longer term will improve data collation and sharing.
- Improvements in risk assessment by police of domestic abuse cases are still needed.
- Recent HMIC inspection of how we manage Child Protection and Child Sexual Exploitation - will be reported on with recommendations later in 2014.

### Berkshire West Clinical Commissioning Groups (CCG)

#### CCG Achievements

- The CCGs have been in existence for 12 months and have ensured safe systems have remained in place during this challenging year;
- A Berkshire West CCG federation has been developed by the four CCGs that span the Berkshire West area to share safeguarding activity;
- In January 2014 the CCGs successfully recruited to the post of named nurse primary care. This new role has been developed to support GPs in their safeguarding work and to encourage the contribution of GPs to the child protection conference process;
- Services commissioned by the CCG are required to complete an annual self-assessment of the organisations safeguarding activities, with an action plan agreed if deficiencies are highlighted;
- A pan-Berkshire Safeguarding Committee has been established and meets four times a year to address safeguarding children and adult issues, to review action plans from, serious case reviews, and share information and learning about safeguarding matters at a senior level;
- The CCG continues its duty to ensure that there is senior representation from the CCG at all LSCB meetings and its sub groups.

#### CCG Challenges

- Completion of Section 11 audit as commissioners of health services.
- Although the named nurse primary care is now in post to support GPs in their safeguarding work, more work is required to encourage the contribution of GPs to the child protection conference process;

### Berkshire Healthcare Foundation Trust (BHFT)

#### BHFT Achievements

- Training compliance remains above target across the organisation
- Provider of interagency training sessions and forums
- The services continue to develop and embed best practice measures through the Service Improvement Groups (SIGs)



- Communication pathways have been agreed and embedded into practice across both the children's and adult agendas
- Development of regular interagency meetings and on-going links with external agencies
- Widely respected representative and active member of LSCB subcommittees across BHFT; ensuring robust advocacy of BHFT
- Contribution to LSCB Reviews
- Leadership of the Quality Assurance LSCB subgroup ensuring good interagency audits are commissioned as agreed with the LSCB
- Wide usage of the patients views to inform the service delivery
- Increased communication across BHFT; intranet site established and two newsletters published
- On-going monitoring of Section 11 Audit
- Visible and active promoters of dissemination of actions from 4 serious case reviews and integration into practice
- Child Protection clinical supervision policy published and practice standardised
- Domestic abuse policy reviewed, and new lead recruited
- Audit of new case conference report template completed
- All appropriate members of staff have received specialist safeguarding training in addition to mandatory/statutory requirements
- Production of quarterly safeguarding data and the development of safeguarding dashboard agreed and completed March 2014
- Partnership working with Local authorities and LSCB have increased across the team
- Promotion of LADO and a central point of contact within the safeguarding children team to record all LADO enquires
- Supported services and clinicians in external and internal investigations
- Completion of the internal Child protection audit and development of an action plan to ensure the services remains safe and compliant
- Completion of quarterly and annual LAC reports evidencing improving quality and timeliness of health assessments
- Evidence of good safeguarding, record keeping, and interagency working to protect children reported in the CQC review undertaken in February 2014
- LAC audits completed both internal and external. Clear evidence of improving practice with partner agencies increasing compliance to the National Standard.
- An active member of the corporate parenting panel and other safeguarding forums, including FGM and Domestic Abuse
- Implementation across BHFT health for data reporting for the LSCB by introduction of the score card.

#### **BHFT challenges**

- Embed and continue good practice
- Increase provision of targeted training
- Ensure targeted training is 85% compliant end March 2015
- Ensure single agency training is 95% compliant in 2015
- Implement a new evaluation outcome tool for internal training
- Continue to be a strong and active representative on the LSCB

## Royal Berkshire Foundation Trust Hospital (RBFT)

RBFT is a large organisation providing acute and specialist healthcare services. It is one of the largest employers in Berkshire. The RBFT has demonstrated successful partnerships working through compliance with the Care Quality Commission Regulation 11, Outcome 7 'Safeguarding service users from abuse', improved Ofsted ratings in Safeguarding and Looked After Children inspections. It received a "good" for its Children's Services in the Care Quality Commission review published in June 2014.

### Achievements

- The Trust was inspected by the Care Quality Commission in March 2014, published June 2014. The paediatric services were assessed as "good" across all 5 domains of safe, effective, caring, responsive and well led.
- Training - for the previous 3 years 95% of staff had received level 1 child protection training and 72% have received level 2 child protection training.
- Children who are on a child protection plan are now flagged on the RBFT electronic staff record system. There is a plan to flag Looked After children in a similar way to alert staff to these vulnerable children when they present to our departments.
- The RBFT actively listens and engages with children and young people and their families. We have surveys for children admitted to the day wards and attending clinics and views of children are sought through the use of stories and poems.
- The RBFT has a Health for Youth team who are actively engaging with young people from the community to explore and comment on the services that we offer.
- The Royal Berkshire Hospital ensures that there is senior representation on all the LSCB forums and sub groups and actively engages with the LSCB.

### Challenges/Priorities

- Level 3 child protection training: 36% of staff had received their level 3 child protection training as of June 2014. It is forecast that 85% will have achieved the level 3 by the end of October 2014.
- There is a national shortage of tier 4 CAMHS beds which has led to children with mental health problems being admitted to the general paediatric ward. This is being explored at a commissioning level. In the meantime, children are assessed and a 1:1 mental health nurse is sourced as needed. There is a senior CAMHS nurse starting work at BHFT who will work with the paediatric ward to support staff to care for these children.
- Transition for all children is a challenge. In light of the Children and Families Act a Trust Wide project on transition will scope the services for children and young people and an action plan will be developed.

## NHS England Local Area Team

The Thames Valley Area team has an oversight role across the Buckinghamshire, Oxfordshire and Berkshire NHS System. We work with partners to oversee the quality and safety of the NHS and promote patient and public engagement. The Nursing and Quality Directorate in the Thames Valley Area team holds the responsibility for safeguarding (both adult and children).

### Achievements

- The Directorate has worked to ensure that safeguarding has become embedded in all aspects of the Area team's work. Safeguarding is a key element when ensuring the

quality of services, patient safety and patient experience.

- We have worked to ensure safeguarding is included in all Clinical Commissioning Groups business plans.
- We have secured funding for Named GP / other professional model in line with recommendations in the NHS safeguarding Vulnerable people Assurance and accountability framework.
- We work closely with CCG Directors of Nursing and Safeguarding Leads to identify safeguarding themes.
- Quality Assurance Group - this group was developed as a mechanism for the Area Team to share quality intelligence across the clinical and commissioning directorates. Any local issues are escalated to the QAG in a co-ordinated way, rather than working in isolation.
- Working to ensure all local areas have a suicide prevention plan in place.

#### Priorities for 2014/2015

- Primary care undertake a comprehensive audit of safeguarding training across Primary care
- Work with commissioners to via the Strategic Clinical Network to improve the CAMHS pathway across Berkshire
- Work with key partners to implement the finding from the CSE skills and knowledge audit
- Deliver the Learning Disability pathway programme

## Schools

### School Achievements

- Most Reading Secondary Schools presented the Chelsea's Choice production to pupils, which has proven highly successful in raising awareness amongst young people of the issues surrounding CSE.
- So far, three Secondary Schools have signed up to the Youth Cabinet mental health treaty (see page 14 for more information).
- A fair access protocol is well established for Secondary Schools across Reading which ensures that pupils who have been, or are at risk of exclusion, or are leaving the pupil referral unit, are quickly allocated an appropriate alternative school place. All the schools have engaged and proactively taken on young people who may otherwise have not been as well received into a new placement.
- The Primary Schools, with the Local Authority, are working to reduce fixed term exclusions (FTE). A new post from September within the Local Authority, the Virtual Head for Children on the Edge of Education, will focus on helping schools particularly with this issue.

### Impact:

Since the start of calendar year 2013, the Local Authority behaviour services and equality services teams have been following up each incident of FTE for a child of mixed white black (MWB) heritage or a pupil with repeat FTE. This challenge has seen a significant reduction in the number of such incidents in the vast majority of schools. At the end of December 2013 the rate of MWB pupils was below the representative population rate.

### School Challenges

- All schools must complete a Section 11 audit.
- Ensure engagement with the LSCB and attendance at Board meetings via appointed representatives.
- All school staff to be aware of emerging issues such as Child Sexual Exploitation and Female Genital Mutilation plus be mindful of particular family situations such as private fostering arrangements and young carers.

## Youth Offending Service (YOS)

### YOS Achievements

#### Performance:

- First Time Entrants to the Criminal Justice system continue to reduce, outperforming the average reduction for England and the SE region
- Re-offending rates have reduced by 8.7% against the corresponding period the previous year. This is significantly better than the average for England (0.4%)
- Reading has sustained the low numbers of custodial sentences for the last four years. A focus on engagement ensures that the opportunity for young people to succeed in completing a community penalty is maximised.

Intervention planning, transitions and workforce development have all been key areas of work within the service with positive results. Reading YOS continues to provide its team members with a positive working environment and a culture of support and learning. The team maintains high levels of staff retention and where vacancies arise, the posts attract high levels of applicants - enabling the YOS to select excellent new practitioners.

Improving the way we work with 'difficult to engage' young people to reduce the use of custody for this group has also been a key theme. This has involved internal and external scrutiny of relevant cases and the development of Engagement Panels to enhance engagement with the critical few, as well as implementation of measures relating to the overall work of the YOS.

### YOS Priorities

- Continued focus on the three National Indicators (above)
- Continue to embed a whole family approach to planning and intervention
- Ensuring YOS remain up to date with current practice in Probation following the recent huge changes to the service, both to support service users transitioning between the Probation Services, and to learn from Probation Service's experience of this transition.

## Thames Valley Probation Service

### Probation Achievements

- All new staff attend Child Safeguarding training and all current staff attend refresher training on a regular basis
- A successful Joint Inspection of safeguarding procedures took place in August 2013 with an action plan in place and completed for any areas requiring improvement.

### Probation Challenges

- The Government's Transforming Rehabilitation programme is now taking effect with the forming of two new organisations National Probation Service and Thames Valley Community Rehabilitation Company from 1 June 2014. The two organisations will ensure that safeguarding matters continue to be a priority and both will be represented at LSCBs to maintain the sharing of best practice
- To ensure that both organisations work effectively with the wider local partnership so that children and young people affected by the imprisonment/offending of a parent or carer are supported.

### Voluntary Sector - represented by Reading Children and Voluntary Youth Services (RCVYS)

2013/14 has been busy year for RCVYS with regards to safeguarding, and has been dominated by the implementation of the new Disclosure and Barring Scheme (DBS) Disclosure process, and ensuring that as much of the voluntary sector as possible get to know about the changes, and can implement them in their organisation.

#### Summary of activities and achievements over the past year.

- RCVYS has continued to campaign for appropriate access to quality Universal Safeguarding Children Training for VCF sector groups. With resources continuing to be stretched, we have reached the day when a programme of face to face training is unfortunately no longer available in Reading. This means that it is now very difficult for VCF sector groups access any safeguarding training at all.
- Reading Early Years Providers' Forum have continued to highlight and campaign for the importance of appropriate and accessible safeguarding training to the Early Years Workforce.
- Not all VCF sector groups have the necessary skills and experience to be able to deliver the appropriate level of training in-house, and the absence of face to face training is a matter of concern moving forward.
- To try to address this issue, RCVYS has continued to work with the RBC Workforce Development Team to offer a further Universal Safeguarding Children Train the Trainer course, with a further 12 people from 10 different organisations being trained to deliver the Berkshire West half-day Universal Safeguarding Children Training, which takes the total number to 43 trainers.
- RCVYS has continued to respond to demand from the local VCF sector, and delivered 2 Designated Persons Safeguarding Training courses. These have always been updated to include the latest information. This year, 17 more people from 13 different organisations completed the training, providing them with the skills and knowledge to handle any child protection disclosures or allegations, and the current social care thresholds. This helps VCF sector groups to effectively work in partnership with statutory services to help to keep children and young people safe.
- RCVYS has worked in partnership with Reading Voluntary Action and Barnabas Fellowship of Churches to deliver 8 interactive workshops to support Voluntary Sector Groups in Reading to implement the new Disclosure and Barring Service (DBS) process into their organisations. 127 different individuals attended these workshops and now feel confident in their new responsibilities.
- RCVYS has been selected as an Ambassador for Safe Network, the national safeguarding unit for the VCF Sector, which is run by the NSPCC and Children England.
- RCVYS have continued to have a regular presence on the Child Sexual Exploitation

Meetings which are taking a strategic lead in working towards reducing the prevalence and effects of organised crime against children in the Reading area.

### Plans for 2013-2014

For 2013/14, RCVYS will:

- Continue to work to ensure that quality Universal Safeguarding Children training is accessible to as many VCF sector groups as possible.
- Endeavour to run a further Universal Safeguarding Children Train the Trainer courses to build the capacity of the local VCF sector to support itself.
- Seek funding to deliver a series of Safeguarding Training courses with other VCF Sector networks to meet the local demand. This is anticipated to include Designated Persons Safeguarding Training, DBS Workshops, and some specialist workshops for specific groups.

### Voluntary Sector Challenges

- Ensuring that VCF sector groups can access quality and appropriate Universal Safeguarding Children Training.
- Ensuring that VCF sector groups can understand and use the social care thresholds to ensure that their concerns for children and families are taken seriously, and are addressed in the appropriate places.

## Sub Groups and Task Groups

LSCB Sub-Groups undertake significant work to meet the LSCB's responsibilities. Some of these are co-ordinated across Berkshire or Berkshire West.

### Child Death Overview Panel - Berkshire

In Berkshire as a whole, there was a 28.8% reduction in reviewed deaths from 80 in 2011/12, to 57 in 2012/13. This reduction in 2012-13 was fully investigated and coincided with a reduction in the numbers of multiple births that year, which are known to carry an increased risk related to low birth weight. It is difficult to attribute causes for the reduction however the panel took consistent action to promote;

- neonatal reviews and thematic risk factor monitoring
- the 'one at a time' message for those undergoing IVF treatment
- a consistent set of recommendations for 'safe sleeping' - which all agencies adopted.

It is pleasing to note a similarly low number of deaths has been sustained in 2013/14 and a total of 59 child deaths have been recorded and 42 reviewed. Of these, 15 deaths occurred in Reading, of which seven deaths have been reviewed in year 2013/2014 and one death reviewed that occurred in 2012/13. An out of area case where death occurred in Reading was also reviewed and lessons learned were shared.

Although child deaths in Reading were statistically higher than the England average in the period 2008/9 - 2011/12, since then there has been a consistent reduction in the number of neonatal deaths - the numbers are however very small. In accordance with the plan a genetic conditions working group has been established to improve awareness of prenatal diagnosis and share the learning from the Bradford community learning project.

There have been five unexpected child deaths requiring rapid response in 2013/14. Three in October; one in December; one in February. An additional rapid response meeting was held unnecessarily in October for an unexpected perinatal death where the child was still under medical supervision, this case is awaiting an inquest later in the year. The October 'cluster' of four rapid responses were analysed at the time and found to be an anomaly, there were no themes. One child had a long term condition, one was the perinatal death described above, two were deaths that occurred in previously well children, and both were considered by the Reading SCR subgroup due to current or previous children's social care involvement but did not reach SCR or partnership review thresholds.

Priorities/challenges for 2014/2015:

- Work on genetic conditions that began in 2013-14 will continue in 2014-15 and an evaluation will inform wider county approaches.
- Reducing rates of neonatal deaths remains a priority. Infections are more common in neonatal deaths where the child is born with a low birth weight and risk factors in the household such as smoking may be contributing factors.
- Accidental deaths and in particular drowning accidents are preventable and the panel recommend use of the Health and Safety Executive swimming pool accident guidance available at <http://www.hse.gov.uk/pubns/books/hsg179.htm>
- Clarity concerning precedence of Rapid Response and other statutory processes e.g. Sec 47 child protection enquiries and criminal enquiries for all agencies and in particular for frontline practitioners will be addressed with a Berkshire wide review of Rapid Response Guidance that will include new flow charts and check lists to promote consistency.

## Performance Group - Reading, West Berkshire and Wokingham

The performance sub group is a multi- agency group with members from Reading, West Berkshire and Wokingham LSCB agencies. The terms of reference are to provide a multi-agency challenge to an agreed set of performance indicators across a range of subject areas. The past year has seen an extensive review take place on defining a new set of performance indicators. This was initially in relation to the Munro review and a new Ofsted performance framework and more recently in relation to the QA framework developed by the south east regional LSCBs and adopted locally.

Towards the end of 2013 Wokingham LSCB requested to join this sub group making it Berkshire West and enabling a greater peer challenge to take place.

### Challenges

- Multiple datasets and inadequate data submitted to sub-group for scrutiny. New draft dataset agreed, which will feed into a pan Berkshire dataset.
- Data provided is often without targets or benchmarks and often without commentary; sub-group members are at a loss to know what to make of some data items. It is intended that a new agreed pan Berkshire dataset and guidelines for submission should overcome this challenge.
- Membership of the sub group and attendance of all members to quarterly meetings to enable a wider and effective scrutiny and of data is still a challenge. Approving reviewed TOR and membership should address this challenge.

## Policies and Procedures Group - Berkshire

The Berkshire-wide child protection policies and procedures are published online. The Policy and Procedures Group ensures they are regularly updated by reviewing research and central government guidance on the protection of children, along with issues arising from serious case reviews and acting on feedback from workers on the translation of policies, procedures and protocols into practice.

Changes over the past year have included a revised chapter on Safe Recruitment, Selection and Supervision of Staff, a new chapter on Allegations against Staff, Carers and Volunteers and a new chapter Safeguarding Foreign National Children who go Missing. The chapter Missing Child, Adult or Family is currently under review to reflect the new statutory guidance: Children who run away or go missing from home or care January 2014.

The group continue to work closely with TriX who provide the procedures on our behalf. The contract with Tri X for delivery of the on-line procedures was extended for 12 months.

### Challenges:

- It did not prove possible during the year to secure representation on the sub-group from Education. This represents a significant vulnerability in the development and take-up of the procedures
- Cross-authority variations - The sub-group acknowledged variations between Threshold and Eligibility criteria for the six authorities, presenting challenges for partners who work across the county.



- Child Sexual Exploitation - The development of a single CSE Indicator Tool across the six authorities has proved to be challenging, with a number of variations proposed. Slough and TVP have worked closely together to develop a suggested draft for further consideration and decision.
- Monitoring use of the on-line procedures - The group identified that previously available data reporting about system uptake had not been sustained. It is very important to be able to identify which professionals are accessing the system as well as any agencies that are not consistently using the resource.

### Quality Assurance Sub Group - Reading

The role of the Reading Quality Assurance Group is to support LSCB partners, and the wider Reading Children's Workforce, to continue to improve outcomes for vulnerable children through a selected multi - agency safeguarding audit and reporting programme. The Quality Assurance Group meets every quarter to agree the audit programme and review outcomes from partner and single agency audits.

The audit programme covers key areas of safeguarding; audits carried out include case audits and sample studies. Partner agencies are also asked to contribute and bring to the group audits they have completed in their own agency. Membership of the QA group has seen a drop in attendance by some partners. The chairs of the three quality groups in West Berks, Reading and Wokingham have met twice to develop a core programme of audits, this will not only provide consistency across the three areas but also build capacity by sharing audits across the area, this is particularly relevant for those agencies that sit on all three groups. Recent audits include the health of Looked After Children and pre-birth assessment.

Maintaining membership by all partner agencies and ensuring there is capacity to carry out multi-agency audits are on-going challenges.

#### Impact:

The health of Looked After Children audit 2013 identified that many of the findings of the previous audit in 2012 had been addressed. This included streamlining the process for notifying and organising a health assessment and ensuring that Health Care Plans are reviewed at LAC Reviews. Both ensure that Looked After Children receive a better and more prompt service and that their health needs are noted in their reviews.

### Section 11 Panel - Berkshire

The Section 11 Panel meets regularly to oversee the Section 11 process for all Berkshire statutory and voluntary organisations and to support improvement.

The panel now has an ongoing role in improving the self-assessment process for organisations. The panel has a new remit to:

- Receive and evaluate the three year S 11 self-assessment audits
- Monitor progress against the action plans at a mid-year ( 18 month) point
- Review and improve the process of submission and reporting, so it is more inclusive and enables discussion and learning

- Ensure the self-assessment template is adapted and improved according to policy and local developments, such as the LDD sub group

The panel achieved the following:

- Membership renewed for Thames Valley Police
- Lay member joined panel
- New terms of reference adopted
- New mid term review process agreed and implemented
- New relationships and membership developed for the NHS Local Area Team and the CCGs
- S 11 full self-assessment received on 10 organisations
- Strengthened safer working practices established, for volunteers in a number of organisations
- Supporting organisations' capacity to capture measurable evidence of compliance, which supports CQC and Ofsted readiness
- Introduced a culture of supportive challenge and ongoing development, rather than a one off , 'task done' approach

Challenges

- New commissioning arrangements in health, leading to lack of clarity for best process for tertiary services (eg SARC), primary care, and health providers
- Next step - CCG West have established a full S 11 assessment process for health providers, and are keen to bring evidence of assurance to the panel. Potential for pan Berkshire health sub-group and for consistency across Berkshire.
- LAT to bring own SARC assurance to panel June 2014.
- Ensuring equity and consistency in Section 11 reports from local authorities.

## Case Review Group - Reading

The Case Review Group considers any serious incidents and makes recommendations to the LSCB Chair about whether the criteria for a Serious Case Review (SCR) are met. When a SCR is carried out, the Group agrees the review model to be used and manages the SCR process. No SCRs have been conducted in Reading over the past year, however a partnership review was undertaken and the lessons learnt have been widely disseminated to staff and an action plan is in place (see page 18 for more information).

The Case Review Group also meets regularly to review local and national SCRs. A Learning and Improvement Framework sets out how all agencies working with children should reflect on the quality of their services and learn from their own practice and that of others, creating a culture of continuous improvement.

Over the past year, the Case Review Group has considered a number of SCRs carried out in other areas, including several high profile reviews. A presentation on the Daniel Pelka SCR was commissioned by Reading, Wokingham and West Berkshire LSCBs to outline learning from the case, including issues around professional communication and practice issues for all agencies involved. The group continues to identify learning and notifies specific groups of relevant SCRs; for instance the East Sussex SCR (Child G, published December 2013) was sent to all schools to ensure they were aware of lessons learnt and good practice.

### Impact:

The Daniel Pelka presentation was delivered to the Reading LSCB at the Board meeting in January 2014. The Board felt that it was moving but also useful and interesting in terms of the lessons to be learnt. Each agency has taken this presentation (with notes) and disseminated it to staff.

### Training Group - Berkshire (West and East)

The Training Group is accountable to the six LSCBs across Berkshire and ensures access to appropriate multi-agency training. Universal safeguarding training remains the responsibility of each agency represented on the LSCB.

The LSCB Training Group produces a multi-agency programme designed to cover key safeguarding subjects. Over 50 LSCB multi-agency courses have been provided across Berkshire in 2013-2014 covering a wide variety of subjects, including children with disabilities, safer care for children with parents with mental health, domestic abuse, disguised compliance, e-safety, child sexual exploitation and substance misuse. All of the courses have been in accordance with, and based on, the six LSCB business plans and agreed priorities. The overall evaluation of courses and attendance has been positive. The representation for multi-agency has been maintained; however, the group has raised concerns about some partner agencies' representation on courses.

To ensure training meets the desired objectives and is effective, the courses are quality assured, usually by a member of the Training Sub-Group. To measure the impact, competency questions are asked on the evaluation forms and, on a sample of courses, a follow up telephone call is made to find out what difference the training has made.

The introduction of the Learning and Improvement Framework agreed across Berkshire, and included in the Berkshire Child Protection Procedures, has improved dissemination of learning from reviews; this is now a standing item on each Strategic Training Group agenda, where key messages from reviews in each of the LSCBs can be shared

### Achievements to date:

- Observation guidance developed to monitor the quality assurance of training.
- Work undertaken with the Section 11 Panel to identify gaps in agency training or refresher training. Section 11 panels agreed an amendment to the S11 self-assessment tool to request that agencies provide evidence of their training strategies and comments on training compliance in relation to issues of diversity.
- E-learning packages continue to be reviewed but use of these lies with the relevant organisation.
- Kwango e-learning safeguarding training has been updated in line with Working Together 2013.
- Safeguarding Training pathway has been produced, for adults and children's services staff.
- Joint meetings held with Berkshire East and Berkshire West Training Officers to produce the East and West LSCB Training Programmes.
- Managing Allegations identified as a need amongst practitioners and training courses arranged in the East and the West.
- Evaluation of training for LSCB courses and outcome audit completed.
- Review of LSCB Training Sub-Group work plan.
- Launch of CSE e-learning training was agreed by 5 of the 6 Berkshire LSCBs. This has been disseminated and used widely. The remaining LSCB has made suitable alternative arrangements.

#### Challenges:

- CSE Training Pathway - there has been a challenge in ensuring all relevant agencies are attending the meetings arranged in order to progress this.
- Concerns in relation to partnership participation on the Training Sub-Group have been raised annually and there is still a significant gap in the contribution of some LSCB partners to the group. Work has been carried out to try and improve this but to no avail. The Training Group continues to have no representation from Police, Housing or Probation. Historically and currently, information is received from Probation and TVP and the group have linked with the Section 11 Panel to obtain more information. We understand and acknowledge the resource pressures for services; however, absence of physical representation at the group from these sectors has been a long standing issue. The RiP Ensuring Effective Training a briefing for LSCBs publication identifies the need for LSCBs to evidence within inspection that "*opportunities for learning are effective and properly engage all partners*". This is currently not being achieved by the absence of significant LSCB partner agencies.
- There remains an issue with TVP accessing multi-agency LSCB courses across Berkshire. This has been escalated to the Berkshire LSCB Chairs. Police attendance at multi-agency courses also varies nationally. It is worth noting that the police do provide in-house training, including specialist areas, which they could benefit from opening up to other agencies to improve multi-agency practice.
- Receiving data in a co-ordinated way from the operational team to the strategic group in a timely manner has proved to be a difficulty for the group at times.
- Monitoring of single-agency training is a requirement of the LSCB's and additional resources will need to be identified to ensure this function is carried out sufficiently by the Training Sub-Group.
- Many of the tasks required of the Training Sub-Group are resource intensive, including the Training Needs Analysis and outcome evaluations. Adequate resources need to be identified.
- Some agencies are providing their own specialist single-agency safeguarding training e.g. Local Authorities for their social work teams, Probation and the Police, but these courses are not currently being offered to a multi-agency audience. There could be an opportunity for more co-ordination of these courses if the agencies bring them to the attention of the Training Sub-Group. Otherwise, there is a missed opportunity for all practitioners to learn in a multi-agency context.
- Keeping Safe - new DfE guidance for schools, does not mention the three year refresher period; as the sub-group has agreed this as a standard, members will have to work with schools to ensure this stand is met.

#### Task and Finish Group - Children with disabilities - Berkshire

The role of this time limited group was to review current guidance for safeguarding disabled children in line with local context for Berkshire and make recommendations to the Berkshire LSCBs to ensure that thresholds for protecting disabled children are rigorously applied. This subgroup has now completed its work, made its final report to the LSCBs and an action plan is in place.

## Conclusions

The LSCB has been effective in challenging partner agencies over their roles and responsibilities as members of the LSCB. This has been demonstrated through development sessions held on leadership for all LSCB members and two sessions for executive members, one on challenge and one on SCR models.

Whilst board attendance is good, better consistency in attendance is needed, in particular through the engagement of the NHS Local Area Team.

Agencies are under significant pressure, with rising numbers of vulnerable children needing services, and the LSCB has a key role ensuring partners continue to work together effectively.

Locally and nationally there has been a significant increase in the workload of Children's Services driven by changes in demography, increased expectations in relation to the quality of services, responses to specific issues (e.g. Child Sexual Exploitation) and a series of high profile child death tragedies. In the local context this has led to a significant increase in workload.

A positive development has been the inclusion of young people attending LSCB meetings. This provides an opportunity for members to hear first-hand the views of young people, for the young people to talk about how services have worked for them, and for LSCB members to consider how to respond to the concerns they raise.

Lay members provide an objective view and bring insight to board meetings. Six-monthly network meetings are held across the Thames Valley area providing an opportunity for them to meet and discuss their role. As part of this, statutory partners attend to give talks on their agency. To date these have included Thames Valley Police, a representative from the CCG and a planned presentation from Probation. As their role has become embedded, lay members are now sitting on and chairing some LSCB sub groups.

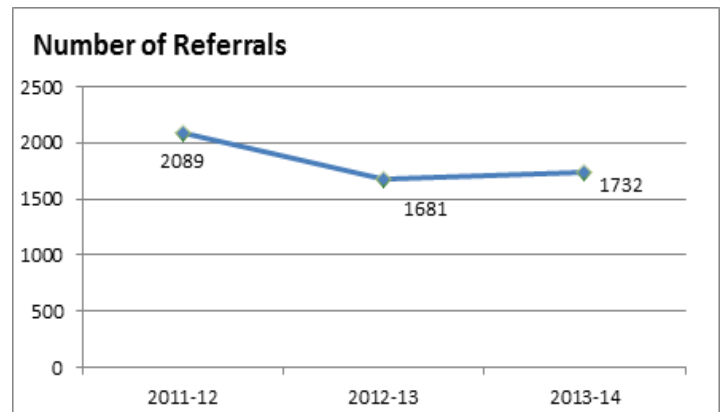
Looking ahead, the challenges that face the LSCB are:

- An increasing number of children with child protection plans and rising numbers of looked after make it crucial that LSCB partners and their agencies work together effectively to address the needs of these vulnerable groups;
- Views of children and young people are taken into account when planning services;
- Continued involvement of young people at LSCB meetings;

## Appendix A - Data relating to the child's journey through children's services and three year analysis

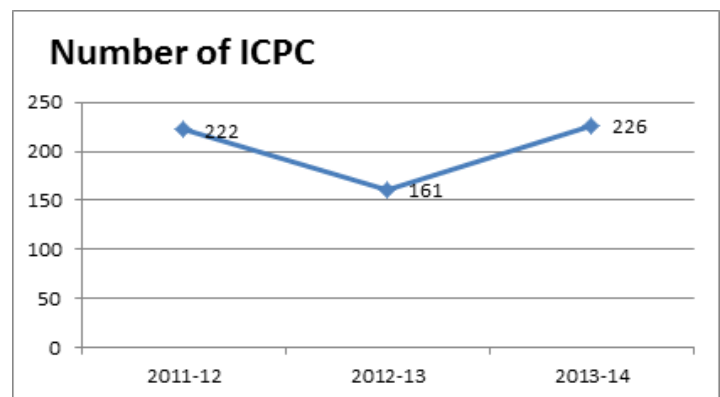
Number of referrals rose in 13/14:

| Number of Referrals to CSC |                 |
|----------------------------|-----------------|
| YEAR                       | No of Referrals |
| 2011-12                    | 2089            |
| 2012-13                    | 1681            |
| 2013-14                    | 1732            |



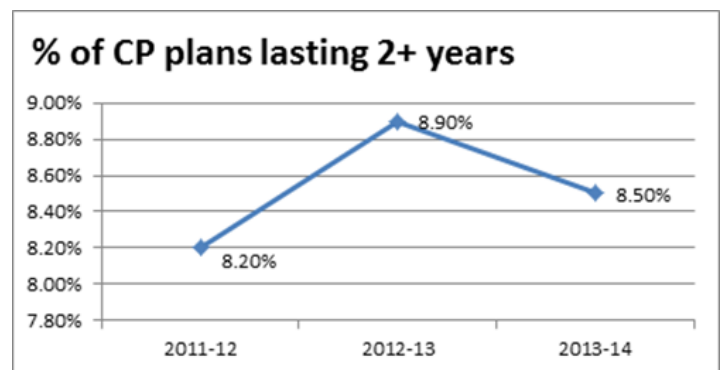
The number of ICPC increased in 2103/14:

| ICPC    |                |
|---------|----------------|
| YEAR    | Number of ICPC |
| 2011-12 | 222            |
| 2012-13 | 161            |
| 2013-14 | 226            |



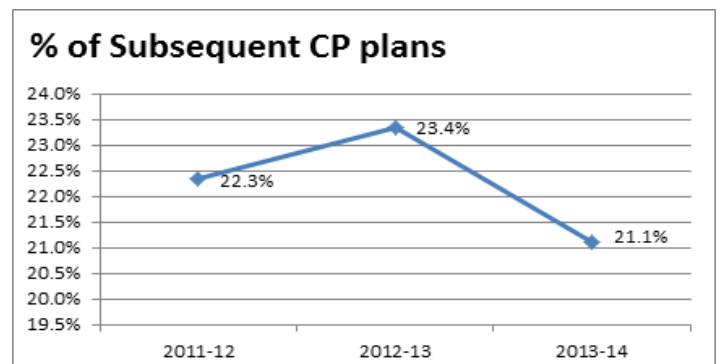
The percentage of CP plans lasting 2 years plus dropped in 2013/14:

| CP plans lasting 2 years plus |            |
|-------------------------------|------------|
| YEAR                          | Percentage |
| 2011-12                       | 8.2        |
| 2012-13                       | 8.9        |
| 2013-14                       | 8.5        |



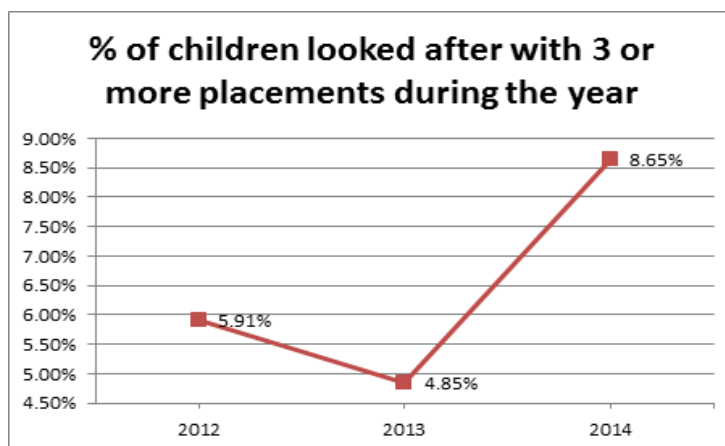
The % of subsequent CP plans decreased in 2013/14:

| NI65   |        |       |
|--|--------|-------|
| CP Plan for 2 <sup>nd</sup> or Subsequent Time |        |       |
| YEAR   | Number | %     |
| 2011-12  | 46     | 22.3% |
| 2012-13  | 39     | 23.4% |
| 2013-14  | 42     | 21.1% |



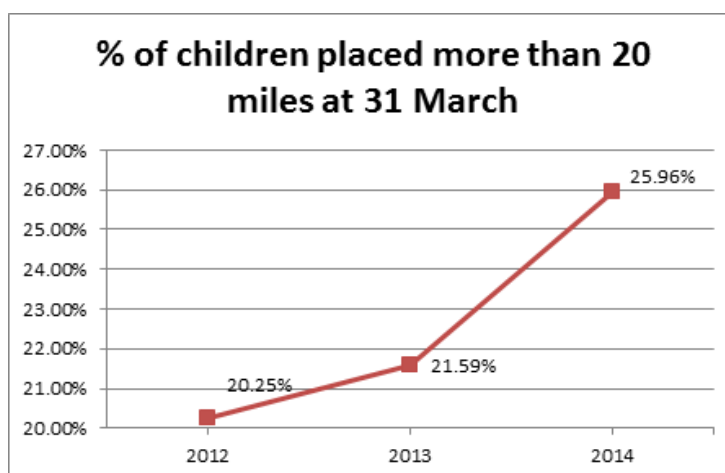
The percentage of three or more Placement moves increased in 2014:

| Placement 1 -The percentage of children looked after with three or more placements during the year ending 31 March |       |                 |                |
|--|-------|-----------------|----------------|
| Year   | %     | No. of children | Total children |
| 2011/12  | 5.91% | 14              | 237            |
| 2012/13  | 4.85% | 11              | 227            |
| 2013/14  | 8.65% | 18              | 208            |



The % of children placed more than 20 miles than home address increased in 2013/14:

| Placement 3 -The percentage of looked after children at 31 March placed outside LA boundary and more than 20 miles from where they used to live |        |                 |                |
|---|--------|-----------------|----------------|
| Year  | %      | No. of children | Total children |
| 2012  | 20.25% | 48              | 237            |
| 2013  | 21.59% | 49              | 227            |
| 2014  | 25.96% | 54              | 208            |



## Appendix B - Training

Safeguarding training is essential to ensure staff and volunteers are kept up to date with legislation and information.

All agencies have a responsibility to provide their staff and volunteers with suitable training that is appropriate to their role.

All training is evaluated, attendees are asked to score their knowledge before and after the event, to measure the change and impact as part of the evaluation process.

| Safeguarding Children Training delivered in Reading 2013-2014 |                   |                           |
|---|-------------------|---------------------------|
|   | Number of courses | Total number of delegates |
| <b>Universal</b>  |                   |                           |
| Delivered in Council venues                                   | 16                | 277                       |
| For Councillors and Lead members                              | 2                 | 30                        |
| <b>Targeted Safeguarding</b>                                  |                   |                           |
| (as part of the LSCB training programme)                      | 9                 | 181                       |
| <b>Designated person training</b>                             |                   |                           |
| New and refresher   | 2                 | 30                        |
| <b>Total</b>  | <b>29</b>         | <b>518</b>                |

### Train the Trainer

In addition to the above training we run a Safeguarding Train the Trainer course for Schools, Early Years settings and Voluntary Sector Organisations. The purpose of the Train the Trainer course is to skill Managers and Designated Officers to be able to deliver Universal Safeguarding Children training to staff in their settings.

There is an expectation that anyone attending the Train the Trainer course commit to delivering a minimum of 2 training sessions per year. We then provide ongoing support and annual update meetings for these trainers.

| Safeguarding Train the Trainer courses delivered in Reading 2013-2014 |                   |                           |
|---|-------------------|---------------------------|
|   | Number of courses | Total number of delegates |
|   | 3                 | 52                        |

All staff across Reading also have unlimited access to free online training:

- Universal Safeguarding Children
- Introduction to Child Sexual Exploitation - launched Jan 2014

Below is the list of LSCB commissioned training courses provided, followed by the course summary.



### LSCB Commissioned Courses provided in 2013/14:

| Date                            | Course  | Working Together Staff Group | Host Authority          |
|---------------------------------|---|------------------------------|-------------------------|
| 21 <sup>st</sup> May 2013       | Safeguarding Disabled Children                                | Targeted                     | Wokingham Council       |
| 23 <sup>rd</sup> May 2013       | Safeguarding Children - A Shared Responsibility               | Targeted                     | West Berkshire Council  |
| 11 <sup>th</sup> June 2013      | Domestic Violence and Safeguarding Children                   | Targeted                     | Reading Borough Council |
| 20 <sup>th</sup> June 2013      | Child Development   | Targeted                     | Wokingham Council       |
| 9 <sup>th</sup> July 2013       | Sexual Exploitation Awareness                                 | Targeted                     | Reading Borough Council |
| 22 <sup>nd</sup> July 2013      | Safeguarding children of substance misusing parents           | Targeted                     | West Berkshire Council  |
| 13 <sup>th</sup> September 2013 | Physical Abuse  | Targeted                     | West Berkshire Council  |
| 19 <sup>th</sup> September 2013 | Safeguarding Children - A Shared Responsibility               | Targeted                     | Wokingham Council       |
| 10 <sup>th</sup> October 2013   | Working with Families Experiencing Domestic Abuse - Advanced  | Specialist                   | Reading Borough Council |
| 11 <sup>th</sup> October 2013   | Disguised Compliance  | Targeted & Specialist        | West Berkshire Council  |
| 12 <sup>th</sup> November 2013  | Neglect and Emotional Abuse                                   | Targeted                     | Wokingham Council       |
| 21 <sup>st</sup> November 2013  | Sexual Exploitation Awareness                                 | Targeted                     | Reading Borough Council |
| 3 <sup>rd</sup> December 2013   | Child Development   | Targeted                     | Reading Borough Council |
| 11 <sup>th</sup> December 2013  | Safeguarding Children - A Shared Responsibility               | Targeted                     | West Berkshire Council  |
| 14 <sup>th</sup> January 2014   | Working with Families Experiencing Domestic Abuse - Advanced  | Specialist                   | Wokingham Council       |
| 21 <sup>st</sup> January 2014   | Sexual Exploitation Awareness                                 | Targeted                     | Reading Borough Council |
| 30 <sup>th</sup> January        | Sexual Abuse  | Targeted                     | Reading Borough Council |
| 10 <sup>th</sup> February 2014  | Safer Care for Children of Parents with Mental Health Issues  | Targeted                     | Reading Borough Council |
| 28 <sup>th</sup> February 2014  | Children who display Sexually Harmful Behaviour               | Targeted                     | West Berkshire Council  |
| 6 <sup>th</sup> March 2014      | Safeguarding Children - A Shared Responsibility               | Targeted                     | Reading Borough Council |
| 11 <sup>th</sup> March 2014     | Safer Care for children of parents with Learning Disabilities | Targeted                     | Wokingham Council       |

## Course Outline:

| Course  | Aims/Objectives   | Trainer/Session Leader      |
|---|---|-----------------------------|
| Safeguarding Children - A Shared Responsibility<br>*Group 2 & 3 Staff                 | To provide 'Targeted' level training where multi-agency working is emphasised so that workers know their and other professionals' roles and responsibilities in relation to legislation and responsibilities in the child protection process.<br><b>This course will not cover signs and indicators of abuse, this should be covered by your organisation in Universal Safeguarding Training</b>  | Reconstruct                 |
| Safeguarding Disabled Children<br>*Group 2 & 3 Staff                                  | To provide participants with the knowledge, skills and support to recognise and know how to act upon indicators that a disabled child's welfare or safety may be at risk  | Elizabeth Hay - Reconstruct |
| Domestic Violence and Safeguarding Children<br>*Group 2 & 3 Staff                     | This course explores the definition of 'domestic violence', myths and stereotypes. It also looks at the impact of domestic abuse on children and looks at the implications for their safety and wellbeing and the benefits of close inter-agency collaboration. Delegates will also be provided with an overview of strategies for working with families where violence against women, in all its forms, is an issue.   | Reconstruct                 |
| Working with Families Experiencing Domestic Abuse - Advanced<br>*Group 3, 4 & 5 Staff | This is an advance level training for staff who work directly with families where there are issues of Domestic Abuse and safeguarding children concerns.  | Tender                      |
| Child Development<br>*Group 2 & 3 Staff   | This course provides an overview of the full range of physical, emotional and cognitive development, including good enough parenting, attachment and identity. Participants will have the opportunity to consider what is 'normal' development and to recognise and understand how children's experiences can be reflected in their behaviour. The training will also explore the role of child development in the assessment process and how information relating to children's development can inform decision-making in relation to risk and parenting capacity. It also considers cultural differences in relation to child rearing practices and child development | Reconstruct                 |
| Sexual Exploitation Awareness<br>*Group 2 & 3 Staff                                   | <ul style="list-style-type: none"> <li>• Child Sexual Exploitation in context with normal child development</li> <li>• Typical indicators of CSE</li> <li>• Commonly used grooming tactics, the child's perspective and behaviour</li> <li>• Factors that increase vulnerability to CSE</li> <li>• Building trust and promoting engagement with children, young people and families</li> <li>• How to respond to concerns</li> </ul>  | Paula Lane and Becky Tyler  |
| Sexual Exploitation Advanced Training<br>*Group 3 & 4 Staff                           | <i><b>This training is currently for identified staff only.</b></i><br>The aim of this training is to provide those professionals who work directly with victims of Sexual Exploitation to understand good practice, the complexities when working with victims, the issues regarding the identification and disruption of perpetrators and guidance on keeping themselves safe.  | Helena Jones - Barnardos    |
| Physical Abuse<br>*Group 2 & 3 Staff  | <ul style="list-style-type: none"> <li>• To offer the opportunity for participants to explore what is meant by physical harm and strategies for identifying and preventing risk to children, including tensions when identifying reasonable physical chastisement and issues relating to perpetrators - who they are and how they are managed</li> </ul>  | Reconstruct                 |

| Course   | Aims/Objectives  | Trainer/Session Leader     |
|--|--|----------------------------|
| Safeguarding children of substance misusing parents<br><br>*Group 2 & 3 Staff          | The aim of the course will be to focus on specific skills and processes required to equip practitioners to work more effectively with substance misusing parents and understand the impact of this on their children. <ul style="list-style-type: none"> <li>• Explore the social, psychological and physical effects of parental drug and alcohol misuse on children both pre birth and post birth</li> <li>• Identify the skills required to engage and work effectively with families where substance misuse is an issue</li> <li>• Information about treatment resources available in your local area</li> </ul>           | Liz Allison                |
| Neglect and Emotional Abuse<br><br>*Group 2 & 3 Staff                                  | This course explores what is meant by the terms 'neglect' and 'emotional abuse' <ul style="list-style-type: none"> <li>• Recognising the signs and symptoms and understanding the impact on children</li> <li>• The issues involved in working together with parents and across professional boundaries</li> <li>• The impact on individuals of working with neglect and emotional abuse issues</li> </ul>   | Reconstruct                |
| Sexual Abuse<br><br>*Group 2 & 3 Staff   | To offer the opportunity for participants to identify and develop skills for working with issues of child sexual abuse <ul style="list-style-type: none"> <li>• The tensions in defining child sexual abuse</li> <li>• Who are the victims - Identifying factors</li> <li>• The impact of child sexual abuse</li> <li>• The issues relating to perpetrators - who they are and how they are managed</li> </ul>   | Reconstruct                |
| Safer Care for Children of Parents with Mental Health Issues<br><br>*Group 2 & 3 Staff | <ul style="list-style-type: none"> <li>• Integration of equal treatment for people with mental health problems</li> <li>• Creative inter-service working to aid families and children</li> <li>• Methods of improving inter-service inter-agency working</li> <li>• Participants own beliefs and attitudes as well as societal views</li> <li>• Models of assessment that remain child focused and aid recognition and practical intervention</li> <li>• Participants skills in working with families, extended family and social networks to improve support and care</li> </ul>  | Reconstruct                |
| Children who Display Sexually Harmful Behaviour<br><br>*Group 2 & 3 Staff              | To offer the opportunity for participants to identify and develop skills for working with children who display sexually inappropriate or harmful behaviours <ul style="list-style-type: none"> <li>• defining and understanding appropriate sexual development</li> <li>• The effects of child sexual abuse on a child' sexual development and behaviour</li> <li>• Identifying factors leading to concerns for victims and perpetrators of sexually harmful behaviour</li> <li>• The issues relating to perpetrators - who they are and how they are managed</li> </ul>   | Reconstruct                |
| Disguised Compliance<br><br>*Group 2, 3 & 4 Staff                                      | <ul style="list-style-type: none"> <li>• To gain awareness of the behaviour of avoidant and resistant families specifically disguised compliance and how such behaviour can render the child invisible</li> <li>• To increase understanding regarding the reasons parents may engage in resistant behaviour</li> <li>• To recognise how such circumstances may have a paralysing effect on practitioners, hampering their ability to make judgments, act clearly and follow through on assessments &amp; planning</li> <li>• Exploration of ways of engaging with chaotic families in order to remain child-centred</li> </ul> | Via safeguarding solutions |

| Course   | Aims/Objectives  | Trainer/Session Leader |
|--|--|------------------------|
| <p>Safer Care for children of parents with Learning Disabilities</p> <p>*Group 2 &amp; 3 Staff</p> | <p>Ensuring that parents with a learning disability are effective parents is a key part of safeguarding children. This course looks at how to carry out good quality assessments of the capacity of learning disabled parents to meet the needs of their children and provides a framework for effective decision-making. It also covers ways of providing effective help and support for this group of parents as well as assessing and building resilience in children</p> | <p>Reconstruct</p>     |

## Appendix C - Turnaround Families Case Study (October 2013)

A partnership led, whole family approach can have dramatic results. This case study is one example where the right support can mitigate against a number of safeguarding concerns within one family.

### **“There’s light at the end of the tunnel” - One family’s ongoing journey on the Turnaround Families programme (Names have been changed)**

The Turnbull family have been struggling for many years. Dad, Terry, has a long history of alcohol and substance misuse and Mum, Rachel, had very low moods and self harmed. They have three children living at home; Anna (18 years) who has severe additional needs, Toni (17 years) who is not in education, employment or training and Jack (14 years) who had low school attendance, very low self-esteem and is a young carer.

Over the years they have received support from a long list of services including Education Welfare, Adult and Children’s Social Care, Behaviour Support and the Family Worker, Kim, who became their key worker for the Turnaround Families Programme. When they started on the programme they were particularly worried about their 14 year old and the household was in chaos with no fixed routines. The house needed significant repairs and the parents were weighed down with mounting debt. Terry says **“we were in a hole and couldn’t get out.”**

Kim started by engaging Mum and Dad in 1:1 parenting techniques which is helping them to use consequences with their children. They have established routines and now have a dining table so they can eat meals as a family. Kim has helped Dad to access Drugs Advice Interventions and Skills (DAIS) and he is successfully decreasing his alcohol and substance use. Mum has recently accessed Talking Therapies allowing her to become more confident and has regained a sense of self-esteem. Crucially, she is no longer self harming.

Kim and the youth worker have worked closely together to ensure a coordinated approach for the children and their good relationship with the whole family has been hugely beneficial. Anna is now receiving help from Adult Social Care and is beginning to have a daily routine, improving her quality of life. The respite care has relieved the pressure on the whole family and the household is calmer as a result. Toni is engaging in youth work activities and Adviza to explore education and/or employment options. The youth worker has a very positive relationship with Jack in particular and this has helped to increase school attendance, and therefore the ability to maintain friendships and improve self esteem.

To improve their living standards Kim contacted the housing association and they have agreed to a package of repairs including the roof and new windows and doors. After redecoration, the family will have a home which they can feel comfortable living in. Significant stress has been removed following the parents engagement with Christians Against Poverty. This has given them a way to plan and deal with their debt issues. Terry stated that they are **“not as worried”** and it has **“taken the pressure off. We’re not as depressed and not lying awake at night”**. The family have already lost some of their benefits through Welfare Reform with more cuts to come, and this has caused stress and a relapse for both parents. Kim has worked hard to help them to prepare for these cuts and improve their budgeting skills, plus she has arranged for multiple food parcels to be sent to the family to ensure they have been able to eat properly.

The role of the key worker has been instrumental in organising and chasing agencies, making them work better for the family by taking a coordinated approach. On a personal level Kim has encouraged the family to work together and has developed a good relationship with them based on trust. Dad feels Kim has been brilliant by **“advising us not pressuring us”**. Just as important has been the parents’ decision to take more responsibility for their situation and working to improve it. They realised that **“you’re not going to achieve anything by sitting on your xxx!”**. Terry has recently put together his first CV as he wants to work and earn a wage and Rachel, with Kim’s help, is looking forward to starting literacy and numeracy courses at New Directions.

The family know they are still on a journey and further problems will undoubtedly arise but they are better placed to deal with them. Terry says the TF programme has helped **“a hell of a lot”**, and Rachel feels that this has allowed them to be much closer as a family, there are fewer arguments, they feel more calm, and are **“smiling all the time”**.

Terry and Rachel’s advice for others in a similar situation is not to hold back and take the help you need. **“Be straight and honest as you won’t get the help unless the key worker knows what your problems are”**. **“We were in a hole and couldn’t get out, now we’re three quarters of the way out. There’s light at the end of the tunnel”**.

## Appendix D - LSCB Membership at May 2014

| Name               | Role   |
|--------------------|--|
| Stephen Barber     | Independent LSCB Chair -Reading, West Berkshire, and Wokingham                                 |
| Avril Wilson       | Director of Education, Adult and Children's Services - Reading Borough Council                 |
| Cllr Janet Gavin   | Lead Member for Children's Services  |
| Karen Reeve        | Head of Children's Social Care - Reading Borough Council                                       |
| Bernadette Adams   | Service Development Manager - Berkshire Women's Aid  |
| Anderson Connell   | Lay Member   |
| Anne Farley        | Reading LSCB Lay Member  |
| Anthony Heselton   | South Central Ambulance Service  |
| Helen Taylor       | RCVYS  |
| Jenny Selim        | Designated Nurse, Berkshire West CCG   |
| Kevin McDaniel     | Head of Education, RBC   |
| Penny Cooper       | Head of Children's Universal Services - Reading, Berkshire. Healthcare Foundation Trust (BFHT) |
| Ruth Perry         | Head Teacher, Caversham Primary School   |
| Chris Lawrence     | Early Years Partner Forum Representative   |
| Deborah Glassbrook | Interim Head of Safeguarding and Quality Assurance - Reading Borough Council                   |
| Hannah Powell      | Senior Probation Officer, Thames Valley Probation  |
| Lise Llewellyn     | Berkshire Lead Public Health Consultant  |
| Mel Jarvis         | Business and Performance Manager, CAMHS  |
| Kevin Gibbs        | Head of Service, CAF/CASS  |
| Maninder Hayre     | Adviza   |
| Stuart Greenfield  | Superintendent, Thames Valley Police   |
| Patricia Pease     | Urgent Care Group Director of Nursing, Royal Berkshire Hospital Foundation Trust (RBHT)        |
| Elizabeth Rhodes   | Fire and Rescue Service  |
| Sarah Gee          | Head of Housing, Neighbourhoods and Communities - Reading Borough Council                      |
| Julie Kerry        | Associate Director for Patient Experience, Thames Valley Area Team, NHS South of England       |

## Appendix E - Financial information

The budget is monitored by the Business Manager with the majority of the budget spent on staffing to support the work of the Board.

The LSCB budget 2013-2014 is made up of contributions from the Local Authority, the CCG, Police, Probation, CAFCASS and Berkshire Healthcare NHS Foundation Trust.

Supplies and services include expenditure for the cost of an independent Chair, updates of the child protection procedures and the costs associated with administering the LSCB training programme and the annual conference. This also covers any printing costs for publicity materials and leaflets.

In addition a small amount is spent under premises to cover the hire of meeting rooms, refreshments and venues for LSCB activities and meetings.

### Income and Expenditure 2013-2014

| <b>INCOME</b>                         | £                |
|---------------------------------------|------------------|
| Local Authority                       | 73,000.00        |
| CCG                                   | 20,000.00        |
| Police                                | 2,000.00         |
| Probation                             | 895.00           |
| CAFCASS                               | 550.00           |
| Berkshire Healthcare Foundation Trust | 1,000.00         |
| <b>TOTAL INCOME</b>                   | <b>97,455.00</b> |

| <b>EXPENDITURE</b>       | £                |
|--------------------------|------------------|
| Employees                | 48,665.00        |
| Supplies and Services    | 14,190.00        |
| <b>TOTAL EXPENDITURE</b> | <b>62,855.00</b> |



## Appendix F - Child Health Profile for Reading



Public Health  
England

# Child Health Profile

## March 2014

### Reading

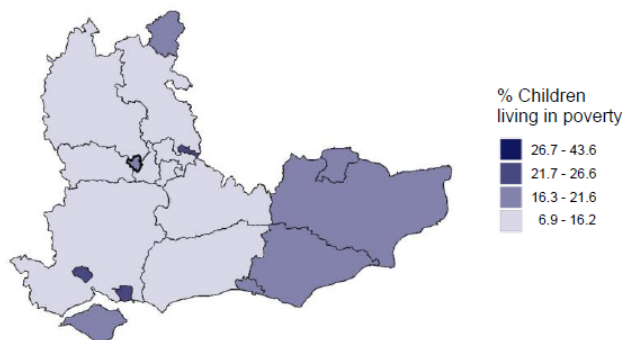
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

#### The child population in this area

|  | Local          | South East        | England            |
|--|----------------|-------------------|--------------------|
| <b>Live births in 2012</b>                                   | 2,748          | 107,858           | 694,241            |
| <b>Children (age 0 to 4 years), 2012</b>                     | 12,300 (7.8%)  | 545,700 (6.3%)    | 3,393,400 (6.3%)   |
| <b>Children (age 0 to 19 years), 2012</b>                    | 38,600 (24.6%) | 2,091,900 (24.0%) | 12,771,100 (23.9%) |
| <b>Children (age 0 to 19 years) in 2020 (projected)</b>      | 41,300 (25.6%) | 2,233,100 (23.8%) | 13,575,900 (23.7%) |
| <b>School children from minority ethnic groups, 2013</b>     | 7,271 (47.1%)  | 199,300 (19.3%)   | 1,740,820 (26.7%)  |
| <b>Children living in poverty (age under 16 years), 2011</b> | 21.2%          | 15.1%             | 20.6%              |
| <b>Life expectancy at birth, 2010-2012</b>                   |                |                   |                    |
| Boys   | 78.4           | 80.3              | 79.2               |
| Girls  | 82.7           | 83.8              | 83.0               |

#### Children living in poverty

Map of the South East, with Reading outlined, showing the relative levels of children living in poverty.



Contains Ordnance Survey data

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Data sources: Live births, Office for National Statistics (ONS); population estimates, ONS mid-year estimates; population projections, ONS interim 2011-based subnational population projections; black/ethnic minority maintained school population, Department for Education; children living in poverty, HM Revenue & Customs (HMRC); life expectancy, ONS.

#### Key findings

Children and young people under the age of 20 years make up 24.6% of the population of Reading. 47.1% of school children are from a minority ethnic group.

The health and wellbeing of children in Reading is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is worse than the England average with 21.2% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.

Children in Reading have average levels of obesity: 9.8% of children aged 4-5 years and 18.8% of children aged 10-11 years are classified as obese.

In 2012, 71 children entered the youth justice system for the first time. This is a similar rate when compared to the England average for young people receiving their first reprimand, warning or conviction. The percentage of young people aged 16 to 18 not in education, employment or training is worse than the England average.

In 2011/12, there were 4,503 A&E attendances by children aged 4 years and under. This gives a rate which is lower than the England average. The hospital admission rate for injury in children is lower than the England average, and the admission rate for injury in young people is lower than the England average.

Any enquiries regarding this publication should be sent to [info@chimat.org.uk](mailto:info@chimat.org.uk).

## Appendix G - List of acronyms

|         |  |
|---------|--|
| BHFT    | Berkshire Healthcare NHS Foundation Trust              |
| BME     | Black and Minority Ethnic                              |
| CAF     | Common Assessment Framework                            |
| CAFCASS | Children and Family Court Advisory and Support Service |
| CAMHS   | Child and Adolescent Mental Health Services            |
| CAT     | Children's Action Team                                 |
| CCG     | Clinical Commissioning Group                           |
| CDOP    | Child Death Overview Panel                             |
| CIC     | Children in Care                                       |
| CSC     | Children's Social Care                                 |
| CQC     | Care Quality Commission                                |
| CSE     | Child sexual exploitation                              |
| DBS     | Disclosure and Barring Service                         |
| DfE     | Department for Education                               |
| EHC     | Education, Health and care Plan                        |
| FGC     | Family Group Conference                                |
| FGM     | Female Genital Mutilation                              |
| IRO     | Independent Reviewing Officer                          |
| JSNA    | Joint Strategic Needs Assessment                       |
| LAC     | Looked After Child                                     |
| LADO    | Local Authority Designated Officer                     |
| LDD     | Learning Difficulties and Disabilities                 |
| LSCB    | Local Safeguarding Children Board                      |
| MAPPA   | Multi-Agency Public Protection Arrangements            |
| MARAC   | Multi-Agency Risk Assessment Conference                |
| MASH    | Multi-Agency Safeguarding Hub                          |
| NEET    | Not in Employment, Education or Training               |
| ONS     | Office of National Statistics                          |
| RBC     | Reading Borough Council                                |
| RBFT    | Royal Berkshire NHS Foundation Trust                   |
| RCVYS   | Reading Children and Voluntary Youth Services          |
| RSCB    | Reading Safeguarding Children Board                    |
| SAPB    | Safeguarding Adults Partnership Board                  |
| SARC    | Sexual Assault Referral Centre                         |
| SCR     | Serious Case Review                                    |
| SEN     | Special Educational Needs                              |
| TVP     | Thames Valley Police                                   |
| VCF     | Voluntary, Community and Faith                         |
| YOT     | Youth Offending Team                                   |