



Reading Safeguarding Children Board

Annual Report 2012- 2013

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Date published: **October 2013**

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Reading Safeguarding Children Board Annual Report 2012 -2013

Introduction by Chair

This year has seen the publication of government guidance on safeguarding within Working Together 2013. This retains an emphasis on safeguarding being everyone's responsibility and the essential requirement for agencies providing services to both children and adults to work together to safeguard children and promote their welfare. The guidance re-affirms the role of LSCB's in ensuring all agencies work effectively together to safeguard children. It requires 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. The report attempts to provide a rigorous and transparent assessment 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. It is intended for a wide readership including the professional workforce and local communities

It is presented to the Managing Director of Reading Borough Council, the Lead Member, the 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.

The board was subject to an ofsted inspection early in 2012, this highlighted the need for work on improving the health of looked after children, work began immediately and the latest assessment is that services are now of a high standard but with some work to go on ensuring information systems facilitate communication between health and social care. A repeat audit is planned for reporting in September 2013

The report has contributions from each LSCB agency and from the sub groups who undertake a significant amount of the work of the board; each agency has been asked to provide its own assessment of its performance.

The report presents a mixed picture, all public sector agencies are facing reduced funding and many are implementing new structures with a loss of key posts and experienced post holders. New commissioning arrangements are in place in many service areas and the Board is aware that any period of major organisational change presents additional risks. There is however a commitment among all agencies to prioritise safeguarding and to ensure the LSCB is an effective body.

2. Executive Summary and Key Messages

Context

The Children Act 2004 requires every Local Authority area to have a Local Safeguarding Children Board (LSCB). Its role is:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to ensure the effectiveness of what is done by each such person or body for those purposes¹.

An LSCB is a strategic planning and co-coordinating committee. It is not responsible for providing direct operational services. Safeguarding services to children and families are provided by local agencies under the guidance and scrutiny of the LSCB.

For the period which this annual report covers the roles and duties of LSCBs were set out in the statutory guidance *Working Together to Safeguard Children, 2010*. This was updated in March 2013², as a result of the Munro Review³.

Reading LSCB has been operating within a challenging context over the last year, as the public sector and NHS have undergone significant changes due to shifts in political expectations and funding. This has impacted on many services including those delivered by the voluntary sector. A new Health and Wellbeing board has been set up for the Reading area and two new clinical commissioning groups have been created to replace the primary care trust within the NHS. A new Police and Crime Commissioner, Anthony Stansfield was elected in May 2013.

The new Working Together Guidance has presented a framework for child protection work with a renewed emphasis on the role of the LSCB in scrutinising and challenging local practice. There is a renewed focus on ensuring that children and families receive help early before a crisis occurs and the LSCB must as a minimum;

- Assess the effectiveness of the help being provided to children and families including early help
- Assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of working together:
- Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned: and
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children

The LSCB has seen evidence of a great deal of good practice in safeguarding across all agencies in Reading. Examples include a range of parenting courses, work to embed the signs of safety approach into child protection work, a specialist paediatric accident and emergency service that meets the College Of Paediatricians highest standards, work to address domestic violence issues and robust Mappa (multi-agency public protection agency) processes that safeguard children. The board saw evidence of innovative practice in multi-agency work with prisoners and their families in the local prison and noted the

¹ Section 14 Children Act 2004

² Working Together to Safeguard Children 2013

³ **The Munro Review of Child Protection:** Final Report A child-centred system DfE, May 2011

new peri-natal mental health service developed by the Berkshire Healthcare Foundation Trust. The service currently gets 30 or so referrals about peri-natal mental health each month and is now able to offer a specialist response from a named professional who can offer guidance and advice to referrers and can also help prioritise and manage risk in this area. The Trust has a multi-professional steering group for this work.

LSCB Audits undertaken during the year gave the board a broad understanding of safeguarding practice relating to children who have parents with mental health issues, the core group for child protection planning, responses to the health needs of looked after children, cases where domestic abuse is present and self harming in young people. All audits produced action plans for improvement.

Last year we asked the Royal Berkshire Hospital Foundation Trust to introduce a system of performance management which will allow figures to be produced by area of origin of presentation of children to A+E and we can report that this is now successfully in place.

We also asked Berkshire Healthcare Foundation Trust to ensure that case details of children given forensic sexual examinations at the Sexual Assault Referral Centre (SARC) are passed to relevant local authorities and we also report that this is now happening satisfactorily.

Further work is needed to raise standards across all agencies for people experiencing domestic violence. Training records need to be maintained more robustly in all agencies in order for them to demonstrate compliance with minimum standards for safeguarding training and all agencies need to commit resources to support staff to attend multi agency training on safeguarding, recognising the benefits to improved practice when staff train together. Work began on reducing referrals into children social care, so that a greater percentage meets the threshold for statutory intervention. Children need to receive help earlier so that the need for child protection plans is reduced and the need for children to be looked after is reduced as families are able to care for their own children themselves. There has been a focus on child sexual exploitation this past year and this work continues with a need for all agencies to improve their practice in this area. Children and young people need better systems to protect them from sexual exploitation and a workforce much more willing to listen to their concerns and take action. This work has three major strands; prevention, protection and successful prosecution; the LSCB is promoting training in this area and is closely monitoring those charged with taking work forward to ensure that real progress is made.

Messages for Local Politicians

- Local politicians face difficult choices balancing budgets and reducing the workforce accordingly. They must ensure that reductions in staffing don't jeopardise the allocation of effective resources to safeguarding and promoting children's welfare.
- They must continue to promote inter agency working particularly through the Health and Wellbeing Board.
- Through their links with local communities they must ensure community concerns about safeguarding and children's welfare are brought to the attention of all those with duties to respond.

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.
- There is a need to improve co-ordination of services as early help is not yet consistent and can be confusing
- Performance information needs to be produced and contextualized to demonstrate the effectiveness of safeguarding within services.
- Ethnicity and disability information needs to be used in a strategic context to commission relevant services.

Messages for the community

- Members of the public are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. If anyone is worried about a child, they should do something - contact the Local Authority Access & Assessment (A&A) Team.
- Children and young people – your voices are the most important of all.

Messages for the local media

- Communicating the message that safeguarding is everyone's responsibility is crucial to the LSCB work and the local press and media are ideally positioned to help do this.
- The contribution of the local media to safeguarding children and young people in Reading through campaigns to raise public awareness is potentially very significant.

Messages for the children's workforce

- All members of the children's workforce, from all agencies and the voluntary sector, should access safeguarding courses and learning events to keep them in touch with lessons learnt from research and best practice
- All members of the children's workforce, both paid and voluntary, should familiarise themselves with the role of the LSCB and Berkshire child protection procedures.

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 in particular in relation to domestic abuse
- 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

- Find ways of demonstrating that the Mappa process and the Marac processes protect children from harm and promote children's wellbeing.
- Continue to support the work with children of prisoners.

Messages for Royal Berkshire Hospital

- Ensure that all referrals into children's social care are of a high quality
- Ensure that high volumes within children's accident and emergency services do not impact negatively on safeguarding matters
- Prioritise training in safeguarding for all staff in contact with children and young people.
- Ensure midwifery services are offering advice and assistance to women at risk of domestic abuse.
- Ensure there are good links and information sharing between midwives and health visitors.

Messages for Berkshire Healthcare Foundation Trust

- To continue the work to ensure looked after children receive the best health services
- To implement the family nurse partnership service for teenage mothers and demonstrate its effectiveness
- To promote the think family approach within adult mental health services.
- To ensure staff in CAMHS service are compliant with supervision policy standards in relation to safeguarding
- To participate in developing early help services, ensuring health visitors and school nurses understand thresholds for statutory intervention and where to get help for families whose needs don't merit a statutory intervention.

Messages to Clinical Commissioning Groups

- To participate in the ongoing development of multi agency partnership working to safeguard children
- To complete Section 11 self audits.
- To ensure all commissioned services are monitored to ensure they meet safeguarding standards

3. Introduction -

Safeguarding children is everyone's responsibility and 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. The key building blocks of good Safeguarding include robust policies and procedures which all agencies' workers understand and use in their daily activities. It includes good quality training for all staff and quality assurance systems that audit and scrutinize the lived experience of children and families who need help. The Board meets four times a year and carries out its work through a series of sub groups implementing work plans agreed and monitored regularly by the board.

Local Context

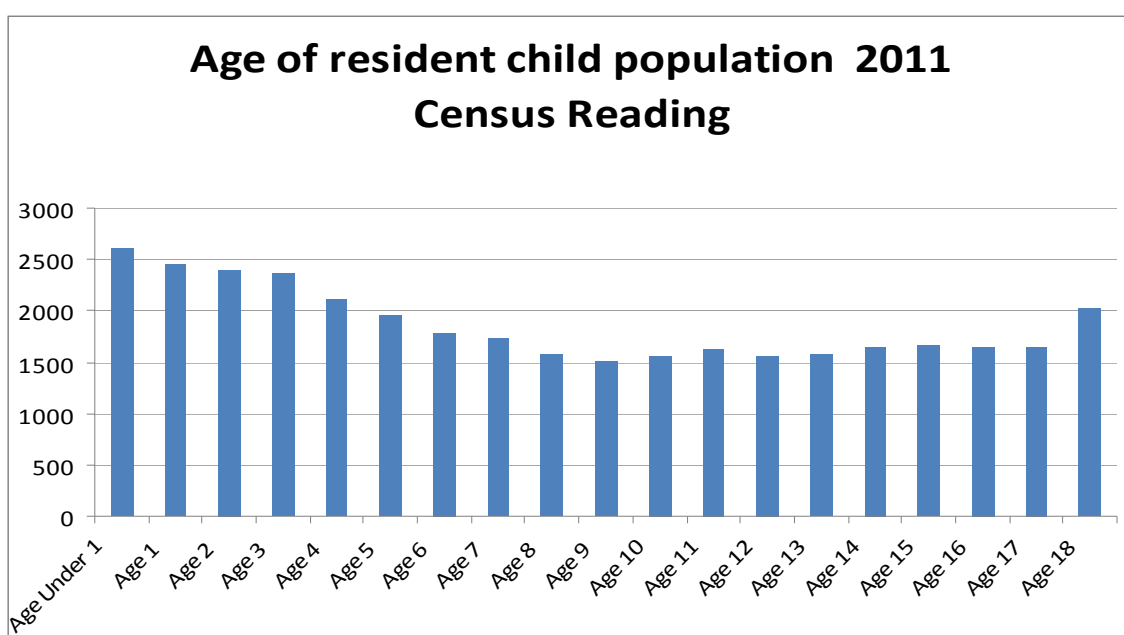
Census data

One in four people living in Reading today was born abroad, according to figures published in the 2011 census. The 24.7 per cent figure is much higher than the national average where in England and Wales 13 per cent of the population was born in another country.

And 15.7 per cent of the 155,700 population of Reading - just over one in six - was born abroad and came here in the last 10 years.

Of those, the region of birth was 83.5 per cent from Europe, 9.7 per cent from the Middle East and Asia, 4.3 per cent from Africa, two per cent from the Americas and Caribbean and 0.4 per cent from Antarctica and Oceania.

Reading has a rising child population presenting major challenges for school places and additional resources for all universal health and education services.



The latest census information also details how Reading's child population is now more ethnically diverse with 48% of all births in the borough to mothers born outside the United Kingdom.

Funding and resources

All public sector organisations face continuing demands to reduce expenditure and ensure efficiency, this has entailed several staff re-organisations in key agencies and has entailed the loss of some key staff. The local acute hospital the RBFT has seen major increases in attendances and admissions.

NHS Changes

The last year has produced major changes in health services commissioning arrangements. These include the creation of NHS England regional commissioning teams and the establishment of Clinical Commissioning Groups. Reading is covered by two Clinical Commissioning Groups North and West Reading CCG and South Reading CCG. New relationships are being formed with local GPs and there is an [NHS Accountability and Assurance Framework 2013](#) that sets out safeguarding children requirements for the new structure.

Reading Health and Wellbeing Board

The draft HWB board was established in 2012. It undertook a wide consultation process to identify priorities. The following goal is most relevant to children's safeguarding.

Goal Two: Increase the focus on early years and the whole family to help reduce health inequalities

Achieving life-long good health and wellbeing begins before birth, followed by factors after birth such as breastfeeding, immunisations, emotional support and good parenting skills. We know that intervening later in life can be less effective without good early foundations, which is why we are very keen to ensure we increase our focus on the early years. Promoting good health in the early years also needs to involve the whole family. Parents who can draw on wider family or community support are empowered to meet their children's needs more effectively.

Objectives to help reduce health **inequalities include**

1. Ensure high quality maternity services, parenting programmes, childcare and early years education is accessible to all
2. Reduce inequalities in early development of physical and emotional health, as well as language and social skills
3. Reduce the prevalence and social and health impact of obesity in children

The LSCB will work closely with the HWWB and a protocol is being drafted to clarify the relationship between the two bodies.

Children's Trust

Reading continues to operate with a children's trust following the changes in legislation which no longer made it a statutory requirement. There are significant cross-overs of personnel between the LSCB and the Trust board and LSCB members attended several workshops organised by the trust, these included ones run by the youth cabinet where young people identified their priority concerns as mental health and career advice. The LSCB refers key issues to the children's trust at its regular board meetings. These have included the need for a designated doctor for child protection within health services, and work on safeguarding where services are commissioned at arms length from statutory agencies.

Reading Youth Cabinet

The youth cabinet has chosen the following campaigns for 2013;

- **Mental Health;** The Mental Health campaign's main aim is to inform Young People on Mental Health and to standardize the education given on Mental Health.
- **Your Future, Your Way;** The aim of Your Future, Your Way is to improve the careers guidance for young people in schools and colleges, and the communication between young people and those who can help

The LSCB's Achievements and Challenges

Achievements

- A successful conference was held in September 2012 combining both adult and childrens' services professional staff and focusing on neglect and its' effects on both children and long term on adults.
- Multi agency audits have been undertaken, action plans produced and reports on a range of key issues are presented for board scrutiny.
- The Board has prioritised work in domestic abuse, early intervention and ensuring robust and effective board functioning.
- The Quality assurance framework ensures monitoring reports are presented regularly on key issues and the work of specific agencies. These include annual reports on
 - missing children,
 - elective home education,
 - private fostering,
 - Mappa (multi agency public protection agency) process
 - Marac system of multi agency reviews of victim of domestic violence aimed at reducing the risk of re- victimisation.
- In January 2013 the board received a presentation on how drugs and alcohol services work to ensure the children of substance misusers are safeguarded. There was much to commend within local practice.
- The board received an annual report on the LADO system and on the independent reviewing

officer service which chairs child protection case conferences and LAC reviews. The board also reviewed work on bullying with an audit designed by secondary school pupils. Agency reports included the court service, Cafcass.

Challenges

- The Board has prioritised work during the past year to assist all agencies to reduce the number of inappropriate referrals into children' social care. Action plans were presented to the board in January 2013 and monitoring continues during the year ahead.
- The Board continues to scrutinise the provision of health services to children looked after following criticism from inspectors and is able to demonstrate improvements in the service. The focus now is to ensure that children placed outside the area receive the same high standard of health provision
- It has continued to press for a designated doctor service and improvements to agency rapid responses following the death of a child. This work continues
- Thames Valley LSCBs are working with our local SARC Sexual Abuse Referral Centre and commissioners to agree a protocol to promote better communication and have clear arrangements for information sharing.
- There remains a continuing challenge for Thames Valley Police in finding resources to attend initial and review child

protection conferences. This issue is regularly monitored by the board.

Achievements

- The board reviewed local joint work supporting the children of prisoners and was able to commend this innovative service. It also raised concerns about the lack of systems nationally for identifying where a child may have a parent in prison
- The school nursing service has been undergoing significant change with a renewed government focus on its ability to deliver universal health advice to children and young people. This service also makes a key contribution to child protection conferences and tensions have been noted by the board in managing these competing demands. This service is now managed within the local authority and remains under review by the board.
- A LSCB safer recruitment working group was established to ensure satisfactory implementation of the Protection of Freedoms Act 2012 with its many major changes to the disclosure and barring service, across all children's services.

- A multi-agency audit took place examining joint work between children's social care and adult mental health services where a parent is experiencing poor mental health. It noted some good joint working practice. This is an area the board will continue to scrutinise as national research indicates higher levels of risk to children.
- The Berkshire Health Foundation Trust presented information on improvements to peri-natal mental health services following identification of need in this area.

Challenges

- The board initiated work to improve services to children with disabilities which will report back later in 2013.
- Royal Berkshire Hospital Foundation Trust produced a report on the new national standards on emergency paediatric care and how they were being implemented within the hospital. The hospital reported on the high levels of attendance at emergency paediatric services many of which are better dealt with at primary health care services. The hospital is currently trying to address this problem.

Ofsted Inspection March 2013

An ofsted inspection took place in March 2013 which commented on the work of the LSCB as follows

"The RSCB meets the minimum requirements of Working Together to Safeguard Children 2010 and the Local Safeguarding Board Regulations. The RSCB has an effective independent Chair and a representative and steadily improving membership. The range of contributions to the work of the subgroups is good and subgroups have delivered useful work. A full Section 11 audit as part of a pan-Berkshire LSCB partnership has been completed and will be reported on shortly. Overall, the safeguarding partnership is effective; however some partners are not fully committed. For example

although health engagement has improved there has been a significant delay in the appointment of the dedicated doctor post, which has been vacant for two and a half years. A doctor has now been identified by the PCT who can undertake this role with support from other doctors but this is yet to be formally confirmed with a firm start date. Similarly the failure of the police to improve the quality and screening of domestic abuse reports has increased greatly the pressure on the front line of children's social care and additional service cost. This concern has prompted continuing representation to the police by the RSCB and the council without meaningful response or action. Police representation at child protection conferences is inconsistent and the RSCB has needed to prompt improvement during the past year"

Within the Ofsted Report the following recommendations were made specific to Reading LSCB:

Within three months:

- Reading Safeguarding Children Board (RSCB) in conjunction with Thames Valley Police to improve the current police arrangements for screening and assuring the quality of all domestic abuse referrals to children's social care
- RSCB to review the application of the threshold criteria in practice within agencies to ensure agreed levels are understood and being consistently applied
- The council and RSCB to establish effective arrangements to enable children and young people to participate in meaningful ways in protection planning processes

Partner Agencies Safeguarding Assessments

Reading Borough Council

RBC has responsibility for a range of statutory duties relating to the safeguarding and protection of children and young people living in Reading.

The key activity in 2012-13 revolved around continuing the improvement journey in safeguarding children at tiers 2, 3 & 4 of need. We saw continual and proactive development of services in the Children's Action teams, Children's Centres, Early Years and Children's Social Care & Youth Offending. RBC continues to get disproportionate numbers of referrals from partner agencies and activity has focused on reducing this where possible.

We saw the implementation of the MASH (multi-agency safeguarding hub) in August, albeit without the involvement of Police as a critical partner. The outcomes for the MASH are as yet untested. Information sharing has provided better responses to children and families but we have yet to see any reduction in the overall numbers of referrals made to RBC by partners.

Services worked on improving access i.e. the MASH, Triage for CATS, access to CC's. Developing evidenced based interventions i.e. MST, Treatment Fostering, Triple P parenting programmes, Signs of Safety as examples.

A number of other initiatives were developed through the year, for example the Future Families (repeat removals of babies at or soon after birth) project, the Community Parents project, troubled families -known as Turnaround families.

An Edge of Care Service was developed (adapted from the prior FIP) towards the end of the year specifically aimed at supporting those children at the top end of the interventions thresholds at risk of becoming looked after

There is evidence of positive outcomes in a number of areas, the rate of children becoming looked after showed a distinct (but small) reduction towards the end of the year and the age profile of children needing intervention dropped- indicating we are intervening earlier.

Qualitative feedback from services users and professionals about services such as the YOS, MST & Triple P, and CC's are all very positive.

This in the context of having to address considerable budget pressures which have been successfully managed by the Council whilst containing the pressure or reductions to front line services.

CSC in particular has been protected from significant budget savings and safeguarding has been prioritised by RBC. Indeed areas have been supported with some invest to save work including the need for increased spend on fostering and adoption.

In March 2013 Ofsted inspected the services provided for the protection of children in Reading. They found services to be adequate overall and in particular noted that:

"Since the last inspection of safeguarding and services for looked after children in February 2012 progress has been made in strengthening the arrangements for identifying children and young people at risk of significant harm and responding to their needs. In the course of this inspection no children or young people have been identified where it is judged that they are at risk of significant harm or where they are not being adequately protected. Progress is being made in a number of key areas, such as securing a more stable workforce and developing early help services"

The report noted that there were some key elements of practice, strategy and process that needed to be further improved to secure a consistent level of response. They noted that the services were very self aware and did not highlight any areas that came as a surprise. This in the context of the bar for inspection having been 'toughened up' again.

Ofsted noted that there has been a concerted drive to secure a wide range of local services to support children and their families to reduce the escalation of difficulties. The provision of CATs, use of CAFs and other key services are having a positive impact on the ways children and families are supported. They noted we need to focus on making further improvements in the coordination of services and help is not yet consistent and in some instances is confusing to children and parents. They also said that appropriate attention is being paid to the needs of children and families from minority ethnic groups or where disability is a feature in individual cases but that the information is not being used in a strategic context to commission relevant services.

All of these areas are or were already the subject of development plans and will be the driver for changes and developments in 2013/14.

Challenges which remain

Key areas of future activity have been outlined in an Ofsted action plan that has been shared with the LSCB and relevant teams and service plans are in place.

The core challenges that remain are:

- Increasing partner use of CAFs and reducing the over referral to CSC
- Police engagement in the MASH & reducing DV notifications
- Improving the consistency of the responses from CSC on every case to be good or outstanding
- Managing the increasingly difficult budget situation
- Ensuring that services are provided through consistent routes that parents understand

Plans for 2013/2014

- Development of an effective early help strategy
- Implementation of our development plans- including addressing the recommendations of Ofsted
- Reducing the over referral to children's social care
- Improving the response/engagement from Police on children's matters
- Maintaining positive partnerships across the agencies
- Reducing numbers of children subject to child protection plans and looked after through a range of interventions

Thames Valley Police

2012 saw the creation of the role of Police and Crime Commissioner. The priorities for the service include safeguarding of vulnerable people. The past year has seen an overall reduction in crime generally. Reading Local Police Area has faced a number of challenges over the past 12 months as it has sought to improve performance in a number of areas of criminal investigations.

The majority of this has been around improving community safety as a whole by reducing burglaries, robberies and violence

The police have worked extensively over the past year to create improved responses to child sexual exploitation. Ongoing work is taking place to improve responses to domestic violence particularly relevant to children's social care who need good quality risk assessments from the police for them to plan appropriate responses.

Reading Police have participated in adopting the new improved DASH processes and Operation Safeguard a response to Child Sexual Exploitation (CSE).

- Introduction of CSE Team and a dedicated Detective Inspector within the Child Abuse Investigation Unit.
- Improvements in identification of risk to missing children and the establishment of a lower threshold to record children as High Risk.
- Introduction of 'Single Incident Review' (SIRs) to improve risk assessments on Domestic Abuse Investigation Unit notifications to Children's Social Care.
- Quality control of SIRs (audit report is being requested)
- Completion of Section 11 Audit.
- MARAC audit by CAADA and central TVP action plan for strategic improvements.

- Local compliance with TVP Op Safeguard to increase safety of young people and improve police officers ability to recognise and manage risk to young people.
- Operational activity to target CSE offenders.
- Co-operation and partnership working at an operational level within a Senior Management Group overseeing a CSE investigation.
- Improvements in management of children in custody following audit by the Protecting Vulnerable People Strategy Unit of custody units used by Reading Officers.
- All Local DIs, Force DIs and DCIs are receiving nationally accredited training in the management of child death investigations and ensuing partnership activities. Reading's DI and DCI are participating in this training.
- Completion of Section 11 Audit.
- MARAC audit by CAADA and central TVP action plan for strategic improvements.

Challenges which remain

- To improve reductions in domestic violence
- To manage increased volume of investigations and risk associated with CSE.
- Introduction of improvements in management of missing children, particularly the 'return to home' interviews.

Plans for 2013/2014

Introduction of new technology to improve management of missing children integrated with other police systems.

Greater integration of CSE team into day to day Local Police Area activity

Royal Berkshire Foundation Trust Hospital

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, positive feedback from unannounced Ofsted and CQC inspections of children's services and that the Trust's CQC Quality Risk Profile (QRP) continues to improve.

In September 2012 a Lead Nurse for Children and Young People was appointed in the RBFT.

- The hospital is facing capacity issues with high numbers of children presenting at accident and emergency and high numbers of children admitted to paediatric wards. A recent review against new national standards for paediatric care provided evidence that standards were met.
- There has been a significant increase in the number of children and young people (CYP) referred from the ED department for child protection concerns
- An increase in the number of CYP with tier 3.5 and 4 mental health needs attending ED and remaining within the paediatric wards after they no longer have acute health needs.

- There has been a significant rise in the number of young people under 18 years being admitted to adult wards in the last year.
- Training in Safeguarding; Maintaining the contracted level of at least 85% of staff being up to date with child and adult safeguarding training has been challenging in the last year. At the end of May the Electronic Staff Record report showed that 60% of staff were up to date with child protection training. Progress towards the target is monitored monthly by the Executive at performance meetings.

Berkshire Health Care Foundation Trust (BHFT)

Berkshire Healthcare Foundation Trust is the main community provider of health services for children and young people in Berkshire. Throughout 2012/13 BHFT continued to focus on ensuring that the services provided meet its statutory responsibilities in relation to safeguarding children. Key achievements in 2012/13 include:

- The revision and Implementation of a Trust wide Child Protection Supervision Policy, which standardized and increased the provision of child protection supervision to all staff. Those in receipt of specialist supervision include: health visitors, school nurses, community children's nurses, CAMHS teams, the Family Nurse Partnership team, and the Looked After Children's health team.
- The improved management of Police Domestic Incidents Reports. The Trust has developed guidance for BHFT staff who receive domestic abuse incident reports. A Domestic abuse strategy has also been developed.
- The completion of the Section 11 Audit which was reported as being considered as 'thorough and robust'. This is monitored internally on quarterly basis.
- An audit of the quality of case reports undertaken by Trust professionals. Whilst the standard of reports was found to be generally high and child focused, a new template has now been implemented to ensure consistency across the Trust.
- An audit of Child Protection Supervision Compliance for Health Visiting, School Nursing and CAMHS clinicians. 76% of HVs/SNs were fully compliant with the policy, however for CAMHS this was found to be lower and therefore an action plan is in place to achieve a target of 85%.
- Processes are now in place across the Trust to ensure learning from Serious Case Reviews/Incidents etc is disseminated and practice changed where required across the Trust.
- Training Compliance against the Trust target of 85% for single agency training for all staff groups was achieved - single agency 90%, and multi-agency uptake has improved significantly since March 2012 and is now at 79%.
- The Trust has established a safeguarding on call urgent advice line for all BHFT staff.
- Improved internal communications on safeguarding including a revised intranet section, the production of newsletters etc.
- The commencement of a Trust wide Safeguarding and LAC Group, providing internal assurance to the Trust on performance across a full range of safeguarding issues, and the monitoring of internal performance.

Plans within BHFT for 2013/14

- The Trust will continue to focus on raising awareness of domestic abuse as a health and safeguarding issue across the Trust.
- Aim to increase of multi-agency safeguarding training to 85%.
- Promote standardisation of assessment processes, and the quality of referrals into CSC within CAMHS
- Work with colleagues in the unitary authorities to develop effective input from health staff into MASH/Probation Proposed Business Processes. Increase compliance with child protection supervision standards to achieve 85%.
- Complete an audit on the impact of Safeguarding Training - planned December 2013.
- Complete an audit on the Quality of Referrals to Social Care - December 2013.
- Increase HV staffing numbers in line with the national programme to offer higher levels of the core health contacts to the local population and greater accessibility to support the early intervention and prevention.
- Improving the LAC service to achieve the National Guidance for children in Care.

Thames Valley Probation

This Report provides a summary of Thames Valley delivery of offender management services in relation to its statutory obligation to safeguarding children.

- 1) **Policy review:** In April 2012, the Thames Probation Safeguarding Children policy and procedure was reviewed, and from that review, a Thames Valley Policy statement was produced.
- 2) **Competent and confident staff:** We have ensured that everyone working with families or on behalf of children and/or adults are appropriately trained and safe to do so. This includes working with offenders who perpetrate harm to others. We now have 'in house' provisions for the delivery of safeguarding children level 1 and 2 training (throughout the year) to all practice staff in Thames Valley Probation. So far, over 98% of practice staff have either received or already scheduled to attend scheduled safeguarding children level 1 or 2 training.
- 3) **Probation representation:** All Safeguarding Boards have Probation representation and attendance and contributions have been sustained throughout the year. We have complied with Board audits, e.g. the S11 Safeguarding Children Audit.
- 4) **Safer recruitment policy and practices:** We have ensured that Disclosure and Barring Checks are completed on all practice staff. HR arrangements and systems now in place to ensure that these checks are automatically carried out at regular intervals on all practice staff.
- 5) **Offender Management practice:** TVP maintains an offender risk register that is refreshed every month and disseminated to all managers across Thames Valley; this register includes cases flagged for safeguarding children concerns; this provides Directors with the details of cases in which there is a named child who is part of a child protection/conference action plan. Local practice staff's attendance at CP conferences have been steadily improving with our aim to achieve 100% attendance. We have recently updated and now rolling out Advanced Risk of Serious Harm training to all practitioners and managers.

We have this year produced a comprehensive 1:1 Healthy Relationship Specified Activity and training has been offered to practitioners to enable them to deliver this programme to offenders with history of domestic abuse. The complexity of domestic abuse/violence perpetrators was considered in the design of this intervention.

Thames Valley Probation provided full funding for Alana House - Women's Community Project in Reading which creates a women only space to access various services from one place - targeted at women offenders and women at risk of offending, who also often have children and partners sometimes in prison.

Challenges which remain

- 1) The Government's Rehabilitation Programme - reforms to the structure of probation services and the delivery of community sentences (widening the extent of competition and range of providers) - outsourcing of 70% of probation work (medium and low risk cases) while at the same time restructuring the remainder of the service into a high risk offender management unit.

- 2) Sustaining the funding for Alana House Women Community Project beyond 13/14.
- 3) Developing a Family Approach Programme to link families of those imprisoned to appropriate Children Action Team.
- 4) The need to continually improve home visits as routine part of offender management supervision on relevant cases on our caseload.

Reading Children's & Voluntary Youth Services (RCVYS)

2012/13 has continued to be a busy year for RCVYS with regards to safeguarding. These are very difficult times; the pressure on service delivery has not gone away because of reducing budgets. Austerity measures have put an additional burden on the voluntary and community sector, and there remains an expectation that service providers should be aspiring to provide high quality provision with less money. This is continuing to be a very live and real topic for voluntary and community sector groups as they seek to find the right balance through their service delivery and planning for the future. The level of uncertainty over the future has continued to increase the demand on RCVYS, to advocate and present a balanced account of what the voluntary sector can, and indeed cannot achieve. Over more than a decade, RCVYS has continued to reach and support many groups who would otherwise not be available to the residents of Reading.

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 the option to attend face to face training now being even more limited than before, this presents an even greater challenge for some VCF sector groups to provide the appropriate level of safeguarding training they need.

Reading Early Years Providers' Forum have been particularly active in highlighting the importance of appropriate and accessible training to the Early Years Workforce.

Both these pieces of work underline the fact that not all VCF sector groups have the necessary skills and experience to be able to deliver the appropriate level of training in-house.

- As a result, RCVYS has continued to work with the RBC Workforce Development Team to offer a further Universal Safeguarding Children Train the Trainer course. Through the two courses run so far, 31 people have been trained to deliver the Berkshire West half-day Universal Safeguarding Children Training. We have been able to count 52 courses having been delivered already.
- 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, 15 people from 10 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 hard to ensure that the changes brought in through the new DBS process is understood and communicated to the VCF sector as a whole. When the full information is released, RCVYS will be working with RVA to deliver a series of workshops to the VCF sector here in Reading. RCVYS has also been involved in the West of Berkshire LSCBs Safer Recruitment Task Group to ensure that the particular needs of the VCF sector are reflected within the updated procedures.

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.
- Deliver further Universal Safeguarding Children Train the Trainer courses to meet the local demand, and build the capacity of the local VCF sector to support itself.
- Deliver further Designated Persons Safeguarding Training courses to meet the local demand.
- Work with RVA to deliver a series of DBS Workshops, helping VCF sector groups with everything they need to know, and everything they need to do to comply with the new regulations. These workshops will have a particular focus on helping groups to see the importance of DBS checks in the context of the wider safeguarding agenda.

Challenges which remain

- 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.

Cafcass

The Cafcass service is regulated through the [Criminal Justice and Court Services Act 2000](#). Section 12.1 defines CAFCASS functions as:

- 1) safeguard and promote the welfare of the children.
- 2) give advice to any court about any application made to it in such proceedings.
- 3) make provision for the children to be represented in such proceedings.
- 4) provide information, advice and other support for the children and their families.

The Service is experiencing an increasing workload. Within public law applications there has been a further 30% increase in 2012-13 to date (Feb 13) compared to 8.3% increase nationally with Berkshire showing a 6.2% increase. There has been significant improvement in the allocation of work in the past year. The service has also focused on safeguarding work within the private law function highlighting messages from research about safeguarding children from domestic violence and includes the learning from individual management reviews within Cafcass.

Schools

Schools in Reading are inspected by Ofsted, as of March 2013 80% of local schools are rated good or outstanding. Those schools deemed inadequate each have an action plan aimed at bringing about immediate improvements. All action plans include safeguarding as a priority Action plans are monitored regularly.

Recent changes in the way schools work with local authorities and the establishment of autonomous academy schools has affected the ability of the LSCB to scrutinise safeguarding within the schools environment during the past year, a plan is in place to address this in the year ahead. Head teachers and senior staff are required to undertake specific training related to Safeguarding children and young people within multi-agency working. Each school has to identify a Designated Teacher (which is usually the head teacher) to ensure effective co-ordination of Child Protection and Safeguarding within their school and communication with external agencies. All staff are required to undertake Universal Safeguarding training - the head teacher is responsible for ensuring this happens every 3 years.

Childminders

Reading currently has 167 childminders.

Training up to date	No longer minding but registration still open	Recently registered	Retiring at the end of Aug	Total
148	13	5	1	167

In Reading, childminders are registered before completing the full 3 hours Universal Safeguarding training (some safeguarding information is given during the preparation course which is delivered by New Directions). On completion of registration the childminder will be emailed/sent a welcome letter/pack informing them of a date of an initial visit with the EYFS team. The letter also informs them that they have to book onto a face to face safeguarding course. This again will be discussed on the home visit from the EYFS team. Regular emails are sent out to any childminders whose training is due to expire within the next few months. The EYFS team tutors 3 x 3 hour free universal safeguarding courses a year. The EYFS team deliver 3 x 2 hour free briefing sessions a year for all prospective childminders wishing to register.

Childminders who fail to confirm their completion of universal safeguarding training will be notified to Family Information Service rather than Ofsted. This is so Family Information Service can record it and directly inform any parent who asks for details on a particular childminder.

Inspecting Early Years and Childcare Provision

The LSCB relies on the Ofsted process for ensuring early years provision and child care provision is meeting safeguarding standards

Ofsted inspects early years providers to judge the quality and standards of the care, learning and development of children - these standards are in [the Statutory Framework for the Early Years Foundation Stage](#). Inspectors give providers one of four grades:

- outstanding

- good
- satisfactory
- inadequate

To reach an overall judgement, inspectors will ask themselves 'what difference is this provider making to the learning, development and progress of children in their care?'

Childcare

Ofsted inspects childcare providers to check that they comply with all the requirements of registration, but do not make any judgements about the quality of their setting. The inspection result will be measured in one of three ways, indicating how well the provider is meeting the requirements of registration. They are:

- met
- not met - and notice to improve
- not met - and enforcement measures taken

Each early years and childcare provider must ensure that they have a designated professional who takes responsibility for safeguarding. This person must have undertaken relevant training and oversees the provision of training within their own service. Reading Borough Council maintains a record of the designated safeguarding leads and ensures their training is current.

Political Accountability

Councillor John Ennis was lead member for childrens services with Reading Borough council during the year and attended the LSCB in this capacity. The LSCB scrutinised the annual Corporate Parenting Report and the LSCB independent chair attended the Corporate Parenting Panel.

Key Themes for 2012-13

Child Sexual Exploitation

2012-13 saw major criminal trials nationally relating to incidents of child sexual exploitation with a heightened public awareness of this crime. The Savile enquiry also raised issues of how sexual abuse allegation are managed. Research indicates a significant under reporting of childhood sexual abuse. All agencies need to improve performance in this area and the Lscb has worked hard locally to establish systems and services that drive the CSE agenda forward on the key fronts of prevention, protection and prosecution. Joint work has taken place to address the issue of children who go missing, further work is planned with proposed changes to police definitions to ensure a focus on the most vulnerable.

Vulnerable Children

- There are 25% of the child population in Reading defined as living in poverty. Many of these children are in single parent households and their poverty is linked to low wages and under employment within part time jobs.
- Reading has a high number of children subject to child protection plans. The annual statistics indicate that following the peak of 205 children being subject to Child Protection Plans in August 2012, the numbers dropped significantly with the end of year figure being 157, an overall percentage drop of 23% from the highest number to the final end of year figure.

- Reading also has a higher than expected number of children being looked after by the local authority.
- There are improvements in reducing the number of young people entering the criminal justice system
- There are reductions in teenage parenthood rates but the number of conceptions to teenagers remains too high.

Effective Early Help

Working Together 2013 requires LSCBs to monitor the provision of early help to children and young people. There are a range of services available locally but pathways into services are not always clear and a strategic overview is necessary to identify gaps and to ensure that services are confident in facing reduced funding into the future. A joint early help strategy is planned for 2013-14 and the LSCB is currently identifying how to scrutinise this work to ensure it meets its objectives and delivers real improvements to children's lives.

The **Turn Around Families Project** is a new project part funded by central government focused on families with a range of problems experienced over some time and aims to ensure all agencies work more closely together. The board will continue to monitor the success of this work

Welfare Changes

Reductions in income for people in receipt of working age welfare benefits are likely to increase stress on already vulnerable families. The board reviewed an impact assessment at its meeting in April 2013 and is committed to monitoring vulnerable families affected by welfare changes in the year ahead.

LSCB Sub Groups

In addition to Board meetings the work of the board is carried out through a structure of sub groups. A monthly Executive meeting is held and the following sub groups took place regularly in the year to March 2013

- Berkshire Child Death Overview Panel
- Berkshire Child Protection Policy & Procedures Sub-Group
- Berkshire West Training Sub-Group
- Reading & West Berkshire Performance Monitoring Group
- Reading Quality Assurance Sub-Group
- Reading Serious Case Review Overview Group

Task Groups

- Child Sexual Exploitation Task Group (this is no longer an LSCB sub group as it is now led by childrens social care)
- E-safety task group (re-established June 2012)
- Safer recruitment task group (re- established September 2012 task completed September 2013)
- Disability task group- (February 2013)

Child Death Overview Panel

The panel meets bi monthly to review child deaths in the Berkshire area and advises the LSCB of any trends or patterns. A regular newsletter is sent to all LSCBs to raise awareness of issues; spotlights have been on safer sleeping for babies. This past year has seen a reduction in Perinatal/neonatal mortality with 55% reduction in actual numbers of deaths, from 75 in 2011/12 to 34 in 2012/13 across Berkshire. This exceptional reduction was most likely due to the April 2012 change in status of our local district general hospitals to Local Neonatal Units (LNUs), resulting in the transfer of high-risk neonates to a specialist centre (typically the John Radcliffe Hospital, Oxford), Feedback from Oxford has suggested that this has not led to a corresponding rise in neonatal deaths there, suggesting that this protocol has a genuinely positive impact in reducing mortality

Rapid Response audit - key messages: Audit of the 2012/13 Rapid Response cases in Berkshire determined that the response of frontline and Emergency Department staff was generally good, with close multi-agency team working. Specific learning points/next steps highlighted included:

- Communicating with out-of-area hospitals and multi-agency teams remains an ongoing systemic issue that needs to be addressed
- Need to re-emphasise 'Back to Sleep' and parental smoking avoidance advice - particularly among parents from BME (Black and Minority Ethnic) backgrounds, as these are the population groups that often hardest to reach with health promotion advice
- While face-to-face meetings and multi-agency discussions were held in all Rapid Response cases, with social care assessments undertaken when appropriate (i.e. death of a child in need), site visits were not always undertaken. Consideration to more site visits should be given as these can provide professionals with vital 'at-the-scene' information about a death
- There is a need to remember to communicate with non-resident parents following a child death (as this group may be inadvertently excluded from the process). Teams should consider whether it may be appropriate to share the minutes of the Rapid Response process with parents in certain cases, in order to demonstrate transparency and to ensure parents are kept fully involved - particularly in complex cases

Remembering the focus of the Rapid Response process is vital: it serves as an invaluable toolkit for seeking information, identifying serious issues that need to be investigated and addressed, and in providing support to both healthcare professionals and families. Healthcare professionals should be reminded that Rapid Responses are not only applicable to unexpected deaths, but are also relevant in cases where the child is critically unwell and not expected to survive - regardless of the ultimate outcome - as the process can be helpful in identifying how support can best be provided to both families and involved professionals.

Child Sexual Exploitation sub- group

A lot of work has been undertaken on this subject, Reading has been able to use information and lessons learnt from our neighbours Oxfordshire to help inform our work. A strategy and a work plan have been agreed, Plans are underway to raise awareness through schools with performances of Chelsea's Choice in the autumn. This is a structured drama production aimed at raising awareness among young people of the key issues. The LSCB receives regular reports from the operational Cse group led by childrens social care. The strategy is attached as an appendix

Policies and Procedures Sub group

All policies and procedures are online and are maintained by a specialist contractor Tri-x, they are regularly updated with changes clearly marked during a consultation period, there are too many to list here but include guidance relating to forced marriages, management of concealed pregnancy, with new links inserted to guidance maintained elsewhere such as 'Protecting Children and Young People - the Responsibilities of all Doctors' (GMC 2012)

Changes also included improvements to hospital discharge arrangements.

Safer Recruitment Task and Finish Group

This task and finish group was set up in November with representatives from HR staff in LSCB partner agencies. Its purpose was to ensure the new arrangement set out in the Protection of Freedoms Act 2012 were understood and reflected in safer recruitment practice in partner agencies. In February we held two events to raise awareness of the changes to the Disclosure and Barring service, both events were well attended with over 100 people from all sectors at each event. Additional ongoing work is being done with the voluntary sector. New guidance has been drafted for all organisations for inclusion within the Berkshire child protection online policies and procedures. This will be updated as new guidance is rolled out by the DBS service.

Serious Case Reviews Sub Group

There have been no SCRs in Reading since 2010, however the SCR overview group meets regularly to look at regional and national cases to discuss learning points. It responds to serious incidents locally making the decision as to whether a serious case review is necessary or suggesting alternative review processes as appropriate. A Partnership review was commissioned in January 2013 which will report during August 2013. The review used a model called the appreciative enquiry model and the final report will comment on the process as well as the lessons learned within the case management. The group have also been looking into alternative type of models to carry out reviews. A seminar took place on Root Cause Analysis led by experts from the Royal Berkshire Hospital who use this method for serious incidents and the group have been working with the Safeguarding Adult Partnership Board to get their views on a recent case where they used the SCIE model.

The group called in management reports on several cases to identify whether they met the criteria for a serious case review or whether there was a need to address practice issues. Changes in practice following from these reviews include clarifying that young people remain subject to safeguarding duties set out in legislation up to 18 years of age. Both health and police services have different policies relating to young people who are 16 years old for health services and 17 years old for police. Discharge from hospital for young people, people who self harm was also reviewed to ensure a more robust assessment and information sharing before discharge.

Quality Assurance Sub Group

This group agrees the scope and the process for the multi- agency audit programme, for the regular monitoring reports to the board and quality assures reports presented for the LSCB attention. Work this year included completed audits on;

- Joint work when children have a parent with mental health issues
- The health of looked after children

- Responses to parents who misuse substances,
- Children's experience of bullying
- The rapid response service.
- Core groups at child protection conferences.

Each audit produces an action plan to improve services. Work was completed to define the scopes of audits on domestic abuse, pre birth assessments, neglect and private fostering. These audits will complete during 2013 and work has also taken place to identify how best to audit supervision arrangements in each agency.

Performance sub group

This group is jointly undertaken with West Berkshire Council and examines performance management information using an agreed data set to enable comparisons across Berkshire and nationally. It uses a peer review approach to develop learning across agencies and identifies problem areas for the Executive's attention. The group has worked to improve the management narrative explaining performance so that an appropriate challenge can be made when necessary.

Section 11 sub group

All organisations who provide services to Children and Families are responsible for ensuring they fulfil standards as set out in Section 11 of the 2004 Children Act, in relation to Safeguarding and Child Protection. These organisations have a statutory responsibility to monitor their own compliance against these standards and are asked to submit a Section 11 self-assessment to their LSCB.

A pan Berkshire group was established during 2012 to review these submissions. The majority of statutory partner organisations captured evidence which illustrated that they met and exceeded the minimum standards for safeguarding children.

Training sub group

Achievements;

- Training needs analysis was completed and reported to all boards.
- A training pathway was developed and disseminated to improve understanding of training offered and required by each staff group within the strategy.
- A detailed programme of courses was published and the content was quality assured by the training officers and sub group members. Quality assurance included reference to the content ensuring it was child focused Staff confidence following attendance on LSCB programmed courses demonstrated an improvement in their confidence evidence by the evaluation forms.
- The training officers commissioned courses specific to local need and provided over 24 multi-agency courses including, neglect domestic abuse, safer care for children of parents with mental health issues, e safety and child development within the 2012-2013 period. Over 320 attendees across partner agencies.
- The commissioning of the courses including reviews of providers and seeking assurance from providers that serious case review lessons were addressed in training and that the training enabled a practical skill requirement from scenario or group work activities.

- The sub group supported partner agencies with advice and promoted informal and formal training events between agencies. Health opened courses for other partner agencies in accordance with price water house cooper recommendations.
- A joint LSCB safeguarding children and adults conference day was provided for all partner agencies

Challenges

Monitoring the quality of single agency training and what to include in this training will remain a challenge to LSCB boards to monitor and scrutinise effectively particularly in light of working together 2013 and early help. More emphasis may be required on self-reporting or audits on quality of training may be required which may impact on resources.

- Multi agency training compliance in Berkshire West indicated 389 staff needing to access training for 2012-2013.

6. Participation

The LSCB has acknowledged that more work is needed to ensure that children and young people and their families are able to influence the work of the LSCB. There are plans in place to ensure a more robust participation strategy is developed in the year ahead as part of its Quality Assurance Framework. The LSCB has reviewed partner agencies participation strategies, sharing good practice and encouraging further work,

7 Overview of Data on Safeguarding

Child Protection Issues

The Board gets regular reports on child protection services.

The annual statistics indicate that following the peak of 205 children being subject to Child Protection Plans in August 2012, the numbers dropped significantly with the end of year figure being 157, an overall percentage drop of 23% from the highest number to the final end of year figure. Interestingly, the mean figure for the two years is nearly the same at 178 and 179.

Despite the significant decrease in the end of year figure, RBC Child Protection rates per 10,000 population is still much higher than either the statistical neighbours and the England figures; 47 compared with 35.4 and 37.8 respectively.

The annual figure for children's views being included in the Social Worker's reports is only evident in 41% for ICPC's. The figure for Review Conferences is 43% of reports have not included the children's views. These figures are concerning as it is essential that children's views are clearly described in the reports however, there was a significant improvement in March. The Board commented on the need to ensure that all partner agencies' reports to child protection conferences be checked to make sure the views of the child are recorded in the Report

The total number of Child Protection Conferences for the year 01/04/2012 - 31/03/2013 was 369.

A key achievement for the year was the implementation of the Signs of Safety approach. The statistics demonstrate that there is a significant reduction in the number of Initial Child Protection Conferences being held; the year end totals provides

evidence that there has been a 24% reduction in the number of ICPC's undertaken and a correlated 29% reduction in the number of children considered. This positive trend appears to be the result of a decrease in the number of S47's converting to ICPC; in 3rd previous quarter there were 19 ICPC's (16% conversion rate) and in the 4th quarter there were 13 ICPC's (9% conversion rate).

There is still an issue about the number of children considered at ICPC being made subject to Child Protection Plans inasmuch that all children considered are made subject to a Child Protection Plan, for example in the last quarter only 1 child out of 36 children considered was not made subject to a Child Protection Plan.

The number of children subject to Child Protection Plans for more than two years, 21, is too high as is the number of children who are subject to Child Protection Plans for a second or subsequent time which by the end of year was 40.

Participation of parents at Initial Child Protection Conferences 2012 –2013

ICPC's	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL 2012 -2013
Parents Attended	2	13	8	22	24	17	7	17	25	11	17	8	171
Parents did not Attend	2	0	0	0	0	4	0	4	0	0	0	0	10

The statistics provide evidence that large percentages of parents do attend the ICPC's – this is a positive achievement and indicates that, at least at the first conference, parents seem to be willing to engage in the Child Protection Conference process.

There is a significant difference at the Child Protection Review Conference. Out of a total of 194 parents invited to conferences in the year, there was attendance by only 54% with 46% not attending.

Children Looked After By Reading Borough Council

The total number of children Looked After at the 31/03/13 was 226, 5 of whom were UASC. This is a reduction of 4.5% and is a 67.7% rate per 10,000 population. This continues to be a higher rate than the statistical neighbours at 59.7% and the England rate of 59 (March 2012 figures). More boys are looked after than girls, and children under the age of 3 years and those over the age of 12 years are most likely to be Looked After. More children now get their situation reviewed on time than previously and more children attend their reviews. Less than half of parents attend these review meetings and we want this to increase.

100% of school age Looked after children have a Personal Education Plan and 80% have had their statutory medical. An increasing number of children and young people are chairing their own Review Meetings.

In terms of legal status, 44% of children are subject to Care Orders, 19% to Interim Care Orders and the others, 37%, are accommodated under Section 20.

There are currently 65 children whose Care Plan is Adoption with 14% of the Looked After population being subject to a Placement Order. There have been some significant delays in family finding and in applying for the Adoption Order once placed. These two factors are impacting on there being a high number of children being Looked After.

Young People and Crime

Ministry of Justice statistics demonstrate that the number of **under-18s entering the criminal justice system** fell nationally from 37,787 in 2011 to 28,711 in 2012, a decrease of 24%. Experts say the drop is due to the abolition of police targets for crime 'detections' in 2008. This has enabled police to exercise greater discretion when deciding whether or not to criminalise children and young people for minor offences

- First Time Entrants to the Criminal Justice system are significantly reduced
- Re-offending rates show no particular pattern, but are consistent with the national picture
- Low use of custody, on both remand and sentence

Priorities for the future

- Continued focus on the three National Indicators (above)
- Continue to embed a whole family approach to planning and intervention
- Embedding Signs of Safety into co-production in planning

Reading has reduced the number of First Time Entrants by 69% from 241 in 2008/9 to 75 in 2012-13. Although previous reductions follow local trends, the further reduction in 2012-13 is unique to Reading and is not reflected nationally. The YOS reported 11 FTE for the first reporting quarter of 2013 and continues do well where the cumulative figure up to Aug 13 is 18 FTE.

9. Future plans for the next business year

The business plan for 2013-15 is currently being redrafted and will be available December 2013

This report will be submitted for comment and scrutiny to the Reading Borough Council Managing Director, the Reading ACE Committee; the Reading Health and Well Being Board; and the Police and Crime Commissioner for their review and comment.

Comments will be considered by the RSCB Executive to inform future business planning by the RSCB.

If you wish to make comment on this report or the work of the RSCB please send them to:

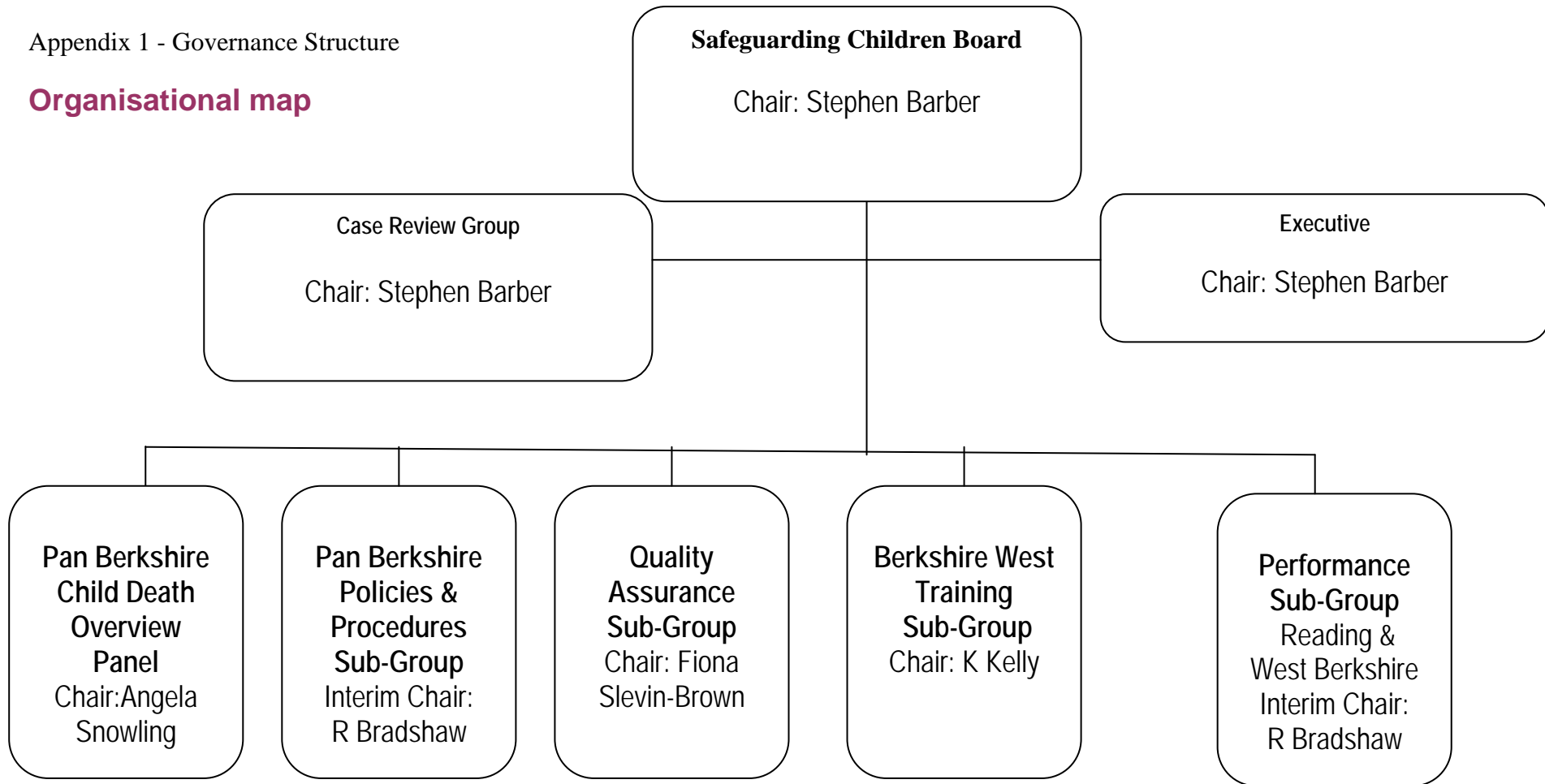
LSCB@reading.gov.uk

Reading Safeguarding Children Board ,Level 10 Civic Centre Reading RG1

September 2013

Appendix 1 - Governance Structure

Organisational map



Berkshire wide sub-groups are accountable to the six LSCBs across Berkshire.

Berkshire West sub-groups are accountable to Reading, Wokingham & West Berkshire LSCBs.

Reading Quality Assurance Sub-Group is accountable to Reading LSCB.

Appendix 2

TACKLING CHILD SEXUAL EXPLOITATION STRATEGY 2013-2014

This overarching strategy is based upon the Statement of Intent produced by Thames Valley Police in February 2013. It is intended to develop this strategy further, as part of the ongoing work of the Child Sexual Exploitation Operational Group.

Prevent

Child Sexual Exploitation takes place within our community. We must raise awareness and understanding of Child Sexual Exploitation in order to prevent children and young people from becoming victims.

Protect

We will work together to identify children at risk of, or subject to, sexual exploitation, so that we can safeguard and support them and prevent further harm.

Pursue

We will work together to assist in bringing offenders to justice, whilst ensuring that children and young people are not subject to further risk and harm.

Partnerships

Child Sexual Exploitation can only be challenged effectively through multi agency working and a partnership approach. We will build on and strengthen all our existing partnership arrangements in order to achieve this aim.

Performance Monitoring

We will ensure that every opportunity is taken to gather and share information that will help us to tackle Child Sexual Exploitation in our community, and across neighbouring boundaries, whenever possible. We will monitor our performance, identify key areas of learning and share best practice.

Practice Development

We will roll out training across our agencies so that practitioners can identify and respond appropriately to Child Sexual Exploitation.

KJ 13.3.13

Appendix 3

COURSES COMMISSIONED BY LSCB BOARD

These courses have been commissioned by the LSCB Board. To attend you must have completed the Universal Safeguarding course.

Course	Aims/Objectives	Date	Time s	Trainer /Session Leader	Venue
Safeguarding Children – A Shared Responsibility	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. This course will not cover signs and indicators of abuse, this should be covered by your organisation in Universal Safeguarding Training	19.09.13	9.30 - 4.30	Reconstruct	Wokingham
		11.12.13			West Berks
		06.03.14			Reading
Child Development	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 'normal' development is 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	03.12.13	9.30 - 4.30	Reconstruct	Reading
Sexual Exploitation Awareness	<ul style="list-style-type: none"> • Child Sexual Exploitation in context with normal child development • Typical indicators of CSE • Commonly used grooming tactics, the child's perspective and behaviour • Factors that increase vulnerability to CSE • Building trust and promoting engagement with children, young people and families • How to respond to concerns 	16.09.13	9.30 - 4.30	Paula Lane and Becky Tyler	Reading
		21.01.14			

Course	Aims/Objectives	Date	Times	Trainer /Session Leader	Venue
Physical Abuse	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	13.09.13	9.30 - 4.30	Reconstruct	West Berks
Neglect and Emotional Abuse	This course explores what is meant by the terms 'neglect' and 'emotional abuse' <ul style="list-style-type: none"> Recognising the signs and symptoms and understanding the impact on children The issues involved in working together with parents and across professional boundaries The impact on individuals of working with neglect and emotional abuse issues 	12.11.13	9.30 - 4.30	Reconstruct	Wokingham
Sexual Abuse	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"> The tensions in defining child sexual abuse Who are the victims – Identifying factors The impact of child sexual abuse The issues relating to perpetrators who they are and how they are managed 	30.01.14	9.30 - 4.30	Reconstruct	Reading
Safer Care for Children of Parents with Mental Health Issues	<ul style="list-style-type: none"> Integration of equal treatment for people with mental health problems Creative inter-service working to aid families and children Methods of improving inter-service inter-agency working Participants own beliefs and attitudes as well as societal views Models of assessment that remain child focused and aid recognition and practical intervention Participants skills in working with families, extended family and social networks to improve support and care 	10.02.14	9.30 - 4.30	Reconstruct	Reading
Children who Display Sexually Harmful Behaviour	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"> defining and understanding appropriate sexual development The effects of child sexual abuse on a child' sexual development and behaviour Identifying factors leading to concerns for victims and perpetrators of sexually harmful behaviour The issues relating to perpetrators - who they are and how they are managed 	28.02.14	9.30 - 4.30	Reconstruct	West Berks

Course	Aims/Objectives	Date	Time s	Trainer /Session Leader	Venue
Safer Care for children of parents with Learning Disabilities	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	11.03.14	9.30 - 4.30	Reconstruct	Wokingham

Appendix 4- Glossary of Acronyms

<p>STATUTORY - Those included as Statutory in Working Together 2010 and Section 11 of the Children Act Agencies.</p> <p>STANDING - Agencies and organisations who are not statutory, but are full Members and expected to attend all meetings.</p> <p>ASSOCIATE - Board Members who receive all papers and are expected to attend at least 1 meeting per year and update the Board on their Agency/organisation, or those who are invited to attend to advise the Board by request.</p>	
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CMHT	Community Mental Health Team
CQC	Care Quality Commission
CRB	Criminal Records Bureau
DfE	Department for Education
ISA	Independent Safeguarding Authority
JSNA	Joint Strategic Needs Assessment
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
PCT	Primary Care Trust
SARC	Sexual Assault Referral Centre
SCP	Safer Communities Partnership
SCR	Serious Case Review
VCS	Voluntary and Community Sector
YOT	Youth Offending Team

Appendix 5 – LSCB Membership at April 2012

Name	Agency	Membership
Stephen Barber	Independent LSCB Chair	Statutory
Colin Poynter	Connexions	Statutory
Avril Wilson	Director of Education, Social Services and Housing, RBC	Statutory
Bev Searle	Director, PCT	Statutory
Kevin Gibbs	CAFCASS	Statutory
Christine Etheridge	Children Young People and Maternity Lead, South Central SHA	Statutory
Cllr John Ennis	Lead Member for Children's Services	Statutory
Gabriel Amahwe/Claire Clairmont	Assistant Director, Thames Valley Probation	Statutory
Stuart Greenfield/Matt Healey	Thames Valley Police	Statutory
Karen Reeve	Head of Children's Social Care, RBC	Statutory
Patricia Pease	Royal Berkshire NHS Foundation Trust	Statutory
Fiona Slevin-Brown	Director of Reading Locality, BHFT	Statutory
Ben Cross	Development Worker, Reading Children's & Voluntary Youth Services	Standing
Bernadette Adams	Area Manager, Berkshire Women's Aid	Standing
Elizabeth Rhodes	Education Development Officer, Royal Berkshire Fire and Rescue Service	Standing
Fiona Veitch	Designated Primary Head Teacher, Norcot School	Standing
Jane McCausland	Locality Manager, CMHT Berkshire Healthcare Trust	Standing
John De Jongh	Safeguarding and Quality Assurance Manager, Reading Borough Council	Standing Part year
Sarah Gee	Head of Housing, Neighbourhoods and Community Services, RBC	Standing
Ian Muir	Senior Schools Advisor, RBC	Standing Part year
Suzanne Westhead	Head of Adult Care, RBC	Standing
Viv Angus	Designated Secondary Head Teacher, Reading Girl's School	Standing
Anderson Connell	Lay Member	Standing
Tony Heselton	Clinical Development Manager, South Central Ambulance Service	Standing
Rhoda Nikolay	Crown Prosecution Services	Associate
Stephanie Seigne	Deputy Director Corporate Affairs, Royal Berkshire NHS Foundation Trust	Associate
Liz Batty	Solicitor, Legal Services, RBC	Associate
Rita Morrison	Head of Reading CAMHS	Associate

Attendance 2012-2013

LSCB Record of Attendance 2012 -2013			
	Agency	Member ship	Attendance record includes deputies
	Independent LSCB Chair	Statutory	100%
	Head of Children's Social Care, RBC	Statutory	
	BHFT	Statutory	
	Designated Primary Head Teacher,	Standing	
	Head of Housing, Neighbourhoods and Community Services, RBC	Standing	
	Lay Member	Standing	
	, Primary care trust CT	Statutory	75%
	Thames Valley Police	Statutory	
	Royal Berkshire NHS Foundation Trust	Statutory	
	Reading Children's & Voluntary Youth Services	Standing	
	, Berkshire Women's Aid	Standing	
	Connexions	Statutory	
	Director of Education, Social Services and Housing, RBC	Statutory	50%
	Safeguarding and Quality Assurance, Reading Borough Council	Standing	
	, Thames Valley Probation	Statutory	
	Designated Secondary Head Teacher,	Standing	
	South Central SHA	Statutory	
	Lead Member for Children's Services	Statutory	
	CAFCASS	Statutory	25%
	Royal Berkshire Fire and Rescue Service	Standing	
	Schools Advisor, RBC	Standing	
	Head of Adult Care, RBC	Standing	
	Head of Reading CAMHS	Associate	
	South Central Ambulance Service	Standing	
	No other associate members attended during the year		0

Appendix 6

Budget report for the Reading LSCB

Income and planned Expenditure 2012-13

The majority of the budget is spent on staffing to support the work of the Board with contributions from the Local Authority, the PCT, Police, Probation, CAFCASS and Berkshire Healthcare Foundation Trust. The budget also pays for a part time CDOP administrator funded jointly by all the Berkshire LSCBs, who is responsible for notifications of child deaths across Berkshire.

A planned underspend is kept in reserve in the event of a Serious Case Review (SCR) or to cover the costs of a partnership review, both of which would require independent report authors.

Income	£
Local Authority	63,055
PCT	20,000
Police	2,000
Probation	895
CAFCASS	550
BHFT	1000
Schools	25,000
TOTAL	87500
Expenditure	£
Employee & Service costs	44200
CDOP	5,300
Tri X Procedures	3,600
Supplies and services	34200
Total expenditure	87500

Reading Borough Council has provided the following support staff and provides the Board's work space and resources

Board Support: Attend all Meetings and Sub Groups and work on behalf of the Board	
Marian McNichol	Business Manager tel 0118373834
Tracy Fenty	Business Support 01189374354

Reading

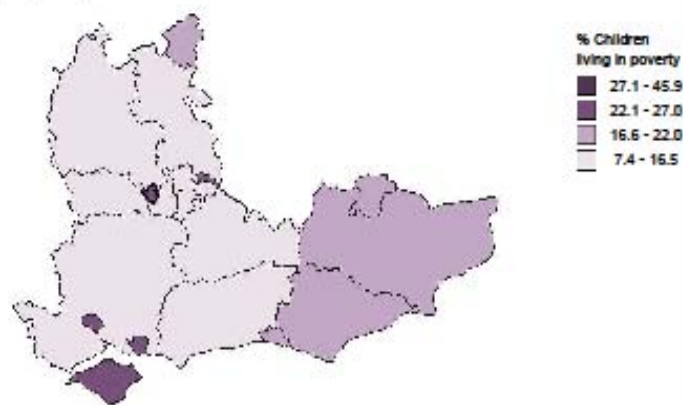
March 2013

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 well-being of children and tackle health inequalities. This profile is produced by the Child and Maternal Health Observatory (ChiMat) working with South East Public Health Observatory (SEPHO).

The child population in this area	Local	South East	England
Live births in 2011	2,579	107,132	688,120
Children (age 0-4 years), 2011	12,000	536,000	3,328,700
% of total population	7.7%	6.2%	6.3%
Children (age 0-19 years), 2011	37,900	2,079,100	12,710,500
% of total population	24.4%	24.0%	23.9%
Children (age 0-19 years) in 2020 (projected)	41,320	2,233,096	13,575,943
% of total population	25.6%	23.8%	23.7%
School children from black/ethnic minority groups	6,872	189,255	1,661,440
% of school population (age 5-16 years)	45.5%	18.5%	25.6%
% of children living in poverty (age under 16 years)	22.2%	15.5%	21.1%
Life expectancy at birth			
Boys	77.9	79.7	78.6
Girls	82.8	83.5	82.6

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 © Crown copyright 2012

Data sources: Live births, Office for National Statistics (ONS) 2011; population estimates, ONS 2011 Census mid-year estimates; population projections, ONS Interim 2011-based subnational population projections; black/ethnic minority maintained school population, Department for Education 2012; children living in poverty, HM Revenue & Customs (HMRC) 2010; life expectancy, ONS 2008-10



YORKSHIRE & HUMBER PUBLIC HEALTH OBSERVATORY



SOUTH EAST PUBLIC HEALTH OBSERVATORY



ChiMat is funded by the Department of Health and is part of YHPHO.

This profile is produced by ChiMat working with SEPHO on behalf of the Public Health Observatories in England.

Key findings

24.4% of the population of Reading is under the age of twenty. 45.5% of school children are from a black or minority ethnic group.

The health and well-being 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 22.2% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

Children in Reading have average levels of obesity. 10.8% of children aged 4-5 years and 19.0% of children aged 10-11 years are classified as obese. 54.4% of children participate in at least three hours of sport a week which is similar to the England average.

The hospital admission rate for alcohol specific conditions is lower than the England average. The hospital admission rate for substance misuse is lower than the England average.

In 2011, there were 1,102 acute sexually transmitted infection diagnoses in young people aged 15 to 24 years. This represents a rate of 45.2 diagnoses for every 1,000 people in this age range which is higher than the England average.

