**READING BOROUGH COUNCIL**

**REPORT BY DIRECTOR OF EDUCATION, ADULT AND CHILDREN'S SERVICES**

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| **TO:** | **HEALTH AND WELLBEING BOARD** | | |
| **DATE:** | **10th October 2014** | **AGENDA ITEM:** | **8** |
| **TITLE:** | **DRAFT STRATEGIC DOCUMENT UNDERPINNING THE PROTOCOL AGREEMENT BETWEEN READING LOCAL SAFEGUARDING CHILDREN'S BOARD, HEALTH AND WELLBEING BOARD AND CHILDREN'S TRUST BOARD** | | |
| **LEAD COUNCILLOR:** | **COUNCILLOR GAVIN** | **PORTFOLIO:** | **CHILDREN'S SERVICES** |
| **SERVICE:** | **CHILDREN'S SERVICES** | **WARDS:** | **BOROUGHWIDE** |
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## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The attached draft strategic document builds on the protocol setting out the expectation of the relationship and working arrangements between Reading Local Safeguarding Board (LSCB) Reading Health and Wellbeing Board and Reading Children's Trust. It also proposed a way forward to clarify performance reporting across the boards

1.2 It is a statutory requirement that agencies working with children and young people work closely in partnership to ensure the best outcomes are achieved effectively. All statutory agencies with responsibility for providing services for children and young people, plus the voluntary sector and young people themselves, are represented on one or more of these three partnership boards. It is therefore vital that these three boards communicate effectively to ensure a joined up approach and avoid duplication.

1.3 The Health and Wellbeing Board are asked to agree the proposal to take this document forward, completion of the Performance Reporting and be party to bi-annual challenge meetings. This has already been agreed by the LSCB and will be taken to the Children's Trust for agreement. The final document to be presented to the HWBB in January 2015

## 2. RECOMMENDED ACTION

**2.1 That the Health and Wellbeing Board endorse the attached strategic document and support completion of the Performance Reporting Arrangements and the bi annual strategic challenge meetings**

## 3. POLICY CONTEXT

3.1 The protocol (Appendix 1) was agreed at the last Health and Wellbeing board and this draft document (Appendix 2) proposes a strategic way forward including the proposed performance reporting arrangements

## 4. THE PROPOSAL

4.1 The shared principles for this working are:

- The boards will work together to minimise the duplication of reports and actions, and that there are no unhelpful strategic or operational gaps in policies, protocols, services or practice.
- The boards share a commitment to a strategic approach to understanding needs, in a way that includes analysis of data and effective engagement with frontline practitioners, with children and young people, with families.
- The Partnerships are committed to developing a joined up approach to understanding the effectiveness of current services (what difference does it make) and identifying priorities for change – including where services need to be improved, reshaped or developed.
- All three Boards will work together to provide constructive challenge to one another and partners.

4.2 The protocol lists the key responsibilities of each board, and how each one should interact with the other. This includes ensuring that each board is consulted when one of the related strategic plans is re-written, such as the Health and Wellbeing Strategy and the Children and Young People's Plan, plus any annual reports from one board are presented to the others, such as the LSCB Annual Report.

4.3 The protocol details the key lines of communication between the boards and describes the interconnectedness of senior management representation on each board which ensures key topics for discussion/concern are made aware across the partnerships.

4.4 The strategic document clarifies the Performance Monitoring arrangements of each board and details which board is holding primary responsibility for monitoring and challenging performance, outcomes and impact for the children and young people of Reading. It is aimed at all stakeholders to offer one document articulating the collective governance and ambition for all our children and young people.

4.5 The compendium of performance is currently being completed to offer an overarching reference document detailing all performance collected across partners in respect of children and young people. Most of this performance information is already collected or a very similar data set. From the completed

compendium each board will have a determined set of performance information that they are primarily responsible for overseeing. Reporting can be by exception once this system is in place. The development of the performance analyst role will enable strategic oversight and cross reference which will inform the bi-annual challenge meetings.

4.6 Work on RSCB data set is currently ongoing and is attached as an example.

## 5. CONTRIBUTION TO STRATEGIC AIMS

5.1 This strategic document contributes to the following Council strategic aims:

- To establish Reading as a learning City and a stimulating and rewarding place to live and visit.
- To promote equality, social inclusion and a safe and healthy environment for all.

5.2 It also contributes to the Local Strategic Partnership delivery themes of Community Safety and Health.

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Consultation on this document is ongoing with the membership of the boards concerned.

6.2 The strategic plans of the Health and Wellbeing Board and the Children's Trust are consulted on within the community, including children and young people. A current aim of the LSCB is to ensure they listen and respond to our children and young people in relation to their safeguarding needs, and be able to evidence this.

## 7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment (EIA) is not relevant to the recommendation of this protocol. The protocol itself will not have a differential impact on: racial groups; gender; people with disabilities; people of a particular sexual orientation; people due to their age; people due to their religious belief. However, equality and diversity are key themes for the all three boards, ensuring that any changes to practice or service recommended by the boards will not disadvantage any particular group.

## 8. LEGAL IMPLICATIONS

8.1 There is no legal requirement to have a protocol or strategic document in place, but the statutory framework listed below requires that partners work effectively together to safeguard and provide appropriate services for children and young people.

8.2 The statutory framework for the protocol is:

- Section 10, 11, 13 and 14 of the Children Act 2004
- Local Safeguarding Children Board Regulations 2006/2010
- Working Together to Safeguard Children 2013
- Health and Social Care Act 2012
- Apprenticeship, Skills, Children and Learning Act 2009

## 9. FINANCIAL IMPLICATIONS

9.1 None.

## 10. BACKGROUND PAPERS

- Reading Health and Wellbeing Board Terms of Reference
- Reading LSCB Business Plan
- Reading LSCB and Children's Trust Protocol Agreement
- Reading Children and Young People's Plan

**Appendix 1**

# Protocol agreement between Reading Local Safeguarding Children Board, Health and Wellbeing Board and Children's Trust Board

## Introduction

This document sets out the expectations of the relationship and working arrangements between Reading Local Safeguarding Children Board (RSCB), Reading Health and Wellbeing Board (H&WB) and Reading Children's Trust (RCT).

## Statutory Framework for this Protocol

- Section 10, 11, 13 and 14 of the Children Act 2004
- Local Safeguarding Children Board Regulations 2006/2010
- Working Together to Safeguard Children 2013
- Health and Social Care Act 2012
- Apprenticeship, Skills, Children and Learning (ASCL) Act 2009

| Local Safeguarding Children Board | Health and Wellbeing Board | Children's Trust |
|---|---|---|
| **Statutory Framework**<br>RSCB is a statutory partnership under the Children Act 2004 with statutory guidance on making arrangements to safeguard and promote the welfare of children. It has responsibility for agreeing how relevant local organisations will co-operate to achieve this. | **Statutory Framework**<br>The Health and Social Care Act 2012 includes the establishment of a Health & Wellbeing Board to undertake joint strategic needs assessments. The Board must adopt and operate under a Joint Health and Wellbeing Strategy which identifies the top priorities where working together can make a real difference in promoting the health and wellbeing of the people of Reading. | **Statutory Framework**<br>Although statutory guidelines have been removed, the Children's Trust in Reading continues to work together as an effective strategic partnership, ensuring that the lives of children and young people are improved by the delivery of better services, including for their health and wellbeing. |
| **Role**<br>RSCBs role is to monitor and evaluate the effectiveness of local arrangements for safeguarding children and young people and promoting their welfare. | **Role**<br>The H&WB acts as the high level strategic planning partnership to develop the provision of integrated health and social care services in Reading Borough. The H&WB for Reading is established to oversee the health improvement and well-being of those who live and work in the Borough. | **Role**<br>The RCT vision is to create a positive and ambitious environment for Reading children and young people so that they:<br>• are happy, healthy, safe and coping with change and challenge<br>• are enthusiastic and skilled learners<br>• value themselves and others. |

**Shared Principles for this working protocol**

- The boards will work together to minimise the duplication of reports and actions, and that there are no unhelpful strategic or operational gaps in policies, protocols, services or practice.
- The boards share a commitment to a strategic approach to understanding needs, in a way that includes analysis of data and effective engagement with frontline practitioners, with children and young people, with families.
- The Partnerships are committed to developing a joined up approach to understanding the effectiveness of current services (what difference does it make) and identifying priorities for change – including where services need to be improved, reshaped or developed.
- All three boards will work together to provide constructive challenge to one another and partners.

**Reading Safeguarding Children Board Responsibilities**

1. The core objectives of the Safeguarding Children Board which are prescribed in Working Together are to:

    - Co-ordinate what is done by each agency to safeguard and promote the welfare of children and young people in Reading.
    - Ensure the effectiveness of that work.
    -

2. The RSCB is the decision making body for multi-agency arrangements for safeguarding of children within Reading. It is a statutory partnership and its work is directed by statutory guidance. This guidance dictates the functions to be undertaken by Safeguarding Children Boards and the criteria/functions against which they will be measured during Ofsted Safeguarding Inspections.
3. The Chief Executive of the Council has the statutory responsibility for ensuring that an effective Safeguarding Children Board is in place for the Local Authority area.
4. Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under Section 14 of the Children Act 2004, are as follows:

    1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

    (i) the action to be taken where there are concerns about a child's safety or Welfare, including thresholds for intervention;
    (ii) training of persons who work with children or in services affecting the safety and welfare of children;
    (iii) recruitment and supervision of persons who work with children;
    (iv) investigation of allegations concerning persons who work with children;
    (v) safety and welfare of children who are privately fostered;
    (vi) cooperation with neighbouring Children's Services authorities and their board partners;

    (b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
(d) participating in the planning of services for children in the area of the authority;
(e) undertaking reviews of serious cases and advising the authority and their board partners on lessons to be learned.

Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

5. The RSCB is responsible for challenging each relevant partner, as defined by the Children Act (2006) on their effectiveness in safeguarding children and ensuring their welfare.
6. The RSCB may request the Health and Wellbeing Board to consider issues for development, action or scrutiny.

**Reading Health & Wellbeing Board Arrangements and Responsibilities**

7. The H&WB aims to improve health and well-being for people in Reading. It is a partnership board that brings together the Council, NHS and the local health watch organisation. By working together on the delivery of national and local priorities, the Board aims to make existing services more effective through integrating provision and influencing future joint commissioning and provision of services.
8. The H&WB will be responsible for developing a Health and Well-being Strategy and Action Plan as the basis for achieving these aims. The focus will be on reducing health inequalities, early intervention and prevention of poor health and promotion of health and well-being.
9. The H&WB will be expected to improve outcomes for residents, carers and the population through closer integration between Health and the Council. Stronger joint commissioning offers scope for more flexible, preventative and integrated services for children and adults with long-term conditions and those living in vulnerable circumstances.
10. Underpinning the work of the H&WB is the Joint Strategic Needs Assessment (JSNA) which provides the framework for considering the wider determinants of health, including employment, education, housing and environmental factors that impact on the health and well-being of people in Reading. The JSNA will inform the development of the Health and Well-Being Strategy and Action Plan and alongside other intelligence, especially the views of local people, help define priorities for the strategy that in turn will influence commissioning priorities.
11. The H&WB will ensure that RSCB and RCT are formally consulted during the development of the Health and Wellbeing Strategy.
12. The H&WB may request RSCB or RCT to consider issues for development, action or scrutiny.

**Reading Children's Trust Responsibilities:**

13. The purpose of the CT is to consult with and bring all partners with a role in improving outcomes for children together to agree a common strategy on how they will co-operate to improve children's wellbeing and to help embed partnership working in the partners' routine delivery of their own functions. Delivering the

strategy, the Reading Children & Young People's Plan, is the responsibility of the partners, both individually and together. This means each partner's existing lines of accountability are unchanged, i.e. each partner of the CT retains its existing formal lines of accountability for delivering its own functions. This avoids any confusion or blurring of lines of accountability.

14. The CT will contribute to the priorities for children and young people within the Health and Wellbeing Strategy (priorities agreed following the Joint Strategic Needs Assessment). The H&WB will provide constructive challenge and support to the CT.
15. The H&WB and RSCB will be formally consulted by RCT when the Children & Young People's Plan is being drafted, allowing sufficient time for both Boards to provide support and challenge.
16. RCT will maintain responsibility for the overall performance monitoring of the indicators, data and targets and outcomes identified within the Children and Young People's Plan but also provide challenge to RSCB and the H&WB as necessary when scrutinising its performance information.
17. RCT will ensure that any advice and information provided by the H&WB is appropriately disseminated within the CT member organisations.

**Lines of Communication**

18. The Independent Chair of RSCB is an invited attendee at RCT Board meetings. The Chair of RCT (the Lead Member for Children's Services) is a member of both the RSCB and H&WB. The Director of Children's Services is a member of all three Boards. The interconnectedness of senior level membership ensures key issues are discussed in the appropriate meeting.
19. The RSCB Annual Report is presented to both the RCT and H&WB.
20. The Children and Young People's Plan Annual Report is presented to both the RSCB and H&WB.
21. Any particular issues or concerns raised by one Board for consideration by either or both of the other boards will be scheduled onto the next appropriate agenda via the LSCB & RCT Business Manager or Principal Committee Administrator. A written report will be presented to the Board which details the issue/concern with and expectation of the outcome. Please note that H&WB meetings are public and due consideration must be made regarding report content.

**Formal agreement of this protocol**

22. This protocol will be agreed at full Board meetings of:

| | Meeting Date |
|---|---|
| Reading Safeguarding Children Board | 18 June 2014 |
| Reading Health and Wellbeing Board | 18 July 2014 |
| Reading Children's Trust | 8 April 2014 |

23. A review of this protocol will be undertaken annually.

**APPENDIX 2**

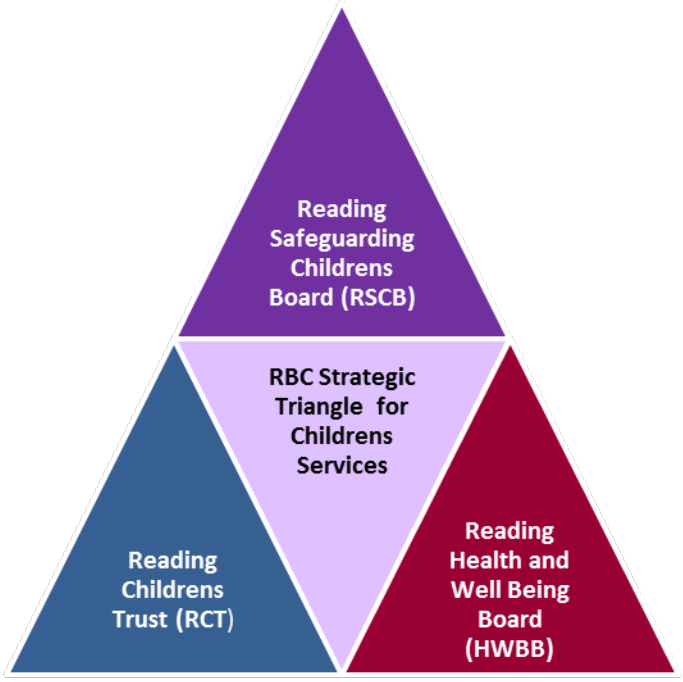
# DRAFT SHARED STRATEGIC VISION

# for

# Reading Local Safeguarding Children Board

# Reading Children's Trust

# Reading Health and Wellbeing Board


Reading Safeguarding Childrens Board (RSCB)
RBC Strategic Triangle for Childrens Services
Reading Childrens Trust (RCT)
Reading Health and Well Being Board (HWBB)

## Forward

Developing a shared strategic vision, needs analyses, priorities and plans for children and young people in Reading across all stakeholders is the aspiration of the Reading Children's Trust, Reading Safeguarding Board and the Reading Health and Well Being Board. This document provides detail on the governance arrangements between these boards which is underpinned by the joint protocol signed in July 2014 by all three board chairs.
http://www.reading.gov.uk/documents/children/28514/Joint-protocol-between-Reading-LSCB-HWB-CTB-July-2014.pdf

The document clarifies the Performance Monitoring arrangements of each board and details which board is holding primary responsibility for monitoring and challenging performance, outcomes and impact for the children and young people of Reading. It is aimed at all stakeholders to offer one document articulating the collective governance and ambition for all our children and young people.

The three board chairs as well as the chairs of Community Safety Partnership, Youth Offending Management Board, Corporate Parenting Board, the Director of Children's Services, Lead Member for Children's Services, Managing Director, Chair of the West Berkshire Clinical Commissioning Group and Director of Public Health will meet six monthly in June and December to collectively reflect on progress and set strategic direction and associated priorities for services.

In respect of providing a helicopter view of performance, reducing duplication of reporting and strategically measuring impact and outcomes consideration is being given as to how current arrangements could be realigned to support this.

## Contents

## Purpose of the three boards

The purpose of the Children's Trust is to consult with and bring all partners with a role in improving outcomes for children together and to agree a common strategy on how they will co-operate to improve children's wellbeing and to help embed partnership working in the partners' routine delivery of their own functions. It also provides a strategic framework within which partners can commission services together.

Delivering the strategy, the Children & Young People's Plan, is the responsibility of the partners, both individually and together. This means each partner's existing lines of accountability are unchanged, i.e. each partner of the Children's Trust retains its existing formal lines of accountability for delivering its own functions. This avoids any confusion or blurring of lines of accountability.

In 2010 statutory guidance around the Children's Trust was removed, as well as the statutory duty for a Children and Young People's Plan to be produced. However, partners in Reading agreed to continue with a streamlined Children's Trust and associated arrangements as the existing partnership has been working well for many years.

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Reading Local Safeguarding Children Board (RSCB) ensures that this duty is carried out.

The Health and Social Care Act 2012 establishes Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Working Together to Safeguard Children 2013, places a responsibility on the Director of Public Health to ensure that the needs of vulnerable children are a key part of the Joint Strategic Needs Assessment that is developed by the Health and Wellbeing Board.

The RSCB, and Health and Wellbeing Board must have separate identities to ensure there is clarity and transparency within the child protection system. In order to provide effective scrutiny, the RSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.

## Other Key Partnership Boards

In Reading there are other boards /bodies that have a responsibility for specific cohorts of children and young people or activity

- Corporate Parenting Panel (CPP)– Looked after Children (In the care of the local authority)
- Community Safety Partnership (CSP)– Children and Young People who are at risk of offending
- Youth Offending Service Management Board (YOS)–Children and Young People who offend – Reports to the Youth Justice Board
- Berkshire West Clinical Commissioning Group (BWCCG)– Commissioning of services for children and young people
- Youth Council (YC)– Voice of the child and young person within Reading
- Children in Care Council (CICC) – Voice of the child and young person in care
- Child Death Overview Panel (CDOP)- Review all deaths of children and young people

## Reading's Children's Trust (RCT)

RCT works in partnership with a range of agencies and the voluntary sector to provide the support and services required to enable all of Reading's children and young people, whatever their background or circumstances, to achieve the Children's Trust vision.

The vision is to create a positive and ambitious environment for Reading children and young people so they:

- Are happy, healthy, safe and coping with change and challenge
- Are enthusiastic and skilled learners
- Value themselves and others

The Board reports to the Local Strategic Partnership and produces a plan each year called the Children and Young People's Plan (CYPP), which sets out the key priorities for the Trust and how it aims to achieve them. In 2014 the priorities were agreed as:

- Keeping children safe
- Having the best start in life and throughout
- Learning and employment

## Reading Safeguarding Childrens Board

The RSCB is the decision making body for multi-agency safeguarding issues within Reading. It is a statutory partnership and its work is directed by statutory guidance. This guidance dictates the functions to be undertaken by Local Safeguarding Children Boards and the criteria/functions against which they are inspected.

The Director of Children's Services (DCS) has a statutory responsibility for ensuring that an effective RSCB is in place. It is the responsibility of the Managing Director (Head of Paid Service) to appoint or remove the RSCB chair with the agreement of a panel including RSCB partners and lay members. The Managing Director drawing on other RSCB partners and, where appropriate, the Lead Member for Children's Services will hold the Chair to account for the effective working of the RSCB

The RSCB has an Independent Chair. The Board is supported in discharging its functions through its governance arrangements.

The RSCB will inform and, when necessary, challenge commissioning arrangements where issues are identified through the various quality assurance processes such as

learning from Serious Case Reviews, the Child Death Overview Panel and multi-agency auditing of practice.

The RSCB publishes an Annual Report on the effectiveness of safeguarding locally.

This will include as a minimum:

- *an analysis of the activities of the Board in keeping children safe and evidence of the impact of the Board's work*
- *the learning from the previous year drawn from Serious Case Reviews, practice reviews not meeting the criteria to initiate a Serious Case Review, practice audits and Board engagement with the workforce*
- *priorities for the forthcoming year in line with learning gained*

**RSCB Priorities - 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 RSCB partners including the Voluntary Sector. 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/s 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 LSCB is likely to be judged good by Ofsted if:
*"The governance arrangements enable LSCB partners (including the Health and Well-Being Board and the Children's Trust) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people. The LSCB effectively prioritises according to local issues and demands and there is evidence of clear improvement priorities identified that are incorporated into a delivery plan to improve outcomes"*

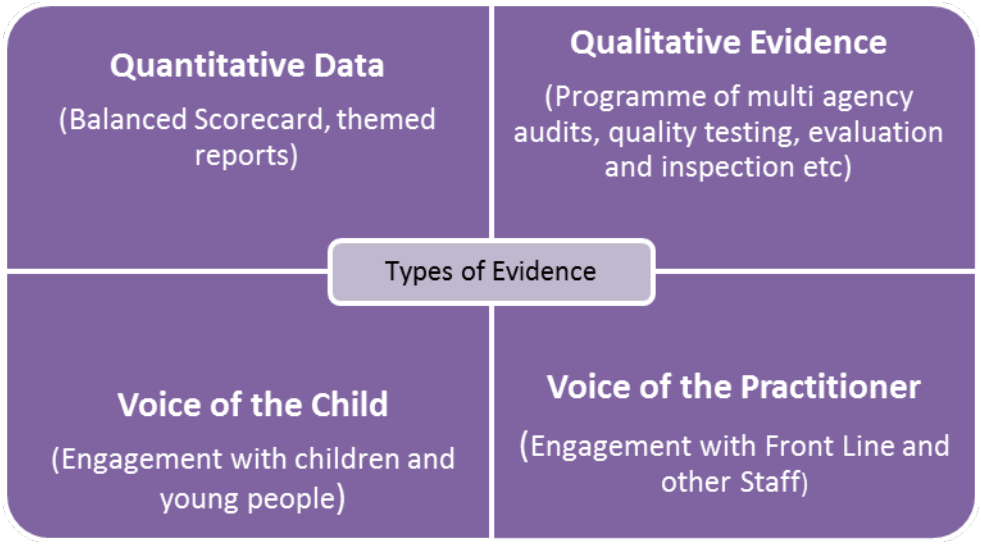
**RSCB EVIDENCE BASE SHOULD**

**Cover a range of stages across the child's journey:**

**PROMOTION | PREVENTION | EARLY HELP | PROTECTION**

**Provide evidence of quantity, quality and outcomes:**

- **Quantity: How much have we done?** how many children, activities: is there an increase/decrease and is this appropriate?; breakdown of those not meeting the standards/timescales; how much has it cost and workforce available (use of resources).
- **Quality: How well have we done it?** results of audits and evaluations, timeliness and standards, softer intelligence.
- **Outcomes: What difference did it make?** Measuring the impact and effectiveness, has there been improvement or positive outcomes.




**Include a range of evidence**

## Health & Wellbeing Board Arrangements & Responsibilities

Each top tier and unitary authority has its own Health and Wellbeing Board. Board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

The boards will help give communities a greater say in understanding and addressing their local health and social care needs. The boards will be expected to ensure that the needs of local people as a whole are taken into account in their work.

The Health & Wellbeing Board has strategic influence over commissioning decisions across health, public health and social care.

The Health and Wellbeing Board strengthens democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners from health agencies and social care.

The Health and Wellbeing Board provides a forum for challenge, discussion and the involvement of local people.

The Reading Health and Wellbeing Board bring together the Clinical Commissioning Groups, Berkshire West and Reading Borough Council, NHS England and Healthwatch Reading to develop a shared understanding of the health and wellbeing needs of the community.

The Health and Wellbeing Board takes overall responsibility for assessing local need through the undertaking and maintaining the Joint Strategic Needs Assessment, known locally as the Integrated Strategic Needs Assessment (ISNA) and for the development and implementation of a Health and Wellbeing Strategy that reflects priorities identified within the ISNA and from local engagement and consultation.

Through undertaking the ISNA, the Health and Wellbeing Board will drive local commissioning of health and social care and public health and create a more effective and responsive local health and care system. Wider services that impact on health and wellbeing such as housing and education are included and involved in this work.

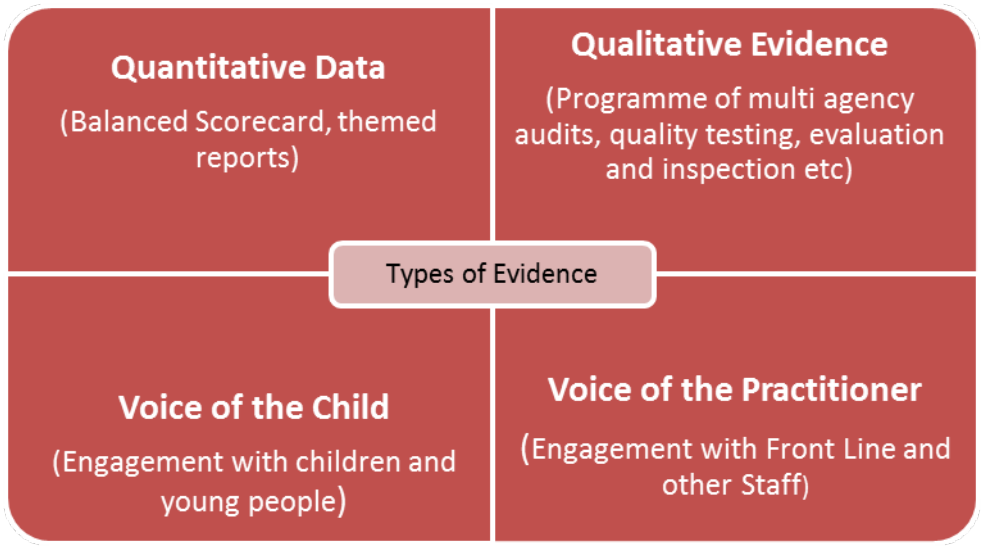
**HWBB EVIDENCE BASE SHOULD**

**Cover a range of stages across the child's journey:**

**PROMOTION | PREVENTION | EARLY HELP | PROTECTION**

**Provide evidence of quantity, quality and outcomes:**

- **Quantity: How much have we done?** how many children, activities: is there an increase/decrease and is this appropriate?; breakdown of those not meeting the standards/timescales; how much has it cost and workforce available (use of resources).
- **Quality: How well have we done it?** results of audits and evaluations, timeliness and standards, softer intelligence.
- **Outcomes: What difference did it make?** Measuring the impact and effectiveness, has there been improvement or positive outcomes.




**Include a range of evidence**

## Shared Responsibilities

RSCB will provide constructive challenge to the Health and Wellbeing Board and Children's Trust to ensure that the commissioning of services is in line with safeguarding practices and is reflected in service level agreements with providers. The Health and Wellbeing Board and Children's Trust will work together to develop effective commissioning and will provide constructive challenge.

In order to achieve a co-ordinated and coherent planning and performance management process, the RSCB will receive and consider relevant data quarterly and be involved and consulted in relation to the development and maintenance of the Integrated Strategic Needs Assessment. The Health and Wellbeing Board will ensure that the Integrated Strategic Needs Assessment takes account of children's safeguarding issues, including the priorities set out in the RSCB Business Plan.

The Health and Wellbeing Board may request the Children's Trust and/or the RSCB to consider issues for development, action or scrutiny.

The RSCB will present its Annual Report to Health and Wellbeing Board. The purpose of the report is to provide a rigorous and transparent assessment of the performance and effectiveness of local services. The report will contribute to the development and annual review of both the Children & Young People's Plan and Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board will review the RSCB Business Plan and receive key reports on aspects of safeguarding when it requires.

In return the Health and Wellbeing Board and Children's Trust will report on the implementation of the priorities contained within the Integrated Strategic Needs Assessment, relating to the safeguarding and welfare of children and young people as and when required by the RSCB.

All three boards agendas prompt this challenge to ensure consideration is given to timely and targeted information sharing between boards.

## APPENDIX A

**Compendium of Qualitative and Quantitative Performance Information Across All Three Boards**

| **1. WHAT WE KNOW ABOUT ALL CHILDREN AND YOUNG PEOPLE IN THE LOCAL AREA AND WHAT THEIR NEEDS ARE** | | |
|---|---|---|
| Understanding who are the children, young people and families in the local area and individual communities, their needs and risk factors, is important to ensure services are commissioned and directed according to need. This information will feature in the Joint Strategic Needs Assessment (JSNA), and will be considered by the Health and Well-being Board, RSCB and Children's Trust Partnership. | | |
| Indicator/Performance Data | Collected By | Considered By |
| • **Number of children and young people in the local area** | | |
| ▪ Number of children and young people aged 0-17 in the local area, and also those aged 18-24 | | |
| ▪ More detailed population data including population projections, by age and ethnic group | | |
| ▪ Net migration data (inward and outward) and any LA border data (e.g. children from neighbouring LAs using services in the local area and vice-versa) | | |
| ▪ Number of school age children and breakdown by Special Education Needs (SEN), Free School Meals (FSM) and English as an Additional Language (EAL) | | |
| • **Poverty and socio-demographic risk factors in the local area** | | |
| ▪ Income Deprivation Affecting Children Index (IDACI) | | |
| ▪ *% children in poverty | JSNA | RSCB, RCT |
| ▪ Correlation between IDACI and key activity data such as numbers of children subject of child protection plans, looked after children and children in need and outcomes. | | |
| ▪ Benefits payments by number of children in household; people claiming disability benefits by age (under 16, 16-24) | | |
| ▪ Reference to/summary from the local child poverty needs assessment; housing needs strategy; other demographic summary data available | | |
| • **Outcomes for all children in the local area** | | |
| This will be the focus of HWBB and Reading Children's Trust and the RSCB is not likely to need detailed information on a regular basis of outcomes for all children but may wish to have a summary overview as the predictors for poorer outcomes and safeguarding. There are summaries of Health outcomes (e.g. Public Health England benchmarking scorecard or Chimat child health profiles). | | |
| • **Universal support to keep children safe** | | |

| This is determined locally to include what activities have been undertaken to reach all or targeted children and young people, parents and communities in the local area to promote staying safe, such as e-safety and bullying campaigns; parenting initiatives; stranger danger. Evidence may include number of campaigns or promotional activity across the local area. | | |
|---|---|---|
| ▪ Qualitative intelligence from Police about campaigns and emerging issues around certain topics or geographical areas and hot spots | | |
| ▪ Young people who are the victims of Crime | | |
| ▪ Results of universal or targeted surveys of children and young people, such as youth councils, school surveys to understand the views of children in the local area about, for example, how safe they feel. | | |
| ▪ Feedback from engagement with specific community and faith groups and voluntary organisations providing universal support to children and their families | | |

## 2. WE KNOW ABOUT GROUPS OF CHILDREN AND YOUNG PEOPLE WITH PARTICULAR NEEDS

Some children and young people will be in living in circumstances or have needs which may mean that they could be more vulnerable. Understanding who these children and young people are and ensuring there are appropriate monitoring arrangements in place to be assured they are appropriately safeguarded and achieving positive outcomes is an important role of the RSCB. Looking at the detail of this data on a multi-agency basis and bringing all intelligence together, especially around schools, health, police activity and early help, will assist all agencies in reaching a combined understanding of the numbers of children. However, discussions re definitions may be needed with recognition that there could be variances between services (for example, around disabled children and young people). Some of these children and young people are listed in Working Together as key groups, and will also be a focus in Ofsted inspections

| Indicator/Performance Data | Collected By | Considered By |
|---|---|---|
| • **Disabled and have specific additional needs or special educational needs** | | |
| ▪ Number of disabled children and young people in the local area (local definition) | | |
| ▪ Number of pupils with a Statement of SEN / (EHC Plan from Sept 2014) | | |
| ▪ Number of children in need (open cases) with a disability. Data from CIN Census. Whilst this is a proxy measure only, it is the most robust available for comparison between local areas relating to safeguarding and early help | | |
| ▪ Views of disabled children and young people, and their families | | |
| • **Young carers** | | |
| ▪ Number of young carers in the local area | | |

| | | |
|---|---|---|
| ▪ Information, or annual report about young carers | | |
| ▪ Views of young carers | | |
| • **Children living in the local area who are the responsibility of another local authority** | | |
| ▪ Number of children living in the local area who are the responsibility of another local authority | | |
| ▪ Information such as effectiveness of LAC notifications systems, LAs who are placing children in the local area and where they are living (e.g. foster care, children's homes, etc) | | |
| • **Children privately fostered** | | |
| ▪ Number of children who are privately fostered | | |
| ▪ Number of new referrals to social care for potential private fostering arrangements | | |
| ▪ Assessments completed in timescale | | |
| ▪ Visits to privately fostered children | | |
| *This information is within the DfE PF1 statutory return that the Local Authority Children's Services department is required to submit each year* | | |
| • **Children living outside of the area** | | |
| ▪ Number of children living outside of the area (children in care placed out of area) | | |
| • **Homelessness** | | |
| ▪ Number of households with children living in Temporary Accommodation | | |
| ▪ Statutory homeless households with dependent children or pregnant women (per 1,000 households) | | |
| ▪ Number of episodes of young people (16-17) presenting as homeless at housing advice | | |
| ▪ Number placed in supported accommodation | | |
| • **Children not attending school** | | |
| ▪ % half days missed through unauthorised absence (Primary and Secondary) | | |
| ▪ % children receiving fixed term and permanent exclusions | | |
| ▪ Absence from school: % half days missed through authorised and unauthorised absence in Primary and Secondary schools | | |

| **3. SAFEGUARDING AND SUPPORTING CHILDREN AND YOUNG PEOPLE IN SPECIFIC CIRCUMSTANCES** | | |
|---|---|---|
| Indicator/Performance Data | Collected By | Considered By |
| • **Neglect** | | |
| ***How much have we done?*** | | |
| ▪ % CAFs where neglect has been identified as a factor | | |
| ▪ % total referrals to Children's Services for reasons of abuse/neglect | | |

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| ▪ % children subject of a child protection plan for reasons of Neglect | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Reduction in number of children subject of CP Plans for reason of Neglect | | |
| ▪ Results of multi agency case file audits | | |
| • **Child Sexual Exploitation & Sexually Harmful Behaviour** | | |
| ***How much have we done?*** | | |
| ▪ Number of calls to Police that are CSE related | | |
| ▪ Number of victims of crime that are CSE related | | |
| ▪ Number of prosecutions linked to CSE | | |
| ▪ Number of abduction Notices | | |
| ▪ Number of victims identified | | |
| ▪ Number of cases discussed at local CSE steering group | | |
| ▪ Number of CSE victims who have a CIN or CP Plan | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Case work and case audit information about tracking and interventions with young people | | |
| ▪ Feedback from young people asked at end of intervention | | |
| ▪ Use of risk assessment tool to provide pre/post risk of assessment | | |
| • **Domestic Abuse** | | |
| ***How much have we done?*** | | |
| ▪ Number of repeat DV call outs by Police | | |
| ▪ Number of DV notifications from Police to Social Services leading to a referral | | |
| ▪ Domestic Abuse incidents where children are recorded on Police Crime System – number of incidents | | |
| ▪ Domestic Abuse incidents where children are recorded on Police Crime System – number of children linked to incidents | | |
| ▪ Total number of cases reviewed by MARAC (year to date) | | |
| ▪ Number of repeat cases to MARAC (year to date) | | |
| ▪ Number of children in household in MARAC referrals (year to date) | | |
| ▪ Availability of specialist services for perpetrators and victims | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Case reviews and audits | | |
| ▪ Number of repeat DV call outs by Police | | |
| ▪ Take up of specialist domestic abuse services | | |
| ▪ % of children and young people involved in specialist domestic abuse services who report improvement | | |
| ▪ Reports from the local area Domestic Abuse Partnership | | |
| ▪ Feedback from children and families | | |

| | | |
|---|---|---|
| ▪ Feedback from professionals | | |
| • **In a family circumstance presenting challenges for the child (e.g. parental substance abuse, adult mental health)** | | |
| ***How much have we done?*** | | |
| ▪ Number of households where children are living with adults who have been assessed as having substance misuse problems | | |
| ▪ Number of households where children are living with adults who have been assessed as having mental health problems | | |
| ▪ Number of young carers for open clients of secondary mental health services | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Number & % of children assessed by social workers as having parental mental health issues as a factor (parental factors in assessment from DfE CIN Census return from 2013/14) | | |
| ▪ Number & % of children assessed by social workers as having parents with drug/substance/misuse issues as a factor | | |
| ▪ % children subject of child protection plans where parental alcohol misuse is a factor | | |
| ▪ % children subject of child protection plans where parental substance misuse is a factor | | |
| ▪ % children subject of child protection plans where parental mental health is a factor | | |
| ▪ Number of SCRs or child deaths where parental alcohol misuse, substance abuse, or mental health is a contributing factor | | |
| ▪ Annual report/audits by substance misuse and mental health services focusing on the impact and needs of the children in the family. | | |
| • **Child or young person substance /drug and alcohol misuse** | | |
| This will be in the form of a summary report/audits by mental health services in conjunction with HWBB | | |
| ***How much have we done?*** | | |
| ▪ Number of young people referred (by type of substance , age and gender) | | |
| ▪ Number of young people in treatment (by type of substance, age and gender) | | |
| ▪ Admissions to hospital which are drug and alcohol related | | |
| ▪ Number of children excluded from school for substance/drug or alcohol misuse | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Annual report/audits by substance misuse and mental health services | | |
| • **Mental health** | | |
| This will be in the form of a summary report/audits by mental health services in conjunction with HWBB which may include: | | |
| ***How much have we done?*** | | |

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| ▪ Number of young people referred to CAMHS | | |
| ▪ Number of referrals received in Common Point of Entry CAMHS | | |
| ▪ Number of Looked After Children in CAMHS | | |
| ▪ Number of children subject to Child Protection Plan in CAMHS | | |
| ▪ Number of under 18s presenting to A&E with deliberate self harm | | |
| ▪ Number of 18s second presentation to A&E with deliberate self harm | | |
| ▪ Number of young people in treatment (by age & gender) | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ CAMHS waiting time for looked after children | | |
| ▪ Number of children and young people on adult mental health wards | | |
| ▪ % of referrals of children and young people to CAMHS resulting in an assessment | | |
| ▪ % of assessments to CAMHS resulting in active engagement with the CAMHS | | |
| ▪ SDQ scores for looked after children | | |
| ▪ Number of children presenting at A&E or mental health services for attempted suicide | | |
| ▪ Number of children under 18 years old who committed suicide | | |
| ▪ Number/% of children and young people who state that services provided have helped them | | |
| • **Bullying** | | |
| Evidence of bullying in the local area is sometimes difficult to capture as it could occur in school, at home, or elsewhere and can take many forms, such as cyber bullying. | | |
| ***How much have we done?*** | | |
| ▪ | | |
| ▪ | | |
| ▪ | | |
| ▪ | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Number of children who have experienced incidents of bullying by type, age | | |
| ▪ Number of children excluded from school due to bullying | | |
| ▪ Voice of children and young people through school surveys; youth council; etc. | | |
| • **Missing (home, care, education)** | | |
| New guidance on children who run away or go missing from home or care (Jan 2014) outlines activities that local areas need to take and a checklist for completion to ensure these are undertaken. The checklist may form part of the evidence base for RSCBs in terms of "% actions complete". RSCBs are required, in the guidance to "receive and scrutinise regular reports from the local authority analysing data on | | |

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| children missing from home and from care. As part of this, they should review analysis of return interviews.They should also review regular reports from children's homes used by the local authority or within the local authority area on the effectiveness of their measures to prevent children from going missing" | | |
| ▪ Number of children missing from education | | |
| ▪ Number of looked after children reported missing from placement for more than 24 hours | | |
| ▪ % of above still missing at period end | | |
| ▪ Number of children reported missing from home (not in care) | | |
| ▪ Number of children referred to National Police Association (missing over 48 hours) | | |
| ▪ % children missing who had an independent return interview within 72 hours of return | | |
| ▪ Qualitative information derived from independent return interview | | |
| ▪ Number/% who go missing on more than one occasion | | |
| • **Offending and criminal behaviour** | | |
| ***The rate of violent and sexual offences against children aged 0-17 per 10,000 U18 population (N4)** *This is an important contextual indicator of the level of violence affecting children and young people in any area which may be analysed further to identify underlying issues to reduce numbers. A key measure for any LSCB, partnership working with any local crime and disorder reduction partnership is crucial.* *Home Office Code Description for victims of VIOLENCE or SEXUAL OFFENCES* | | |
| ▪ Reported offences against children: Number, and rate per 10,000 0-17 population | | |
| ▪ Number of offenders against children who have received level 3 MAPPA cases reviews who have reoffended against children | | |
| ▪ Children and young people who were victims of knife crime | | |
| ▪ Children and young people who were victims of gun related crime | | |
| ▪ Headlines/relevant data from the local crime and disorder/safety partnership needs assessment (Crime and Disorder Partnership | | |
| ▪ Victims of crime under 17 – violence against children with injury | | |
| ▪ Victims of crime under 17 – violence against children without injury | | |
| ▪ Victims of crime under 17 – robberies | | |
| • **Female Genital Mutilation** | | |
| | | |
| • **Forced Marriage** | | |

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|---|---|---|
| | | |
| • **Honour Killings** | | |
| | | |
| • **Other parental risk factors** | | |
| | | |
| • **Youth Offending (Children and Young People showing signs of engaging in anti-social or criminal behaviour or who are offending)** | | |
| ***How much have we done?*** | | |
| ▪ First time entrants to the youth justice system aged 10-17 Analysis by types of offence, age, gender, geographical area, any early help or prior support provided to the young person | | |
| ▪ Offending of looked after children in the youth justice system | | |
| ▪ Number of young people becoming looked after under LASPO Act 2012 | | |
| ▪ Children and young people accused of knife crime | | |
| ▪ Children and young people accused of gun related crime | | |
| ▪ Number of restraints in custody | | |
| ▪ Number of victims who go on to offend | | |
| ▪ Number of children and young people detained in police stations by time period | | |
| ▪ Number of custody sentences and remands | | |
| ▪ Offenders of crime under 17 – violence against children with injury | | |
| ▪ Offenders of crime under 17 – violence against children without injury | | |
| ▪ Offenders of crime under 17 - robberies | | |
| ▪ Offenders of crime under 17 – sexual offences | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Number of young people referred to Prevention Service within YOT | | |
| ▪ Reoffending rates | | |

## 4. CHILDREN, YOUNG PEOPLE AND FAMILIES ARE ABLE TO ACCESS EARLY HELP WHEN THEY REQUIRE IT, AND IT IS EFFECTIVE

There is significant and well documented research about the value of early help and so it is not covered here. More importantly, we need to understand what good looks like for individual needs of children and young people and this may be determined by the professional research in that area; by what the child/young person tells us good looks like for them. In Reading this is driven by an Early Help strategy but Working Together 2013 places an emphasis on the responsibility of the RSCB to *assess* its effectiveness. The early help offer in local areas is likely to be different and delivered by a number of different organizations, and so defining common indicators and impact measures is challenging, Gathering performance information from each service/partner on the cohorts of children they are working with may provide just one approach.

| | | |
|---|---|---|
| Indicator/Performance Data | Collected By | Considered By |
| • **There is an effective strategic approach across the local area and appropriate resource** | | |
| An Early help strategy is in place to offer clarity and awareness of professionals and communities from universal to specialist services what early help services there are across the local area, referral routes and effective partnership working; appropriate training and support available to those working in early help services; performance information collected across services to provide a whole picture of activity and outcomes; evidence of quality of services provided; | | |
| ▪ Funding available to support early help services; Moving from grant funding to commissioning; Achieving greater certainty around future funding; Making business case for earlier investment and return on investment considered; Collective prioritisation among services based on need. | | |
| • **Co-ordinated early help interventions are delivered effectively** | | |
| Whilst reporting CAF data can have data quality issues, it is an indicator of current provision of early help and multi-agency working. When looking at what information about CAFS tell us about early help, this needs to be in the context of the CAF within the local authority and can be difficult to benchmark between Local Authorities. A robust quality assurance of CAF and TAC plans also needs to be in place directly reporting into the RSCB. | | |
| ▪ Rate of CAFs completed per 10,000 0-17 population | | |
| ▪ % of CAFs referred/completed by different agencies, breakdown by age, gender, ethnicity | | |
| ▪ Number of CAFs with multi-agency plans in place monthly | | |
| ▪ Number of CAFs open at point in time | | |
| ▪ Results of any audits of CAFs | | |
| ▪ % of closed CAT cases that decrease in the assessed level of threshold risk and support required | | |
| ▪ % of closed CAT cases that return back into Children's Social Care at either 3, 6 or 9 month after case closure | | |
| ▪ New birth visits completed within 14 days by Health visitors | | |
| ▪ New birth visits completed after 14 days by Health Visitors | | |
| • **Early Help services are provided effectively according to need** | | |
| ▪ Number of children receiving short breaks | | |
| ▪ Increase in the number of young people with a good outcome against the troubled families successful intervention criteria | | |
| ▪ Number of children becoming subject of a Child Protection Plan per 10,000 0-17 population. (A | | |

| | | |
|---|---|---|
| reduction in the number of children subject of a CPP or LAC is not necessarily an indicator of effective early help services and numbers could go up as unmet need is identified as early help services start to become embedded) | | |
| ▪ Number of children becoming looked after per 10,000 0-17 population | | |
| ▪ Audits of cases to identify what early help was provided, if any; Voice of the child/family – what, if anything would have provided you with early help that you did not receive (identifying unmet need, earlier) | | |
| ▪ Increase the % of children accessing free two year old offer | | |
| • **Children and families report that the early help provided made a difference** | | |
| Direct feedback from children, young people and their families is the one of the most robust measures of success. The Children's Trust will take a lead role in considering this information. | | |
| ▪ Gathering voice of the child, family and practitioner on case by case basis during work with them; as part of closure and if possible longitudinally after closure (e.g. follow up in 6 months) | | |
| ▪ % families worked with by early help services who have had a positive outcome | | |
| ▪ Number of families offered and accepted an intervention and cumulative | | |
| ▪ Children's centre - satisfaction surveys/ user groups/community engagement | | |
| ▪ Practitioners supervision – system to flag issues | | |
| ▪ Health related behaviour survey | | |
| ▪ Youth council | | |
| ▪ Children in care council | | |
| ▪ Parent forums | | |
| ▪ Complaints | | |
| ▪ Gathering information at closure – use of common closure outcome codes across services | | |
| • **Children and young people are physically health and enjoy good emotional and mental health** | | |
| ▪ Rate of infant mortality | | |
| ▪ Rate of dental decay at age 5 | | |
| ▪ Rate of obesity at Year R and Year 6 | | |
| ▪ Rate of teenage conceptions in under 18s | | |
| • **Children and young people have the qualifications, skills and aspirations they need for successful adulthood** | | |
| ▪ % children achieving good level of progress in EYFS | | |
| ▪ Narrow the gap of children at the end of EYFS | | |
| ▪ Improved attainment at KS2: % pupils achieving Level 4 or above in reading, writing and maths | | |
| Improved attainment at KS4: | | |

| | | |
|---|---|---|
| ▪ % pupils achieving 5+ GCSE at grade A*-C | | |
| ▪ Pupils in receipt of Free School Meals | | |
| School Attendance at school of: | | |
| ▪ All pupils | | |
| ▪ School aged children in need (N2) | | |
| ▪ Looked after children | | |
| ▪ Pupils in receipt of Free School Meals | | |
| Exclusion from school of: | | |
| ▪ All pupils | | |
| ▪ School aged children in need (N2) | | |
| ▪ Looked after children | | |
| ▪ At risk of becoming | | |
| ▪ NEET | | |
| ▪ Pupils in receipt of Free School Meals | | |
| ▪ Take up of youth activities | | |
| Number of children and young people that are electively home educated | | |

## 5. THRESHOLDS ARE CLEAR AND APPROPRIATE, PLANNING AND DECISION MAKING IS EFFECTIVE

Each Local Authority Children's Services Department should be monitoring and acting on the significant amount of intelligence in this area on a regular basis and the RSCB may wish to receive key performance measures and supporting intelligence through the story behind the data and results of audits rather than the full detail regularly

| Indicator/Performance Data | Collected By | Considered By |
|---|---|---|
| • **Referrals to children's social care services*** | | |
| ▪ Number of referrals (and rate per 10,000 0-17 population) | | |
| ▪ *% of referrals which are repeat referrals within 12 months | | |
| ▪ *% of referrals leading to assessment | | |
| ▪ Analysis of referrals by age, reason, gender, ethnicity, referrer | | |
| ▪ % of referrals leading to the provision of a social care service (i.e. the child becoming a child in need) | | |
| ▪ % of referrals which are NFA and by referring agency (SPIF N10) | | |
| ▪ Analysis of repeat referrals to see if there is a common age/referrer/reason for referral | | |
| • **Assessments** | | |
| ▪ Rate of single assessments per 10,000 0-17 population | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Number & % of completed assessments to timescale | | |

| | | |
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| ▪ Distribution of working days taken from referral to assessment completion | | |
| ▪ Number of assessments which are open at point in time, and have been open for longer than accepted timescale | | |
| ▪ Of those assessments out of timescale, more detailed analysis of why out of timescale (specific worker, type, staffing at the time etc) to feed into the 'story behind the data' | | |
| ▪ Quality of assessments - % in line with agreed audit standard met | | |
| ▪ Breakdown of completed assessments by outcome | | |
| ▪ Feedback from child and family at the end of assessment | | |
| • **Children in need** | | |
| ***How much have we done?*** | | |
| ▪ Number of children in need and rate per 10,000 0-17 population | | |
| ▪ Analysis by age, primary need code, ethnicity, geographical location, length of time open case | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Conversion rates at each stage (step up/step down) | | |
| ▪ % of cases where the child/parents identified positive improvements in their safety/well-being as a result of the work arising from CIN Plan | | |
| ▪ Education outcomes of children in need and levels of progress; school attendance | | |

| **6. WE ARE SAFEGUARDING AND SUPPORTING CHILDREN WHO ARE IN NEED OF PROTECTION** | | |
|---|---|---|
| Indicator/Performance Data | Collected By | Considered By |
| • **Safeguarding Activity** | | |
| Evidence of safeguarding activity prior to social care referral can provide early intelligence about prevalence and timeliness of action and identify future risk. For example, unintentional and deliberate injuries are defined as those which are recorded with a reason for attendance as assaults, deliberate self harm and other accidents. Unintentional injuries could be as a result of safeguarding issues, and analysis may highlight preventative activities or early help that can be provided in the local area on a multi-agency or single agency basis to target and reduce incidence. Presentation at A&E will be the first opportunity, particularly in the early years, for concerns to emerge and potential 'right help, right time'. | | |
| ***How much have we done?*** | | |
| ▪ Number of hospital inpatient admissions caused by unintentional and deliberate injuries to CYP age 0-17 | | |
| ▪ Rate of accident and emergency attendance caused by unintentional and deliberate injuries to CYP aged 0-17 (N6) | | |

| | | |
|---|---|---|
| ▪ Number of under 18 emergency admissions to hospital | | |
| ▪ Number of under 18s presenting to A&E | | |
| ▪ Number of children where health visitor has identified cause for concern | | |
| ▪ Number of incidents attended by the Police which the investigating officer has deemed as a concern for the safety of a person under the age of 18 years (GO7) | | |
| ▪ Number of child protection referrals to Police | | |
| ▪ Number of children taken into Police protection | | |
| ▪ Number of offenders who have contact with a child subject to a CP plan or CP investigation | | |
| ▪ Number of offenders who have a RC flag and are registered sex offenders (RSO flag) | | |
| ▪ Number of M1, M2 & M3 offenders known to Probation who present a risk to children | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Annual reports from Police, Probation, and Health re: safeguarding activity including timeliness and outcome | | |
| ▪ Audits undertaken on a single or multi-agency basis | | |
| • **Child Protection Investigations** | | |
| ***How much have we done?*** | | |
| ▪ Number of children subject ofS47 investigations | | |
| ▪ Rate of S47s per 10,000 0-17 population | | |
| ▪ Analysis of S47s by age, gender, ethnicity | | |
| ▪ Number of Child Protection medicals by Paediatrics (Health) | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ % Initial Child Protection Conferences within 15 working days of S47 | | |
| ▪ Rate of conversion of s47 enquiries to ICPCs | | |
| ▪ % of ICPCs which result in a Child Protection Plan | | |
| ▪ % Strategy discussions attended by Police | | |
| ▪ %Strategy discussions attended by other agencies | | |
| • **Child Protection Plans** | | |
| ***How much have we done?*** | | |
| ▪ Number & rate per 10,000 0-17 population of children subject of child protection plans | | |
| ▪ Analysis of plans by duration, age, category | | |
| ▪ Number (& rate) of children becoming subject of a child protection plan | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ *% children subject of a child protection plan for a second or subsequent time (former NI65) | | |
| ▪ % of child protection cases reviewed within required timescales (former NI 67) | | |
| ▪ *% child protection plans lasting 2 year or more | | |
| ▪ % cases where child visits were in timescale | | |
| ▪ % core group meetings within 10 days of | | |

| | | |
|---|---|---|
| conference | | |
| ▪ Attendance at core group meetings | | |
| ▪ Audits of effectiveness of core group meetings | | |
| ▪ Reports submitted to time to child protection conferences | | |
| ▪ Minutes of child protection conferences distributed within agreed timescale | | |
| ▪ Audits of child protection cases | | |
| ▪ % children in care who had been subject of a CP Plan prior to coming into care | | |
| ▪ % of cases where the child/parents identified positive improvements in their safety/well-being as a result of the work arising from the CP Plan | | |
| • **Child Deaths** | | |
| ***How much have we done?*** | | |
| ▪ Number of Serious Case Reviews | | |
| ▪ Number of children whose death has been categorised as having modifiable factors | | |
| ▪ Children killed or seriously injured on roads , Road Traffic Accidents: Analysis by geographic location, time of day, type of accident | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Rate of childhood mortality | | |
| ▪ Evaluation of safeguarding campaigns | | |

| **7. THE LA FULFILLS IT'S CORPORATE PARENTING ROLE AND LOOKED AFTER CHILDREN AND CARE LEAVERS HAVE GOOD OUTCOMES** | | |
|---|---|---|
| There is significant guidance, research and evidence about these specific cohorts of children and young people, and what any changes in number may mean. Numbers may change because of an increase in the number of children in the local area (therefore population data and forecasts are also important to consider); effective universal and early help services (although a rise in numbers could indicate identification of previously unmet need); changes to legislation (e.g. Southwark Judgement); policy and process changes within the LA and partner agencies , staffing, availability of resources, external factors such as Court delay or availability of adopters/carers. This information may be summarised for the RSCB by the Corporate Parenting Board or provided as an annual report | | |
| Indicator/Performance Data | Collected By | Considered By |
| • **Looked After Children – numbers and characteristics** | | |
| ***How much have we done?*** | | |
| ▪ Number of Children becoming looked after in the period, by age, ethnicity, reason for starting, legal status on starting | | |
| ▪ Number of children becoming looked after | | |
| ▪ Number of children ceasing to be looked after | | |
| ▪ Number of children subject of a child protection plan who are also looked after | | |
| ***How well have we done it? Did it make a difference?*** | | |
| ▪ Percentage of looked after children cases reviewed | | |

| | | |
|---|---|---|
| within required timescales (former NI 66) | | |
| ▪ Allegations against carers | | |
| ▪ Education and health outcomes for looked after children (statutory return data about achievement, attendance, health) | | |
| ▪ Compliance with Health Assessments for looked after children | | |
| ▪ LAC initial health assessments compliance | | |
| ▪ LAC review health assessments compliance | | |
| • **Placements and Permanence** | | |
| ▪ % Looked after children with three or more placements in the year | | |
| ▪ % LAC whose placement moves are 'unplanned' | | |
| ▪ Long term stability of children looked after | | |
| ▪ % of children who have been looked after for more than 2.5 years and of those, have been in the same placement for at least 2 years or placed for adoption | | |
| ▪ Reviews of looked after children on time | | |
| ▪ Number of children coming into care for a second or subsequent time | | |
| ▪ % children leaving care who were adopted | | |
| • **Care Leavers** | | |
| ***How much have we done?*** | | |
| ▪ Care Leavers in suitable accommodation at 19yrs | | |
| ▪ Care leavers in education, employment or training at 19 yrs | | |

| **8. THERE IS EFFECTIVE USE OF RESOURCES AND WORKFORCE** | | |
|---|---|---|
| Understanding the resources available in each agency and collectively for safeguarding and early help can be achieved through a number of different ways, including annual reports or Section 11 audits from each agency; through RSCB training and collection of performance information throughout the year | | |
| Indicator/Performance Data | Collected By | Considered By |
| • **Sufficient Workforce** | | |
| ▪ Data from all agencies, including school nurse, social work, health visiting, paediatrics, police. (WTE and any reductions in number of staff over the last three years, vacancies, sickness, agency staff) | | |
| ▪ Caseloads/workloads or number of workers per 10,000 U18 population | | |
| ▪ Analysis from social care workforce return: 4 indicators (30 Nov 2013) | | |
| ▪ Interim/vacant manager posts in key services | | |
| ▪ % Children who are NOT allocated to a qualified social worker | | |
| ▪ Health Visiting caseload numbers | | |
| ▪ Number of children with Child Protection Plan per | | |

| | | |
|---|---|---|
| wte Health Visitor | | |
| ▪ Health Visitor number West (wte) | | |
| ▪ Average Health Visitor caseload by wte Health Visitor in post | | |
| ▪ School nursing caseload target Nurses in post | | |
| ▪ Average School Nursing Caseload (active Child Protection Plans) per wte school | | |
| • **Training and development** | | |
| ▪ Number of learning events in the period | | |
| ▪ Analysis of RSCB and single agency training and it's impact: Take up by different agencies and evaluation of effectiveness and assess the impact of training not only at the time of delivery but at recurring intervals | | |
| ▪ Ensuring that training is quality assured and caters for the needs of a wide range of people, including volunteers | | |
| • **Changes made as a result of previous learning/priorities and new developments including using national research and local knowledge to shape provision.** | | |
| ▪ | | |
| • **Safe workforce** | | |
| ▪ Number of allegations referred to LADO | | |
| ▪ Annual report from LADO | | |
| ▪ Number of investigations concluded | | |
| ▪ Number of investigations active | | |
| ▪ Number of allegations dealt with by provider and Number progressed to S47 | | |
| • **Finance data** | | |
| ▪ Section 251 return (children's services): spend on safeguarding and spend on looked after children and fostering as a % of total spend (compared to other Las | | |
| ▪ Police, health and other agency budgets and expenditure | | |

| **9. AGENCIES IN THE LOCAL AREA AND THE LSCB PROVIDE LEADERSHIP AND GOVERNANCE, AND AGENCIES WORK TOGETHER EFFECTIVELY** | | |
|---|---|---|
| Indicator/Performance Data | Collected By | Considered By |
| • **Effectiveness of individual agencies and partnership working** | | |
| ***How much have we done?*** | | |
| ▪ Agency attendance at: CP Conferences; core groups by statutory agencies (see Partnership working analysis template) | | |
| ▪ Breakdown of attendance at Board meetings by agency / % members attending 50% of less of meetings | | |
| ▪ Number of multi-agency audits undertaken | | |

| | | |
|---|---|---|
| ▪ Annual report published in a timely manner | | |
| ***How much have we done?*** | | |
| ▪ Results of S11 audits undertaken | | |
| ▪ % multi-agency audited cases rated as adequate or better | | |

| **10. Services are judged as safeguarding children and providing early help** | | |
|---|---|---|
| Indicator/Performance Data | Collected By | Considered By |
| • **Effectiveness of the RSCB/HWBB** | | |
| ▪ Latest inspections or reviews of Public Services in the Local Area | | |
| ▪ Police, Health (CCG),Hospital, Youth Offending, Probation, RBC, Other | | |
| ▪ Date, judgement and any comments or immediate areas for improvements relating to safeguarding and early help | | |
| ▪ % judged good or better | | |
| • **Latest inspections or reviews of Providers in the Local Area** | | |
| ▪ Early Years Settings, Primary Schools, Secondary Schools, Post 16 Provision , Special schools , PRUs , residential/children's homes | | |
| ▪ % judged good or better | | |

## APPENDIX RSCB

### RSCB DATA SET
### KEY PERFORMANCE MEASURES FOR RSCB

These are the key performance measures which form part of an RSCB performance dashboard to be considered alongside other intelligence. Some may form part of regional benchmarking.

| **Outcomes we want for our children and young people** | | **How will we know?** (Qualitative, Quantitative, Voice of the child/family, voice of the practitioner) Rates are per 10,000 0-17 population to allow comparisons | **Source of Information** | **Frequency** |
|---|---|---|---|---|
| **WHAT DOES GOOD LOOK LIKE FOR THE CHILD?** *These outcome areas follow the child's journey staring with all children in the local area through levels of need to those who are care leavers.* | | | | |
| **1.** | **We know about all children and young people in the local area, what their needs are** | 1.1 % children living in poverty | Public Health (JSNA) | Annual |
| | | 1.2 Number of children and young people aged 0-17 in the local area, and also those aged 18-24 | Public Health (JSNA) | Annual |
| | | 1.3 More detailed population data including population projections, by age and ethnic | Public Health (JSNA) | Annual |

| | | | | |
|---|---|---|---|---|
| | **and how are they doing.** | group | | |

| **Outcomes** | | **How will we know?** | **Source of Information** | **Frequency** |
|---|---|---|---|---|
| **2.** | **We know about groups of children with particular needs.** | Number at point in time of:<br>2.1 Number of children in need (open cases) with a disability. (Data from CIN Census. Whilst this is a proxy measure only, it is the most robust available for comparison between local areas relating to safeguarding and early help). | RBC Children's Services Purple Book | Monthly |
| | | 2.2 Number of young carers | Specialist Youth Team | Quarterly |
| | | 2.3 Number of children and young people living in the local area who are the responsibility of another local authority | RBC Performance Team | Quarterly |
| | | 2.4 Number of children living outside of the area (children in care placed out of area) | Purple Book | Monthly |
| | | **<u>Children Privately Fostered</u>**<br>2.5 Number of children and young people who are privately fostered | Purple Book | Annual |
| | | 2.6 Assessments of privately fostered children completed in timescale Six monthly | Purple Book | Annual |
| | | **<u>Homelessness</u>**<br>2.7 Number of households with children living in Bed and Breakfast Needs putting in purple book | Purple Book | Monthly |
| | | 2.8 Statutory homeless households with dependent children or pregnant women (per 1,000 households) | TBC | TBC |
| | | 2.9 Number of episodes of young people (16-17) presenting as homeless at housing advice/MASH/A&A Quarterly | RBC | Monthly |
| | | 2.10 Number placed in supported accommodation | RBC | Monthly |
| | | **<u>Children not attending school</u>**<br>2.11 % half days missed through unauthorised absence (Primary and Secondary) | Purple Book | Quarterly |
| | | 2.12 % children receiving fixed term and permanent exclusions | Purple Book | Quarterly |
| | | 2.13 Absence from school: % half days missed through authorised and unauthorised absence in Primary and Secondary schools | Purple Book | Quarterly |

| **Outcomes** | | **How will we know?** | **Source of Information** | **Frequency** |
|---|---|---|---|---|
| **3.** | **Safeguarding and supporting** | 3.1 Number of identified vulnerable mothers worked with by midwifery (ie. those for whom "concern and vulnerability" form | Royal Berkshire Hospital | Quarterly |

| | | | | |
|---|---|---|---|---|
| | **children in specific circumstances** | completed. | | |
| | | **Neglect**<br>3.2 % CAFs where neglect has been identified as a factor | RBC Early Help Services | Monthly |
| | | 3.3 % total referrals to Children's Services for reasons of abuse/neglect | Purple Book | Monthly |
| | | 3.4 % children subject of a child protection plan for reasons of Neglect | Purple Book | Monthly |
| | | 3.5 Reduction in number of children subject of CP Plans for reason of Neglect | Purple Book | Monthly |
| | | **Child Sexual Exploitation**<br>3.6 Number of calls to Police that are CSE related | TVP | 6 Monthly |
| | | 3.7 Number of victims of crime that are CSE related | TVP | 6 Monthly |
| | | 3.8 Number of prosecutions linked to CSE | TVP | 6 Monthly |
| | | 3.9 Number of abduction Notices | TVP | 6 Monthly |
| | | 3.10 Number of victims identified | TVP | 6 Monthly |
| | | 3.11 Number of cases discussed at local CSE steering group | Tracey Daniel | 6 Monthly |
| | | 3.12 Number of CSE victims who have a CIN or CP Plan | Purple Book | 6 Monthly |
| | | **Domestic Abuse**<br>3.13 Number of repeat DV call outs by Police | TVP | Quarterly |
| | | 3.14 Number of DV notifications from Police to Social Services leading to a referral | Purple Book | Quarterly |
| | | 3.15 Domestic Abuse incidents where children are recorded on Police Crime System – number of incidents | TVP | Quarterly |
| | | 3.16 Domestic Abuse incidents where children are recorded on Police Crime System – number of children linked to incidents | TVP | Quarterly |
| | | 3.17 Total number of cases reviewed by MARAC (year to date) | TVP | Quarterly |
| | | 3.18 Number of repeat cases to MARAC (year to date) | TVP | Quarterly |
| | | 3.19 Number of children in household in MARAC referrals (year to date) | TVP | Quarterly |
| | | **Parental substance misuse/adult mental health**<br>3.20 Number & % of children assessed by social workers as having parental mental health issues as a factor (parental factors in assessment from DfE CIN Census return from 2013/14) | | 6 Monthly |
| | | 3.21 Number & % of children assessed by social workers as having parents with drug/substance/misuse issues as a factor | | 6 Monthly |
| | | 3.22 % children subject of child protection plans where parental alcohol misuse is a factor | | 6 Monthly |
| | | 3.23 % children subject of child protection plans where parental substance misuse is a factor | | 6 Monthly |
| | | 3.24 % children subject of child protection plans | | 6 Monthly |

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|---|---|---|---|---|
| | | where parental mental health is a factor | | |
| | | 3.25 Number of SCRs or child deaths where parental alcohol misuse, substance abuse, or mental health is a contributing factor | LSCB | Annually |
| | | **Child/young person substance/drug or alcohol misuse** | | |
| | | 3.26 Number of young people referred (by type of substance , age and gender) | SOURCE | 6 Monthly |
| | | 3.27 Number of young people in treatment (by type of substance, age and gender) | SOURCE | 6 Monthly |
| | | 3.28 Admissions to hospital which are drug and alcohol related | SOURCE/RBH | 6 Monthly |
| | | 3.29 Number of children excluded from school for substance/drug or alcohol misuse | Gill Dunlop | 6 Monthly |
| | | **Child/young person mental health** | | |
| | | 3.30 Number of young people referred to CAMHS | Berkshire Healthcare FT | 6 Monthly |
| | | 3.31 Number of referrals received in Common Point of Entry CAMHS | BHFT | 6 Monthly |
| | | 3.32 Number of Looked After Children in CAMHS | BHFT | 6 Monthly |
| | | 3.33 Number of children subject to Child Protection Plan in CAMHS | BHFT | 6 Monthly |
| | | 3.34 Number of under 18s presenting to A&E with deliberate self harm | RBH | 6 Monthly |
| | | 3.35 Number of 18s second presentation to A&E with deliberate self harm | RBH | 6 Monthly |
| | | 3.36 Number of young people in treatment (by age & gender) | BHFT | 6 Monthly |
| | | **Missing (home, care, education)** | | |
| | | 3.37 Number of children missing from<br>a) home<br>b) care<br>c) education | Purple Book | Monthly |
| | | 3.38 Number of looked after children reported missing or absent from placement for more than 24 hours | Purple Book | Monthly |
| | | 3.39 % of above still missing at period end | Purple Book | Monthly |
| | | 3.40 % children missing who had an independent return interview within 72 hours of return | TBC | Monthly |
| | | 3.41 Number of children referred to National Police Association (missing over 48 hours) | Purple Book | Monthly |
| | | 3.42 Number/% who go missing on more than one occasion | Purple Book | Monthly |
| | | **Offending and criminal behaviour annually** | | |
| | | 3.43 The rate of violent and sexual offences against children aged 0-17 per 10,000 U18 population (N4) | | Annually |
| | | 3.44 Reported offences against children: Number, and rate per 10,000 0-17 population | | Annually |
| | | 3.45 Victims of crime under 17 – violence against children with injury | TVP | Annually |

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|---|---|---|---|---|
| | | 3.46 Victims of crime under 17 – violence against children without injury | TVP | Annually |
| | | 3.47 Victims of crime under 17 - robberies | TVP | Annually |
| | | **Youth Offending**<br>3.48 First time entrants to the youth justice system aged 10-17 Analysis by types of offence, age, gender, geographical area, any early help or prior support provided to the young person | YOS | Quarterly |
| | | 3.49 Number of restraints in custody | YOS/TVP | Quarterly |
| | | 3.50 Offenders of crime under 17 – violence against children with injury | TVP | Quarterly |
| | | 3.51 Offenders of crime under 17 – violence against children without injury | TVP | Quarterly |
| | | 3.52 Offenders of crime under 17 - robberies | TVP | Quarterly |
| | | 3.53 Offenders of crime under 17 – sexual offences | TVP | Quarterly |

| **Outcomes** | | **How will we know?** | **Source of Information** | **Frequency** |
|---|---|---|---|---|
| **4.** | **Children, young people and families are able to access early help when they require it, and it is effective** | 4.1 Number and Rate of CAFs completed in the period. | RBC Early Help | 6 Monthly |
| | | 4.2 Number of CAFs open at point in time. | RBC Early Help | 6 Monthly |
| | | 4.3 % of CAFs referred/completed by different agencies , breakdown by age, gender, ethnicity | RBC Early Help | 6 Monthly |
| | | 4.4 % of closed CAT cases that decrease in the assessed level of threshold risk and support required | RBC Early Help | 6 Monthly |
| | | 4.5 % of closed CAT cases that return back into Children's Social Care at either 3, 6 or 9 month after case closure | RBC Early Help | 6 Monthly |
| | | 4.6 Number of children receiving short breaks | BHFT | 6 Monthly |
| | | 4.7 Increase in the number of young people with a good outcome against the troubled families successful intervention criteria | RBC Edge of Care Service | Annual |
| | | 4.8 Increase the % of children accessing free two year old offer | RBC Early Years | Annual |
| | | 4.9 New birth visits completed within 14 days by Health visitors | BHFT | Quarterly |
| | | 4.10 New birth visits completed after 14 days by Health Visitors | BHFT | Quarterly |
| | | 4.11 Number of children becoming subject of a Child Protection Plan per 10,000 0-17 population. (6.16) | Purple Book | Monthly |
| | | 4.12 Number of children becoming looked after per 10,000 0-17 population (7.2) | Purple Book | Monthly |
| | | Children and young people have the qualifications, skills and aspirations they need for | | |

| | | | | |
|---|---|---|---|---|
| | | <u>successful adulthood</u><br>4.13% children achieving good level of progress in EYFS | RBC Early Years | Annually |
| | | 4.14Narrow the gap of children at the end of EYFS | RBC Early Years | Annually |
| | | 4.15Improved attainment at KS2: % pupils achieving Level 4 or above in reading, writing and math's | RBC | Annually |
| | | 4.16 Improved attainment at KS4:<br>a) % pupils achieving 5+ GCSE at grade A*-C<br>b) Pupils in receipt of Free School Meals | RBC | Annually |
| | | 4.17 School Attendance at school of:<br>a) All pupils<br>b) School aged children in need (N2)<br>c) Looked after children<br>d) Pupils in receipt of Free School Meals | RBC | Annually |
| | | 4.18 Exclusion from school of:<br>a) All pupils<br>b) School aged children in need (N2)<br>c) Looked after children<br>d) At risk of becoming NEET<br>e) Pupils in receipt of Free School Meals<br>f) Take up of youth activities | RBC | Annually |
| | | 4.19Number of children and young people that are electively home educated | RBC | Annually |

| **Outcomes** | | **How will we know?** | **Source of Information** | **Frequency** |
|---|---|---|---|---|
| **5.** | **Thresholds are clear and appropriate, planning and decision making is effective** | **<u>Referrals</u>**<br>5.1 Number (and rate) of referrals to children's social care | Purple Book | Monthly |
| | | 5.2 % of referrals to Children's Social Care which are repeat referrals within 12 months. | Purple Book | Monthly |
| | | 5.3 % of referrals leading to assessment | Purple Book | Monthly |
| | | 5.4 Analysis of referrals by age, reason, gender, ethnicity, referrer | Purple Book | Monthly |
| | | 5.5 % of referrals leading to the provision of a social care service (i.e. the child becoming a child in need) | Purple Book | Monthly |

| | | | | |
|---|---|---|---|---|
| | | 5.6 % of referrals which are NFA and by referring agency (SPIF N10) | Purple Book | Monthly |
| | | 5.7 Analysis of repeat referrals to see if there is a common age/referrer/reason for referral | Purple Book | Monthly |
| | | **Assessment**<br>5.8 Number & % of completed assessments to timescale | Purple Book | Monthly |
| | | 5.9 Distribution of working days taken from referral to assessment completion | Purple Book | Monthly |
| | | 5.10 Number of assessments which are open at point in time, and have been open for longer than accepted timescale. | Purple Book | Monthly |
| | | 5.11 Breakdown of completed assessments by outcome | Purple Book | Monthly |
| | | **Children in need**<br>5.12 Number of children in need and rate per 10,000 0-17 population | Purple Book | Monthly |
| | | 5.13 Analysis by age, primary need code, ethnicity, geographical location, length of time open case | Purple Book | Monthly |
| | | 5.14 Conversion rates at each stage (step up/step down) | Purple Book | Monthly |
| | | 5.15 % of cases where the child/parents identified positive improvements in their safety/well-being as a result of the work arising from CIN Plan | Purple Book | Monthly |
| | | 5.16 Education outcomes of children in need and levels of progress; school attendance | Purple Book | Monthly |

| **Outcomes** | | **How will we know?** | **Source of Information** | **Frequency** |
|---|---|---|---|---|
| **6.** | **We are safeguarding and supporting children who are in need of protection** | **Safeguarding Activity**<br>6.1 Rate of accident and emergency attendance caused by unintentional and deliberate injuries to CYP aged 0-17 | RBH | Quarterly |
| | | 6.2 Number of hospital admissions caused by unintentional or deliberate injuries to children & young people | RBH | Quarterly |
| | | 6.3 Number of under 18 emergency admissions to hospital | RBH | Quarterly |
| | | 6.4 Number of under 18s presenting to A&E | RBH | Quarterly |
| | | 6.5 Number of children where health visitor has identified cause for concern | BHFT | Quarterly |
| | | 6.6 Number of children taken into Police Protection | Check | Check |
| | | **Child Protection Investigations**<br>6.7 Rate of S47s per 10,000 0-17 population | Purple Book | Monthly |
| | | 6.8 Number of children subject to s47 investigations | Purple Book | Monthly |

| | | | | |
|---|---|---|---|---|
| | | 6.9 Number of child protection medicals by Paediatrics | Purple Book | Monthly |
| | | 6.10 ICPCs within 15 working days of S47 | Purple Book | Monthly |
| | | 6.11 Rate of conversion of s47 enquiries to ICPCs. | Purple Book | Monthly |
| | | 6.12 % of ICPCs which result in a Child Protection Plan | Purple Book | Monthly |
| | | 6.13 % Strategy discussions attended by Police | Purple Book | Monthly |
| | | 6.14 %Strategy discussions attended by other agencies | Purple Book | Monthly |
| | | **Child Protection Plans**<br>6.15 Number & rate per 10,000 0-17 population of children subject of child protection plans | Purple Book | Monthly |
| | | 6.16 Number and rate of children subject of Child Protection Plans | Purple Book | Monthly |
| | | 6.17 *% children subject of a child protection plan for a second or subsequent time (former NI65) | Purple Book | Monthly |
| | | 6.18 % of child protection cases reviewed within required timescales (former NI 67) | Purple Book | Monthly |
| | | 6.19 % child protection plans lasting 2 year or more | Purple Book | Monthly |
| | | 6.20 % cases where child visits were in timescale | Purple Book | Monthly |
| | | 6.21 % core group meetings within 10 days of conference | Purple Book | Monthly |
| | | 6.22 % children in care who had been subject of a CP Plan prior to coming into care | Purple Book | Monthly |
| | | **Child Deaths**<br>6.23 Number of SCRs in progress at point in time | LSCB | Annually |
| | | 6.24 Number of child deaths with modifiable factors | CDOP | Annually |
| | | 6.25 Rate of childhood mortality | JSNA | Annually |

| Outcomes | | How will we know? | Source of Information | Frequency |
|---|---|---|---|---|
| **7.** | **The LA fulfills its corporate parenting role, and looked after children and care leavers have good outcomes** | 7.1 Number of looked after children (responsibility of our LA) including those living outside of the area | Purple Book | Monthly |
| | | 7.2 Number of Children becoming looked after | Purple Book | Monthly |
| | | 7.3 Allegations against carers | LADO | Annually |
| | | 7.4 Education and health outcomes for looked after children (statutory return data about achievement, attendance, health) | Purple Book | Monthly |
| | | 7.5 Compliance with Health Assessments for Looked After Children | Purple Book | Monthly |
| | | 7.6 LAC Initial Health Assessments compliance | Purple Book | Monthly |
| | | 7.7 LAC Review Health Assessment compliance | Purple Book | Monthly |
| | | 7.8 Care leavers in suitable accommodation at 19yrs | Purple Book | Monthly |
| | | 7.9 Care leavers in education, employment and training at 19yrs | Purple Book | Monthly |

| Outcomes | | How will we know? | Source of Information | Frequency |
|---|---|---|---|---|
| **WHAT DOES GOOD LOOK LIKE FOR THE SERVICES AROUND THE CHILD** | | | | |
| **8.** | **There is effective use of resources and workforce** | **<u>Sufficient workforce</u>**<br>8.1 Caseloads/workloads or number of social workers per 10,000 U18 population | Purple Book | Monthly |
| | | 8.2 Analysis from social care workforce return: 4 indicators (30 Nov 2013) | Purple Book | Monthly |
| | | 8.3 Interim/vacant manager posts in key services | Purple Book | Monthly |
| | | 8.4 % Children who are NOT allocated to a qualified social worker Under development | Purple Book | Monthly |
| | | 8.5 Health visiting caseload numbers | BHFT | Quarterly |
| | | 8.6 Number of children with Child Protection Plan per wte Health Visitor | BHFT | Quarterly |
| | | 8.7 Health Visitor number West (wte) | BHFT | Quarterly |
| | | 8.8 Average Health Visitor caseload by wte Health Visitor in post | BHFT | Quarterly |
| | | 8.9 School Nursing caseload target Nurses in post | BHFT | Quarterly |
| | | 8.10 Average School Nursing Caseload (active Child Protection Plan) per wte School | BHFT | Quarterly |
| | | **<u>Safe workforce Annual report</u>**<br>8.11 Number of allegations referred to LADO<br>8.12 Number of investigations concluded<br>8.13 Number of investigations active<br>8.14 Number of allegations dealt with by provider and number progressed to s47 | LADO | Annual Report |

| Outcomes | | How will we know? | Source of Information | Frequency |
|---|---|---|---|---|
| **9.** | **Agencies in the local area and the LSCB provide leadership and governance, and agencies work together effectively** | 9.1 % actions on business plan that are on track or completed | LSCB | 6 Monthly |
| | | 9.2 Agency attendance at CP Conferences & core groups DEBS | CP Service | 6 Monthly |
| | | 9.3 Attendance at Board meetings by agency | LSCB | 6 Monthly |
| | | 9.4 Number of multi-agency audits undertaken | LSCB | 6 Monthly |
| | | 9.5 Annual report published in a timely manner | LSCB | Annual |

| Outcomes | | How will we know? | Source of Information | Frequency |
|---|---|---|---|---|
| **10.** | **Services are judged as safeguarding children and providing early help** | 10.1 Inspection information on Children's Centres Quarterly | Early Help | Quarterly |
| | | 10.2% schools judged good or better | RBC School Improvement | Quarterly |