

Reading Local Safeguarding Children Board

Annual Report 2014-2015



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Foreword

Welcome to the Annual Report of Reading Safeguarding Children's Board for 2014/15. This report provides an account of the work undertaken by the Board and its multi-agency partners over the last year and the extent to which it is making a difference in terms of safeguarding children and young people and the effectiveness of front line services. Our vision is that every child and young person in Reading grows up safe from abuse, exploitation, neglect and crime. We aim to build and sustain a strong safeguarding culture and arrangements where the focus is firmly on the experience of the child or young person and their journey to getting early help and support. The report also seeks to summarise the journey of the Board to become more effective and to better evidence the impact it is having.



At the heart of our plan is a strong integrated approach to early intervention and prevention underpinned by the Children's Trust Partnership's 'Think Family' Strategy. This is set in the context of the need to target resources in the most effective and efficient way. The Board has set the direction and commitment by agency partners to this vision which is evidenced in the breadth of work outlined in this report.

I was delighted to take over as the new Independent chair of Reading's LSCB in October 2014. It was immediately evident that while there was a high level of commitment across the partner agencies in the work of the Board and its sub-groups, there was not always the evidence to show the added value the Board was giving local people and accountabilities were not as clear as they needed to be. Since that time the Board arrangements have been streamlined with more emphasis on work across the Partnership to accelerate the rate of progress. Significant work has taken place to strengthen the information available to the Board on the quality and performance of local services in safeguarding children and to drive

and inform the Board's priorities. Priorities have been reviewed and five priorities were agreed by the Board for 2015-17. These are: Domestic Violence, Neglect, Child Sexual Exploitation, the Voice and Journey of the Children and Improving the impact and effectiveness of the Board.

Significant further work is required across the Partnership to make all the improvements we know are required. Examples include the need to further strengthen the contribution and influence of young people in the work of the Board; to implement and embed new approaches to tackling neglect and further developing our approach to child sexual exploitation and female genital mutilation.

Some of the highlights for me through this last year include: spending time and listening to the views of staff in front line services; the energy and commitment of over a hundred staff from across agencies and the voluntary, community and faith sector at the launch of the Child Sexual Exploitation Strategy; and the event jointly hosted with the Barbados Association and Reading Borough Council to raise awareness of all aspects of safeguarding with members of Reading's black and minority ethnic communities.

I would also like to thank and recognise the contributions of the LSCB Team and Sub-Group Chairs and members who play such a huge role in delivering the Board's priorities and in supporting and challenging agency practice.

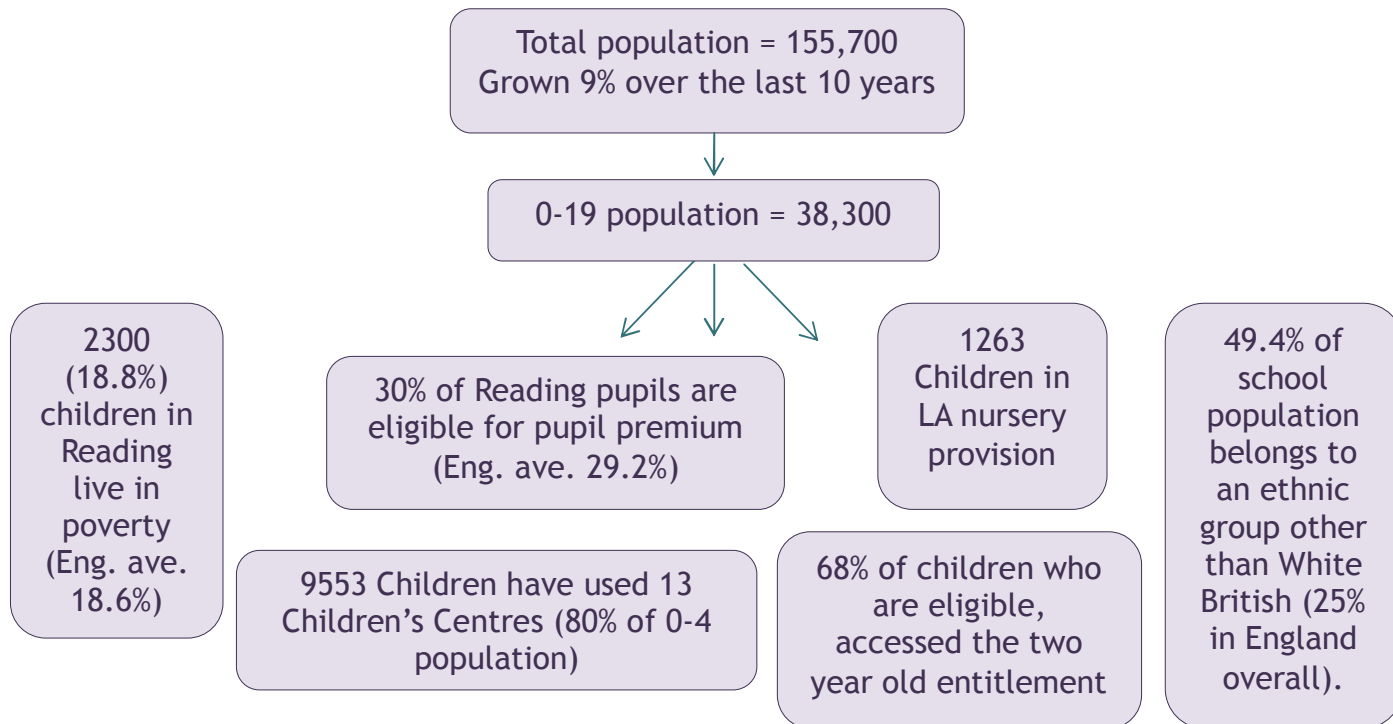
Fran Gosling-Thomas

Fran Gosling-Thomas
Independent Chair, Reading Local Safeguarding Children Board

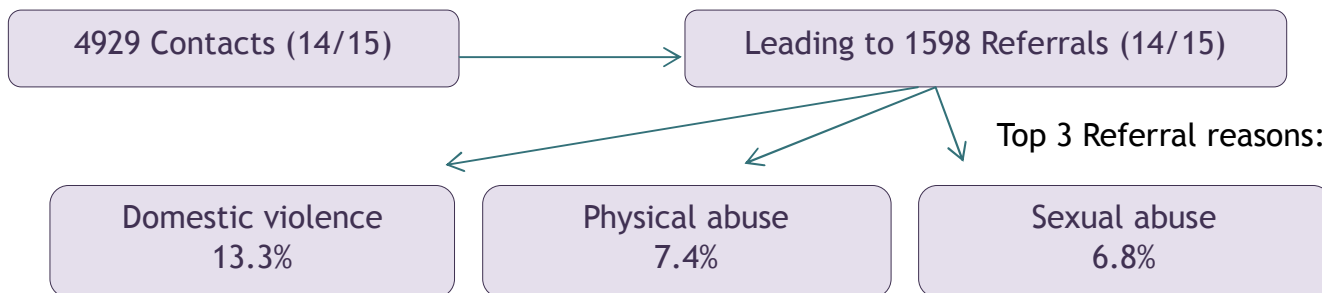


Local context

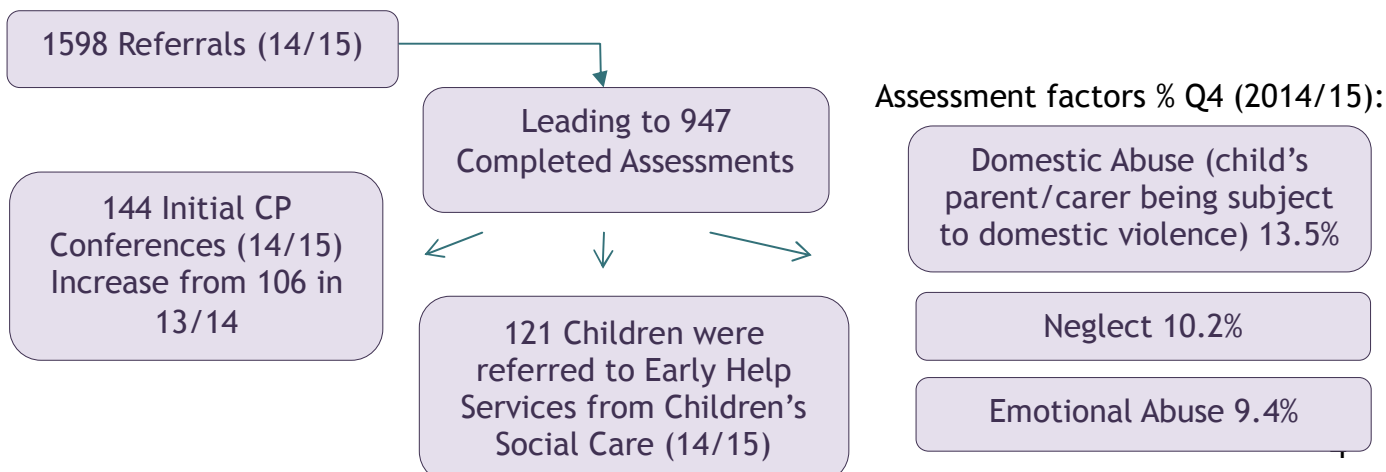
Reading is a vibrant multi-cultural town: the second most ethnically diverse in the South East outside London. Reading has a history of good community relations and is a place where diversity and cohesion are celebrated and embraced.



What's coming in our Children's Services front door?



What happens next?



What are the needs? (Figures as at 31st March 2015)

203 children and young people subject to Child Protection Plan

481 children and young people identified as 'Children in Need' by Children's Services

501 identified Young Carers

104 Looked After Children and Young People are known to the Special Educational Needs (SEN) Team with 47 having a statement of SEN

26 Families (56 children including unborn) engaging with Reading Borough Council (RBC) Edge of Care Service

100 Young Offenders

23 Looked After Children and Young People have a disability (March 15)

207 Looked After Children

4 Unaccompanied Asylum seekers

123 young people engaged with Source - RBC drug and alcohol service

289 reported incidents of missing or absent relating to 146 actual children and young people

56 Teenage Conceptions (2013)

21 Child Sexual Exploitation cases (March 15)

0 known Privately Fostered Children

During 2014 there were 100 children admitted to the children's ward with mental health related concerns. This includes self harm, psychosis, eating disorders and anxiety.

Approx. 600 children and young people related Domestic Abuse notifications received from Thames Valley Police (Q4)

297 referrals to Child and Adolescent Mental Health Service (CAMHS) common point of entry (Q3)

134 Cases Reviewed by MARAC (Multi-Agency Risk Assessment Conference, for domestic abuse cases), with 182 children and young people in the household

275 -Parents/carers receiving drug, alcohol or substance misuse support (Q4)

13.3% of Missing children and young people episodes are for over 24 hours

24 (18%) of cases to the MARAC are repeat cases

10% of initial and 11% of review Health Assessments for Looked After Children completed on time

6 CIN have been missing 3 times in 90 days

33% of Looked after Children are placed more than 20 miles away from their home address

74.7% of Looked After Children are in stable placements

47.8% of children and young people are on a child protection plan for neglect

Description of Need:

Early Help

RBC Early Help is a developing service with a positive trajectory in relation to increased referrals from a range of services and a reduced level of repeat referrals. There were 294 Early Help Referrals in this final quarter compared to 257 in the previous quarter which is reflective of a steady increase throughout the year. Regular 'Team Around the Child' meetings take place and performance information indicates that the service is making an impact for children and families. There is evidence of step up processes taking place and cases being escalated by Early Help managers who hold a good grip on cases. All referrals from the Early Help Service now come through the Multi-Agency Safeguarding Hub (MASH) to ensure a greater consistency of thresholds. This shows the positive impact of the work in Early Help to simplify processes for referral and will be further built on by the work currently ongoing in respect of the Early Help Pathways.

Children on Protection Plans

At the end of Quarter 4, 203 children and young people had Child Protection Plans. Of those children, 47.8% were subject to plans under the category of Neglect. A multi-agency neglect audit was completed in January 2015 and the findings were considered by the LSCB in May 2015. The audit findings and recommendations helped to inform the Neglect Protocol (see page 20).

An embedded Children's Services audit cycle includes auditing Child Protection Plans that are of 18 months plus duration. The result is that Child Protection Plans lasting two years or more continue to decrease from 8.9% in 2012-13 to 6.2% in 2014-15.

Looked After Children (LAC)

On the 31st March 2015 there were 207 children and young people who were Looked After. This is a decrease from the 31st March 2014 where the number of Looked After Children and young people was 211 (a decrease of 1.9%)

The number of LAC children and young people can vary from month to month as children and young people move in and out of the system. During the last reporting year 1st April 2014 to 31st March 2015 there were 79 new LAC entrants and 87 children and young people who ceased to be looked after. Children and young people can cease to be looked after for a number of reasons for example returning home to live with parents, adoption or leaving care.

As at the 31st March 2015 comparing the rate of LAC per 10,000 of the population Reading was at the same rate as its Statistical Neighbours and the England average - 60, however higher than South East Benchmarking which sat at 48.2. 139 (61%) out of 207 of Looked After Children are described as White British and 68 (39%) are BME. 105 were male and 102 were female

In March 2015 only 27% of LAC were in Reading Borough Council placements, excluding Family & Friends. The use of Independent Fostering Agencies over the same period was 37%. Looked after Children's Sufficiency Statement Strategy 2015-2017 demonstrates how RBC plans to

take steps that secure, as far as reasonably practicable, sufficient accommodation within the authority's area which meets the needs of children that the local authority is looking after. The lack of local placements in the Reading Borough Council area is demonstrated by the fact that 33% of our Looked after Children are placed more than 20 miles away from their home address. While this may be for a positive reason (such as children in adoptive placements or in specialist residential settings) this overall percentage figure is too high and must be reduced. It is important for children and young people to live locally so that they can remain in contact with their family and community and retain stability in education provision, receive local health services.

74.7% of our children and young people are in stable placements (placements for 2 years plus or are placed for adoption) which compares favourably with the most recent South East Benchmark of 65% and Statistical Neighbour figure of 67.7% (as at Quarter 1).

Children Leaving Care

At Quarter 4 there were 64 young people entitled to services under the Children Leaving Care Act 2000 aged 19-21, which is a stable figure. 39.1% are not in suitable employment, education or training which is slightly higher than the 39.0% average for comparative areas. 6 are in Higher Education and are supported via a bursary from the Local Authority. 79.7% were in suitable accommodation, which is broadly in line with statistic neighbours. The work of the leaving care team is being re-focused with more dedicated staff available to support this cohort of young people.

Adoption

Performance for the 2014-15 financial year remained strong in terms of the numbers of children adopted (19 children). However, when looking at the cohort of adopted children, the performance (in terms of timescales to achieve adoption for children) declined in comparison to the previous year. The Reading 3 year average time between a child entering care and moving in with their adoptive family from April 2012-2015 was 669 days against 628 which was the England average. In-service analysis identified that for the 19 children who were adopted during 2014-2015, the national timescale targets were met for approximately one third, they were missed (by a margin of between a few days to 4 months) for another third and for the remaining third (7 children) there was substantial delay. A review of those 7 cases shows that there were a number of different reasons for the delay.

A more positive picture however is developing for the next cohort in terms of timescales. Looking at those children matched and placed with adopters (not yet adopted) at the end of the last financial year and the first quarter of 2015-2016 the children were predominantly younger and have been placed much quicker. This will begin to appear in the nationally collated data as these children are adopted.

There has been a significant increase in the number of Special Guardianship orders (SGO) which is positive as a permanent option for children. The cumulative total at the end of March 2015 is 16 which is a total of 20%.

Further diagnostic work has been commissioned and actions arising from the work will be included in the RBC Children's Services Improvement Plan. This information will provide a strong foundation for consistently improving permanency outcomes for children.

Our Board

Reading's Local Safeguarding Children Board (LSCB) makes sure that key agencies work together to keep local children and young people safe. Our job is to safeguard and promote the welfare of children, and ensure the effectiveness of what is done by each agency that works with children.

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. Our current membership is listed in appendix 4.

Partners in the Board financially contribute specifically to the LSCB to enable it to operate and undertake work against the priorities. Information relating to financial contributions can be found in appendix 5. Some further work is needed to increase both the overall level of funding to the Board and agency contributions to enable the Board to meet all its statutory duties.

Reading LSCB meets up to six times per year for standard Board meetings, where updates on the work against priorities is expected, performance and audit information is reviewed and emerging issues discussed. The Board also convenes at least once a year for business planning sessions. These sessions allow us to review our impact, recent performance data and audit evidence, to decide if our priorities remain relevant. In October 2014 we agreed our current priorities:

- Priority 1. Domestic Abuse
- Priority 2. Strengthening the Child's Journey and Voice
- Priority 3. Child Sexual Exploitation (CSE) and other Particularly Vulnerable Groups
- Priority 4. Neglect
- Priority 5. Effectiveness and Impact of Reading LSCB

Reading is one of six Unitary Authorities in Berkshire and the Board endeavours to work collaboratively with our neighbours to ensure a more joined up approach to safeguarding concerns. This is particularly necessary for example on relation to child sexual exploitation and female genital mutilation, where there are common concerns and where some partner agencies work across several LSCBs.

The six Berkshire LSCBs work closely together and many partners are represented on all six Boards. We have three sub-groups of the Board which operate across the whole of the county, and two which focus on the West of Berkshire. Specific sub groups for quality assurance and performance, and child sexual exploitation are Reading specific to maintain a local focus on current issues. Our LSCB Structure chart can be found in appendix 3.

LSCB Business Managers and Chairs from across the county, and Thames Valley wide, meet regularly to ensure issues and protocols are shared along with examples of good practice.

The LSCB has clear links with Reading Children's Trust and the Health and Wellbeing Board. This relationship was strengthened in 2014 with the introduction of the 3 way protocol agreement which details how we work effectively together. The protocol can be found on the LSCB website: www.readinglscb.org.uk.

Our Priorities

Priority 1: Domestic Abuse

Why this is a priority: Reading has a high prevalence of domestic abuse and this is also one of the two key areas resulting in children being subject to a Child Protection Plan. The Board needs to scrutinise partner agencies responses to domestic abuse advising agencies when change is required to improve safeguarding of children and young people.

LSCB Challenge on Domestic Abuse:

In 2014 the Domestic Abuse strategy (2011-14) came to an end, with some notable achievements including the Family Choices programme and commissioning of the IRIS project. However, the prevalence of domestic abuse as a referral reason or as an aspect of a case remains as high as ever. A revised strategy is required to effectively join up the approach to this issue across children's and adult services, and across both the children's and adults safeguarding board partners and the Community Safety Partnership. This has been identified as a priority for a challenge session later in 2015.

Domestic Abuse Strategy 2015-18

The new strategy has been produced during 2014/15, with input from LSCB partners and extensive consultation. It outlines key areas for the Domestic Abuse Strategy group to focus on and includes a clear action plan.

Key themes relating to children and young people:

Priority 1 relates to improving information and education, with a particular focus on continuing to improve the level and quality of PSCE education in schools. Learning what a healthy relationship looks like and how to keep safe. The LSCB Education Task and Finish Group has been tasked with taking this forward in view of the key role schools can play and as the approach taken by schools is variable.

Priority 2 relates to providing the right response the first time, and the Multi-Agency Safeguarding Hub (MASH) takes a key role in this process. In autumn 2015 the single pathway for Early Help will be created which together with the MASH should improve referral processing and will mean the right support is offered to children and families at the right time.

Impact: The strategy is in the final stages of sign-off so it is too early to see direct impact. However that doesn't mean that the work hasn't yet started, as many projects, services and programmes continue to support victims and their families.

In general

All safeguarding training includes domestic abuse, this includes the LSCB training and that offered by individual agencies. Partners are aware that disclosures of domestic abuse involving children should lead to a discussion with Children's Social Care. A range of partners are included on the Multi-agency risk assessment conference (MARAC) meetings.

Berkshire Healthcare Foundation Trust (BHFT) employ a Specialist Practitioner for Domestic Abuse who provides training across the organisation regarding basic awareness, asking the question, completing the screening tool (DASH form) and the MARAC. BHFT receive all Police Domestic Abuse notifications for families with children under the age of five years which are cascaded to Health Visitors, School Nurses and health partners such as GP's and Midwives. BHFT staff have regular discussions with Children's Social Care regarding joint working with families to reduce the impact of domestic abuse on children. Information about known domestic abuse in families will be available to all staff from September 2015 with the amalgamation of the RIO patient record.

CAFCASS report that all private law applications made to court are screened and assessed at the first point of contact for signs indicating Domestic Abuse, with referrals and signposting undertaken as appropriate. The area figures show that over 60% of these applications indicate domestic abuse. Staff are trained in providing signposting advice to all parties including those affected by domestic abuse. This includes referral to local and national domestic abuse services.

The National Probation Service, Public Protection Unit in Reading is tasked to manage local high risk offenders who have been convicted of sexual and violent offences, including the serious end of Domestic Violence. They are often subject to Multi-Agency Public Protection management which ensures robust risk management plans for offenders, including access to appropriate offending behaviour programmes. With regard to those convicted of domestic violence, if suitable, capable and eligible, they are referred on to the local Community Rehabilitation Company for inclusion onto the Building Better Relationships (BBR) programme. The delivery of this programme is based on the tested "What Works" principles in changing offending behaviour and has been accredited by the Ministry of Justice through the Correctional Services Accreditation Panel. BBR is an updated programme rolled out across the country in the past 18 months. We have as yet to see definitive research to state its positive effectiveness, however it is widely believed to have a positive impact on reducing re-offending and preventing further victims.

Impact: With increasing awareness raising, training and clear actions to tackle the issues, the stigma surrounding domestic abuse can start to lift. Victims should be able to receive appropriate support to allow them to become survivors.

Identification of domestic abuse in court applications has improved in both quantity of number of cases identified and the quality of support.

Robust risk management plans for offenders, including access to appropriate offending behaviour programs has a positive impact on reducing re-offending and preventing further victims.

Family Choices Programme

This programme is for families affected by domestic abuse, offering support to the whole family. Support is provided via group work and 1:1 sessions, looking at parallel themes including - different forms of domestic abuse, the impact abusive relationships have on partners and children, and ways to resolve conflict in a non-abusive way.

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

IRIS Project

Public Health currently jointly fund and commission the IRIS Domestic Abuse GP referral programme, provided by Berkshire Women's Aid. GP practice staff are trained in recognising signs of potential domestic abuse and are given the skills to discuss issues with patients coming into the practice. Practice staff can then offer to make a referral to local DA services. The Clinical Commissioning Groups (CCGs) actively encourage the GPs to engage with this programme, and provide support to GPs and clinicians working with families where domestic abuse is occurring.

The steering group review referral numbers coming from GP practices and identify actions to make improvements. The service co-ordinator works with and supports individual practices with the intention to improve their skills and confidence to engage effectively with patients who may be victims of domestic abuse.

Challenges: Budget limits and staff capacity only allow so many practices to be engaged with. Practices have received session 1 training so far (session 2 to follow) and referral rates to services by practice are currently inconsistent. A more focused, key partner, steering group is now in place to support and deliver improvements where identified.

Impact: To date, only 38 referrals have been made from GP practices in Reading (24 from one practice). However the programme has raised awareness with GPs, helps them to ask the right questions in the right way and challenges stereotypes. Clients of the service receive practical advice and support on how to deal with their particular DA issue.

Early Help Services

Many of the families referred to RBC Children's Action Team (Early Help) services have domestic abuse as an underlying issue.

By changing the way impact is monitored it is now possible to identify how many families have made positive changes, against clear categories, as a result of the work of the Children's Actions Team (CAT) workers. This year the Outcome Star tool has been introduced which helps families and their workers agree on the range of changes in key areas such as 'your wellbeing' and 'keeping your children safe'. In addition, at the end of case closure the CAT worker will identify whether there has been a range of improvement from 'significant' to 'none' against established criteria in key areas such as domestic abuse, mental health or substance misuse.

Training in the Outcome Star is going to be rolled out across the whole of RBC Children's Services which should enable greater impact evidence to be collated.

Impact: 54% of cases using Family Star Plus demonstrated significant change, and 17% of cases using My Star demonstrating significant change and 50% demonstrating smaller change.

Out of 692 cases closed, there were 95 cases where domestic abuse was identified. Out of these 71% showed an improved outcome. In where there were recorded mental health issues there was evidence to support 80% with improved outcomes. 74 cases with issues of substance misuse issues, 51% showed an improved outcome.



Priority 2: Strengthening the Child's Journey and Voice

Purpose: To evaluate the effectiveness of different aspects of the child's journey into help and services, the quality of the decisions made by individual agencies and the quality of multi-agency processes.

LSCB Challenge:

How do we improve accessibility of services and the journey through services for our children and young people? Can we hear the child's voice in our case work, and how do they contribute to service design and delivery and the priorities of the LSCB?

Transition Planning for Looked After Children (LAC) at Key Stage 2/3

The move from primary to secondary school can be stressful, especially for children with additional vulnerabilities.

Achievements: Support and advice has been given to carers/social workers to select most appropriate secondary school placement, with extra visits to schools as required. 1:1 meetings with the Year 6 LAC pupils identify any anxieties about transition, and offer support to help children to complete the RBC transition booklet. 1:1 meetings with year 7 LAC pupils allow children to express any difficulties at their new school and discuss strategies for overcoming these.

Impact: There has been increased targeted interventions through Pupil Premium Plus, improved safeguarding in relation to attendance and missing children, and increased stability of placements. It is hoped that key stage 3 results will also show improvement.

Fostering and Permanency

Drift and delay in permanency planning has been an issue, as has the recruitment of sufficient numbers of local foster carers. All children who require long term fostering have been allocated to Permanency Fostering Social Workers in order to achieve this.

Achievements: Recruitment campaigns for potential adopters and foster carers have improved performance to meet more challenging targets. Investment in a partnership with a charitable organisation representing local churches has begun to generate results in terms of targeted recruitment (the Home for Good project). The implementation of "KEEPSafe" training (4 month, evidence based programmes) now provides high quality training for foster carers and those with Special Guardianship Orders in order to support stability for placements for 11-17 year olds. Likewise the delivery of therapeutic support services to foster carers by a dedicated multi-disciplinary team based in the Fostering Service has produced positive feedback in terms of supporting placements.

Impact: 16 Special Guardianship Orders (as at 31st March 2015) and 19 adoptions in 2014/15 has meant stability and permanency for young people within a family environment.

The Home for Good project aims to identify, encourage and support people from church and other faith communities to foster and adopt children. In the 7 months since launch enquiries from this scheme have led to one couple and two single people attending preparation groups, 1 enquirer has been approved as an adopter and a couple are being assessed as a family and friends carers.

Two Year Old Entitlement Offer

This statutory scheme offers childcare to certain eligible groups. This early intervention will provide real developmental benefits for children and progress their readiness for school. However, in spring 2014 the percentage take up was only around 30%.

Achievements: A partnership task group was set up to focus on improving take up and access. Outreach and engagement with families has been sharper and marketing has improved. Matching families to open childcare has improved access to available spaces.

Impact: The percentage of take up has now increased to 68%. The pilot programmes for South Reading for the first cohorts of children has shown real impact by tracking them into reception.

Robust Challenge (Dispute Resolution)

The Robust Challenge (RC) process referred to in the IRO Handbook as the Local Dispute Resolution Process has now been rolled out through the Child Protection process, signed off by the LSCB in December 2014. The Robust Challenge Process enables Independent Reviewing Officers (IROs) and Child Protection Chairs (CPCs) to effectively improve the lived experience of children. The process strengthens challenge to delay and drift in the Local Authority's approach to LAC, and has introduced greater monitoring and challenge.

Achievements: This year has seen an increase in challenges made from the Reviewing and Quality Assurance Service. Challenges have been made at all levels from the informal stage through to formal stages (27) escalated at all levels from level 1 Social Worker and Assistant Team Manager through to level 5 the Director of Children's Services. Themes have included delay in progressing to permanency, drift and delay in assessments, challenges in relation to case decisions, visits not happening, lack of input onto the child's record, drift in assessing risk, including Chair seeking independent legal advice and lack of Health Assessments / Health Care Plans.

Impact: There were 27 robust challenges in 2014/15, including a collective challenge in relation to 37 children. The group challenge identified systemic failures and deficiencies in permanency planning. The outcome of the challenge was the allocation of additional resources within the Fostering Service.

Focus for 2015/16:

- IROs continue to use the Robust Challenge process, ensuring that the service maintains a tracking sheet and that there is evidence of challenges and resolution to challenges on Frameworki.
- IROs ensuring that challenges are escalated within timeframes if the initial response is not satisfactory or has not been received.
- Reviewing and Quality Assurance Service to identify any patterns or themes to the challenges which can be fed back to Children's Services.

Voice of the child in services

We can only improve services when we know what works and what doesn't for the children and young people concerned.

Achievements: Children's Action Team key workers use My Star/Family Star to inform support plans and capture the child's voice in the case file. To help incorporate the lived experience of the child in foster carer reviews new forms have been implemented to request feedback from the child that are more child friendly and signs of safety compliant. The LSCB has funded the MOMO app, which allows looked after children to directly feedback their experiences. Health services have dedicated parent forums and routinely ask young people for their views on services and opinions on the development of new services or on their transition from one service to another. Health for Youth offers tours for young people to experience and see what is available in hospital. GPs are encouraged to speak directly to children, use accredited/approved translators when needed and use alternative means of communication where a child, young person or parent has a learning difficulty.

Impact: Family Plans (CAT service) focus on the wishes and feelings of the children, and they have a role in their own planning and intervention. LAC children's views and experiences are being fed into their reviews either indirectly from the Independent Reviewing Officers, or directly through the new forms. The MOMO app is an example of providing more flexible ways for LAC children to communicate with us, and although use has so far been limited it is increasing. Children and young people are given a say in health services.

Cafcass Young People's Board

Achievements: The Young People's Board has been successful in developing work tools, training materials and undertaking audits and inspections of the work done. This has now been expanded to the wider justice system including judges, court staff and legal representatives to ensure that that child's voice is always heard in legal proceedings.

Impact: The work done so far in supporting the Child's Voice in practice has been positively commented upon by Ofsted and the development of a child focussed approach to Family Justice is supported by the President of the Family Division.

Voice of the child in relation to priorities and work of the LSCB

It was clear that we needed to improve our ability to hear the voice of children & young people at the Board, and there had been no direct input from children and young people at Board level.

Achievements:

- The Youth Cabinet carried out a Domestic Abuse survey and a number of recommendations were made. The Member of Youth Parliament reported the survey finding to the LSCB at a Board meeting and the recommendations were discussed and agreed.
- The Youth Cabinet were consulted and their recommendations regarding engagement with the LSCB have been accepted by the Board.
- The Youth Cabinet will attend later in 2015 to provide an update on their campaigns.
- The LSCB Independent Chair and Business Manager regularly meet with the Youth Cabinet.

Message from the Member of Youth Parliament, Adrian Rodriguez:

As the Member of Youth Parliament for Reading, and as a young person myself, I recognise the relevance of the priorities set by the LSCB in October 2014. It is paramount that we aim to alleviate the difficulties that young people in Reading face, in order to allow us all to achieve our potential - ensuring that there are no barriers to success. Having lived in Reading for almost all of my life, I believe that the priorities set by the LSCB are ones which need tackling urgently, therefore I welcome them and am willing to do as much as possible. I will continue to offer my support to generate the strongest, most impactful outcome that the board can achieve.

Ongoing LSCB Challenge:

Looked After Children Health Assessments

Data relating to the timeliness of LAC health assessments presented to the Board in March 2015, raised significant concerns in relation to the timeliness of health assessment for Looked After Children. The Board has requested immediate action to be undertaken in order to meet the required timeframes and ultimately ensure that the health needs of our Looked After population are met.

Young people's involvement with the Board

Although engagement has increased (as described above) further work is required to ensure that the voice of the child is regularly heard at Board meetings.



Priority 3: Child Sexual Exploitation (CSE) and other Particularly Vulnerable Groups

Purpose: To ensure that those children and young people who are particularly vulnerable or likely to be exploited can be identified and supported appropriately.

LSCB Challenge on CSE:

At the beginning of this reporting year there was a limited multi-agency approach to CSE, no strategy or action plan, the CSE Strategic Group did not report to the LSCB and information relating to CSE, particularly the children and young people involved, was poor. This year has seen a huge shift in the prioritising of CSE, raising the profile of the issues and how to address them, understanding the local picture through vital information sharing and clear positive outcomes for individual young people.

Multi-agency approach to CSE

Issues: There was no multi-agency strategy in place, CSE mapping was not effective, levels of awareness needed to be improved and there were uncoordinated approaches when meeting the needs of victims.

Achievements: Clear multi-agency LSCB CSE strategy is now in place with a live action plan. A CSE Mapping meeting was established to better understand the local picture in detail, which then combined with the Missing Children meeting to provide a clearer more joined up view. This is now an LSCB Sub Group which ensures robust LSCB oversight. An operational meeting has been established which identifies young people at risk and potential offenders. CSE training has been rolled out through the LSCB at universal, targeted and specialist levels. 111 staff have attended LSCB CSE training since April 2014. To date 252 staff have attended CSE training hosted by Reading. CSE intelligence training has also been provided and well received by 41 managers and CSE champions. CSE toolkit and screening tool has been widely disseminated and all partners are encouraging staff to use these. 21 CSE Champions have been established to ensure teams have access to a specialist worker when issues/queries arise. Established services are available to support victims, including Targeted Youth Support and Youth Outreach Nurse.

Following the significant work undertaken in 2014/15 (described above), 99 managers from across the partnership attended a multi-agency CSE launch event on 4th June 2015. All the processes and tools were officially launched and the voice of victims at the event clearly reinforced the need make this work for those young people at risk.

Impact: As at 31st March 2015 20 young people have been identified as being at risk of CSE, where appropriate multi-agency support has been provided. There is improved knowledge of the numbers of CSE victims and their levels of risk. Staff training has improved the confidence of the workforce across the partnership. 80% of those who attended LSCB CSE training during 2014/15 stated that their knowledge and confidence in the subject after attending had significantly or very significantly improved.

But most importantly we have cases where perpetrators have been charged (4 cases in the past year where one or more persons have been charged) and positive feedback from victims and parents. One parent explained he felt his worker listened to him. Often his concern for his child would occur late into the evening or at night, and he appreciated having the workers mobile phone number so that he could leave messages on the phone at night, knowing she would pick up the message the following day and discuss his concerns with her. One of the victims told the worker who conducted the return interview that they were "alright....am I going to see you again?" The young person was then allocated to that worker and the number of missing episodes have already significantly reduced.

Children Missing out on Education (CMoE)

Children and young people who are missing education can be more vulnerable and liable to exploitation.

Achievements: A Virtual Head for CMoE has been appointed to ensure clear oversight of all cases. A CMoE tracking group meets regularly to discuss cases and an action and communications plan is now in place. Cross border meetings take place to ensure those moving in and out of our boundaries do not get lost. All those assessed to be at level 1 (highest risk) have a level 1 plan in place, monitored by a lead professional. Pupils in year 12 who are NEET are now tracked, ensuring responsibility is handed over to an appropriate service, such as Adviza (formerly known as Connexions Thames Valley).

The Virtual Head now has the details and monitors all pupils who are on reduced timetables in Reading primary, secondary and special schools for return to full time education. The

Impact: Cross checking CMoE, CSE and Missing Children lists has improved awareness and information sharing, plus the Virtual Head CMoE links directly with schools ensuring that the children are better safeguarded. Through the lead professional, the children are 'case worked' ensuring they do not get lost, and 'stuck' cases can be progressed through multi-agency planning meetings.

LSCB Challenge on Female Genital Mutilation (FGM):

The population profile of Reading indicates that FGM could be a potential issue for certain groups of children and young people. The LSCB initiated a task and finish group in 2014 to gain a better understanding of the issue, identify what processes were already in place and identify a way to widen awareness of the issue. The group reported back to the Board in March 2015.

The task and finish group established that across Berkshire West there is some awareness of FGM amongst local agencies and that some agencies are developing good practice to recognise and respond to women who have suffered FGM. The Berkshire LSCBs Child Protection Procedures support practitioners in referring girls at risk of FGM to Children's Social Care Services who then inform Thames Valley Police.

However, there is much still to be done locally. A co-ordinated strategic direction is required to progress local developments that will ensure girls living in Berkshire West who might be at risk of FGM are identified and protected. Most successful models of addressing FGM currently existing within the UK are based upon the recognition that tackling FGM warrants a co-ordinated approach, from statutory and voluntary organisations as well as representatives from community groups of those affected. Without such co-ordinated strategic direction it will be difficult to progress key policy recommendations locally.

FGM awareness training is made available through the annual LSCB training programme and FGM has now been incorporated in to all Universal safeguarding Children training courses

The group recommended that the local response to FGM should be a matter raised at the Health & Wellbeing Boards, in order to ensure that addressing FGM is a priority for all agencies. This will require commitment from Directorates of Public Health. It is essential that affected communities are represented from the start.

The LSCB Independent Chair has challenged the Health and Wellbeing Boards across the West of Berkshire to take a lead on FGM. A new task and finish group will shortly be formed to clarify next steps and produce recommendations which will be reported to the Board.

Ongoing LSCB Challenge:

CSE Information Sharing

Board members have raised concern that there is no clear protocol in place regarding the appropriate sharing of information in relation to CSE cases. The Board has set up a task and finish group to review this, and in conjunction with neighbouring authorities, develop a suitable pan Berkshire protocol. Work on this is nearing completion and will be reported to the Board in late 2015.

Female Genital Mutilation

As discussed on page 18, the LSCB Chair has challenged the Health and Wellbeing Boards across the West of Berkshire. The LSCB will continue to keep this issue a high risk area until progress is made.

Privately Fostered Children and Young People

The numbers of known privately fostered children are extremely low yet we know there will be more children who are in this arrangement and need additional support. This has been the subject of robust challenge at the Board and a number of initiatives, with Board members support, are now underway. For example, targeted communications with schools, GP surgeries and youth clubs have taken place. Further reports during 2015-16 are expected.



Priority 4: Neglect

Why this is a priority: Neglect remains the highest category for Child Protection planning in Reading. Research has shown the negative impact this can have on children and young people's emotional and physical development. There are many forms and reasons for neglect and the children's workforce must be able to recognise the early signs to ensure support is provided as soon as possible and action taken to safeguard children when required.

LSCB Challenge on Neglect:

Although identified as a key issue in Reading, in 2014 there was no clear strategy or multi-agency approach to its reduction.

Neglect Protocol

To raise the profile of neglect as an issue, in 2015 the LSCB produced a Neglect Protocol for all partners which highlights the effects of neglect, short and long term, plus it reviews national and local learning on this subject.

The protocol makes a number of recommendations for all partners including:

- A regular review of the LSCB threshold document is undertaken to ensure the inclusion of new signs and symptoms of neglect from research or Serious Case Reviews
- That key agencies ensure that their safeguarding policy and protocol adequately addresses the risks related to neglect and the need for timely and proactive intervention
- That all agencies provide access to training for staff in their organisation to assist with the identification and response to neglect.
- That all agencies ensure that staff are briefed or trained on the importance of listening to the voice of the child and mindful of the risks of the child's voice being overshadowed by adult opinion or circumstance.
- That all agencies ensure that there is a record of significant events over time in the form of a chronology or log on order to assist with the identification of neglect and its impact on the child.

There are specific recommendations for Reading Borough Council including training and the use of the 'graded care profile' assessment tool and the consistent use of chronologies in assessment, analysis and decision making.

Challenge: It is not yet possible to assess the impact of this protocol but the LSCB will review progress against the recommendations in 2015/16.

Early Help Services

Many of the families referred to the RBC Children's Action Team (CAT) have neglect as an underlying issue. Three common factors, known as the toxic trio, contribute to neglect - domestic abuse, mental health issues and substance misuse. The CATs are now able to report significant positive change in these areas in a proportion of cases (see Impact). In addition the CATs are also able to report on two other factors, worklessness in the household and housing, which can also impact on neglect for children and young people in the home.

Similarly, for those families where we have used the Family Star outcome measuring tool we have seen significant change in a proportion of families for indicators of poverty, which is also a key factor in neglect.

Impact: Out of 692 cases closed, there were 95 cases where domestic abuse was identified. Out of these 71% showed an improved outcome. In where there were recorded mental health issues there was evidence to support 80% with improved outcomes. 74 cases with issues of substance misuse issues, 51% showed an improved outcome. In relation to 'worklessness in the household' 135 cases, 48%, demonstrated an improved outcome. For 'Housing' 136 cases, 71%, demonstrated an improved outcome.

For those families where the Family Star was used we saw significant changes to 'progress to work' for 34% of our cases and significant change in 'home money' for 36% of cases.

Parental Substance Misuse Service

Substance misuse significantly impairs a parent's ability to bring up their children safely.

Achievements: A range of specialist parenting programmes have been offered, including some targeted at those who are pregnant, to help them understand the impact of substance misuse on an unborn baby and their parenting capacity. Awareness raising training has been delivered to social care staff and Health Visitor and Social Worker students and Safeguarding children where there is Parental Substance Misuse training is included on the annual LSCB training programme.

Impact: 5 mothers with historical established pattern of use were able to retain the care of their children at birth, preventing the child from separation and becoming looked after. The support offered is reported to have prevented relapse in these cases.

In general

GPs have access to information about Early Help resources to allow them to signpost. They continue to refer to MASH in cases where neglect is likely to cause a child significant harm.

The Royal Berkshire Hospital includes neglect in all its safeguarding training. It also ensures children not brought for appointments are monitored and followed up.

Berkshire Healthcare Foundation Trust safeguarding team have put on seminar workshops for all health visitors, school nurses and family nurses (November 2014) on keeping the focus on children where there are multiple adult vulnerabilities and recognising neglect.

Agencies have included neglect training as a requirement which is raising the profile of indicators, risk factors and identifying support.

Ongoing LSCB Challenge:

It is recognised that agencies are undertaking work to begin to address Neglect, it is however identified that there is still significant progress to be made. With the introduction of the Neglect Protocol the LSCB will expect to see significant progress in 2015/16.



Priority 5: Effectiveness and Impact of Reading LSCB

Purpose: To ensure the Board has a stronger focus on scrutiny and challenge of partner agencies services and its own effectiveness, to ensure it meets local and national priorities and is able to evidence impact on outcomes.

LSCB Challenge on the LSCB Structure:

The incoming Independent Chair of the LSCB felt the existing structure of sub-groups and meetings reduced the accountability of the main Board, while leaving key areas of scrutiny without a local focus. The existing LSCB action plan was not 'SMART' and therefore unachievable.

Challenge function of the Board

Board meetings were not challenging of partners/services/Board members, with decisions and responsibility often not held at Board level due to the structure. Performance data, audits and section 11 returns have not routinely provided the evidence required to allow the Board to challenge emerging issues.

Achievements: The LSCB structure was reorganised by the new Chair. The Executive meetings were removed to place decision making and accountability with the Board. Board members have been encouraged to be openly challenging in meetings. A new Top 10 Scorecard ensures data relating to our priorities is seen by the Board at every meeting (see appendix 7), and the result of an audit is expected to be discussed at every Board meeting.

In 2014, a challenge by the Chair regarding the Rapid Response procedure, led to a revised procedure being adopted across Berkshire.

Impact: Improved data and audit information to the main Board will enable us to focus efforts on the most vulnerable and at risk young people. Board meeting minutes reflect the increased level of challenge at meetings.

High Quality Training and Resources

Issues: The previous LSCB structure meant the Board was unsighted on the training programme and had little responsibility for it. Certain groups/service either couldn't access the training or were encouraged not to. There has been limited evidence of the impact of training.

Achievements: LSCB Training Officer now attends all Board meetings, and has presented the training programme which is updated depending on need and LSCB priorities. RCVYS, with funding from Thames Valley Police, are offering safeguarding courses for the voluntary sector, in line with the LSCB training programme. A safeguarding pathways document has been produced which details training available from the LSCB and RCVYS. RBC Learning & Workforce Development have implemented a follow up impact evaluation of course 3 to 6 months after completion, and will ask for specific evidence of the impact of the course on their practice.

The LSCB has also funded access for every Board member to the NWG website, where resources and support around CSE issues are available for use.

Impact: Staff across the partnership receive consistent training on issues that are local to Reading. LSCB members are more aware of the courses available and can market these to appropriate staff. Impact evidence from training will soon be available.

Evaluation of Thresholds

The thresholds document produced by RBC in 2011 has been reviewed and updated and now is a multi-agency document.

Achievements: Through consultation with LSCB partners a revised document has been reissued and circulated widely. Changes were made to ensure that current practice and current risks are reflected. There was agreement on the need for common language. This forms one part of a wider project to introduce the Early Help Pathway, new MASH and phase 2 of the Troubled Families Programme, which will complete in the autumn with the production of clear, easy to understand guidance on what the thresholds are, how to use them, and what happens when you make a referral.

Impact: The updated thresholds (and forthcoming guidance) will enable practitioners to be confident about the safeguarding thresholds, ensuring that referrals are made appropriately - the right service, to the right child, at the right time and in the right place.

Communication

Issues: The LSCB cannot be effective if front line practitioners are not aware of the work and messages it is disseminating.

Achievements: A new stand-alone LSCB website has been produced. This contains a wealth of information not only about the LSCB and what we do, but also support for professionals, families and children and young people. The newsletter has been re-instated and weekly information bulletins are sent to all LSCB members. Members are often asked to confirm when they have disseminated important information.

Ongoing Challenges:

There have been a number of challenges raised at LSCB meetings which are ongoing. These include:

- Children's Social Care staffing concerns - difficulties in recruitment and retention of staff, high levels of agency staff and staff turnover. Specific work has been undertaken to be reported to the Board in September 2015.
- GP attendance at CP conferences - ongoing issue with GPs not attending conferences and often not supplying reports. An action plan is in place and will continue to be reviewed by the Board.
- Partner Engagement - the Chair has raised concerns about the level of partnership engagement in areas such as auditing and contribution to Board meetings.

To enable the Board to effectively monitor the progress of the challenges/concerns raised a Risk/Concern log has been established. This is RAG rated and key issues are followed up at each Board meeting. A copy of the latest Concern log can be found in Appendix 6. All ongoing concerns highlighted in this report are included in the Risk/Concern log.

Our Compliance with Statutory Functions

Statutory Legislation

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. Our current membership is listed in the appendices.

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

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

The role and function of the LSCB is defined by Working Together to Safeguard Children 2015, and key extracts can be found in the appendices.

Policies and Procedures Sub Group

The purpose of the Pan-Berkshire Policy and Procedures subgroup is to ensure that:

- The six Berkshire LSCBs develop and maintain high quality safeguarding and child protection policies and procedures.
- Safeguarding and child protection policies and procedures remain in line with key national policy and legislative changes.

The subgroup has met on four occasions during the year, hosted by Slough Borough Council. The group has continued to work towards ensuring that all those working with children, young people and families within Berkshire have access to accessible, thorough and comprehensive policies and procedural guidance to support safe, timely and effective interventions.

New procedures for responding to Child Sexual Exploitation, including a Pan Berkshire CSE Indicator Tool, were completed and implemented during the year, providing consistent guidance for all agencies which has linked to the continued development of SERAC (Sexual Exploitation Risk Assessment Conference) panels across the county.

Challenges:

The subgroup faces a number of challenges for the year ahead, and proposes the following solutions for 2015-16:

- Contract renewal - the contract with Tri.X is due for renewal in September 2015. Current fees are based on the original "early-adopter" pricing which has now been revised. It is anticipated that the cost for delivering the manual will increase significantly - with a consequential call on each of the constituent LSCBs for additional funding

- Scale and size of the manual - the manual has grown in size and diversity in recent years making searches for specific elements of guidance more complex for practitioners. In addition key documents require updating. Some procedures appear to have more direct relevance to only one or two constituent agencies - suggesting that these topics might be best addressed outside the Pan Berkshire P&P process. A detailed review of the content and scale of the manual will be undertaken to ensure that all key procedures are fully up-to-date and that the content is rationalised
- Frequent changes in attendance and representation - the work of the subgroup has been compromised by the continuing flux in membership. This has led to additional demands being placed on a small group of more regular participants and has reduced the scope for pieces of work to be taken forward when capacity has been limited. Constituent agencies to commit dedicated time and resource of sufficiently senior staff to contribute to the work of the subgroup
- Delegated authority to approve and agree a) LSCB; b) LA - progressing changes and additions to the manual has proved challenging when the membership has not had delegated authority to approve these. Each constituent LSCB to ensure that governance arrangements are in place to support the decision-making of the subgroup and each constituent local authority to ensure representation at a sufficient level of seniority from Operational services management to authorise procedural changes

Ongoing Challenges:

The subgroup has identified three priorities for 2015-16:

- Rationalisation of the procedures manual
- Continuing funding for Pan Berkshire procedures
- Review of key procedures.

Learning and Development Sub Group

In order to fulfil its statutory functions under Regulation 5 an LSCB should monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Reading, Wokingham and West Berkshire LSCBs share a Learning and Development sub group whose purpose is to lead the strategic planning and oversee the operational delivery of Learning and Development (L&D). The aim of the group is to coordinate the provision of sufficient high-quality learning and development opportunities that are appropriate to local needs and have a positive impact on safeguarding outcomes; holding partner organisations to account for operational delivery and uptake.

Specific activity that has been undertaken over the year includes;

- Support given to organise and deliver the annual Safeguarding Conference
- Daniel Pelka SCR learning shared
- Training sub-group away day held to review past, present and future
- Training sub-group split in to east and west
- Priorities for action agreed in line with revised LSCB Business Plan

- Voluntary sector became part of sub-group membership
- Current and emerging needs discussed and prioritised for future L&D opportunities
- Training programme for 2015-16 created and approved
- A new action plan agreed for 2015-16

The training programme was created by the Operational L&D Sub-Group, based on past trends and emerging needs. The headline figures associated with the programme include;

- 21 courses were run through the LSCB programme
- 332 candidates attended the courses, (over 16 candidates per course)
- 46% of the places were taken by Local Authority workers, with 21% from Health and 33% from others (12% of these being from PVI)
- Allegations management was the most popular course for other agencies, including schools (32 candidates)
- 53% of people felt the immediate impact of the training was significant or very significant with 45% stating there was some immediate impact.

The e-Learning offer for the LSCB Programme focused on two main learning opportunities, this being CSE (Child Sexual Exploitation) and USC (Universal Safeguarding Children). The headline figures for the programme include;

- 1965 candidates across Reading, Wokingham and West Berkshire completed the USC e-learning
- 44 candidates completed the CSE e-learning
- 21% of candidates who started the course completed it

The figures have highlighted an issue in the management information as well as behaviours, relating to candidates starting the courses but not completing them at the first attempt.

Impact:

SCR learning has been shared within the sub-group and used to inform revisions to learning and development interventions (e.g. training courses or e-learning content). This has meant that candidates were aware of current cases and the learning they provide, thereby influencing work practices and behaviour and so having a positive impact on the outcomes for Children and Young People.

The training figures suggest the learning and development programme has had an impact on a significant number of attendees, meaning that that candidates work practices and behaviour are influenced, leading to a positive impact on the outcomes for Children and Young People.

Child Death Overview Panel

The LSCB is responsible for ensuring that a review of each death of a child normally resident in the LSCB's area is undertaken by a Child Death Overview Panel (CDOP). The CDOP will have a fixed core membership drawn from organisations represented on the LSCB with flexibility to co-opt other relevant professionals to discuss certain types of death as and when appropriate.

In Berkshire as a whole, there has been an overall reduction in reviewed deaths from 57 in 2012/13 to 60 in 2013/14 to 50 in 2014/15. It is difficult to attribute causes for the reduction however the panel took consistent action to promote;

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

The annual number of child deaths reported in Reading in 2014-15 was 5 which compares with a total of 15 deaths in 2013-14. Of those reviewed so far, none were unexpected/unexplained. Infant mortality was statistically lower than England in Reading in 14/15 in the CDOP records and as reported in the child health profile for 2015 the main categories of death are; chromosomal, genetic and congenital anomalies, perinatal and neonatal deaths, malignancies and that as yet no deaths have been reported with modifiable risk factors.

Achievements:

- Regular reporting on risk and preventative factors for infant and child deaths through the CDOP newsletter and JSNA
- Facilitating the development of an asthma and viral wheeze website/ app for the Thames Valley as a response to two local child deaths in Berkshire in 2013-14. This is now live at www.puffell.com
- Asthma and viral wheeze GP and practice training is being implemented across the Thames Valley which will ensure that all children have an asthma plan in line with national recommendations.
- Designing and testing an emotional health and wellbeing website/app which includes sections on self harm, anxiety and depression, anti-bullying and domestic abuse as part of the public mental health approach to CAMHS service redesign.
- A paper was presented at the national CDOP conference based on a detailed analysis of all child deaths in relation to congenital anomalies and is planning to audit the implementation of the consanguinity programme in secondary schools this year
- The genetics programme has been disseminated through the LSCB to secondary schools and an audit will be carried out in 2015-16 to explore whether this has been adopted into school curricula.
- All cancer deaths have been reviewed by an external expert panel and no trends of common modifiable factors have been found
- The panel have shared learning from the Thames Valley Cancer Network on culturally appropriate ways of marking a child's death. This has been circulated to social care and health staff and shared with education colleagues.
- The service continues to promote safe sleeping advice
- A GP practice improvement programme for the early identification of sepsis has been rolled out via the network

Ongoing Challenges:

The key challenge remains the reduction of pre-term births and the death of children in their first year of life. The panel are assured that work on reducing pre term births is also a regional health priority as many of the risk factors relate to the health of the mother antenatally and the care she receives within that period. The Thames Valley Children's and Maternity network has been promoting training to increase awareness of the optimum way to measure fundal height through the midwifery services.

Section 11 Panel

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.

Pan Berkshire Approach

The six Berkshire LSCBs work together through the Section 11 (S11) Panel. Its purpose is to:

- To oversee the S11 process for all pan Berkshire organisations and to support improvement. This currently involves Berkshire wide statutory and voluntary organisations of which there are 9 of a significant size and scope.
- To set clear expectations with the LSCBs and those organisations about the timeframe and process for submission of a self-assessment section 11 audit, and ongoing development towards compliance.
- Review and evaluate S 11 returns of the full three yearly audit (including a mid-term review) of s11 Children Act 2004 for pan Berkshire organisations, in order to make an assessment of agencies compliance with the duty to safeguard. New round of assessments to commence from May 2015.

Achievements:

The terms of reference of the subgroup were reviewed at a S11 Workshop in December 2014. Membership was also reviewed at this point and it was decided that each LSCB should have representation as should pan Berkshire organisations. The panel now has an ongoing role in improving the self-assessment process for organisations. The self-assessment tool has been updated and as the panel embarks on the new round of reviews the new assessment format will be adopted. The panel also decided that going forward organisations should attend to present their audit so that questions can be asked and resolved at the same time.

Over the past year, the panel has achieved a number of priorities. These include clarifying membership and expectation of members; reviewing the Panel's terms of reference; improving consistency of attendance; and ensuring clarity around form and function.

Impact:

The impact of the subgroup's work has included achieving clarity around new 3 year cycle; and ensuring wider organisational engagement with, and ownership of, S11 compliance. This has included achieving agreement over LA submissions, CCG submissions and some national organisations submissions.

Challenges:

- Format of CCG submissions - after discussion, the subgroup took the decision to accept the CCG template to be submitted to panel.
- Local authority submission format - agreement around submissions was gained and will be part of next three-year cycle.
- Subgroup membership attendance and representation - expectations were clarified and requests for representation made by the Chair.
- SARC assurance now to be brought to panel.
- British Transport Police submission and follow up.

- New commissioning arrangements in health have proved to be an ongoing challenge. The plan is for the Panel Chair to write to the Local Area Team (LAT) to gain clarity around assurances of compliance.
- The subgroup has also raised concerns about pan-Berkshire arrangements regarding local induction of LSCB members and therefore understanding of policies etc. may be absent - each LSCB will ensure induction of new members is robust.

Themes from the first round of S11 returns (2012-2015):

- There is a need for greater understanding of 'safeguarding supervision' across the children's workforce and explore opportunities for multi-agency developmental supervision or case supervision
- There is a need for easy access to safer recruitment training. Although this is happening, it does not appear to be sufficiently well co-ordinated. It is suggested that all partner agencies are cognisant of their individual responsibilities and that LSCB's incorporate this into their training strategy. It would seem essential that responsibility for commissioning and delivering training is evident, and its quality is routinely monitored.
- S11 Submissions from Local Authorities were variable, although with the new methodology going forward a standard expectation will become clearer
- CAF and early help arrangements appear to differ across organisational boundaries, which can be of challenge to pan-Berkshire organisations utilising different referral methods and subsequent pathways.
- Although organisations did have a named senior person responsible for safeguarding, but at times it was unclear how this influenced operational practice. The responsibility to have a named person was well understood but there was little evidence of understanding of the actual range of responsibilities this entailed.
- The process for obtaining DBS checks, particularly for those in smaller voluntary organisations needs to be made clearer. This is intelligence that has come from individual LSCB's.
- While training is available the demand for multi-agency training appears to be greater than the volume of staff in some organisations demands. The need for employers to clarify the required pathways together with clearer guidance regarding the relevance of inter-agency training by LSCBs would appear to be important as delivery of such events becomes separated across the East and West of the region.
- Information sharing is a feature in SCR's but this did not come out strongly as an issue in Section 11. Going forward this should be explored further when returns are being presented.

Future Plans for the Panel for 15/16

- 3 year cycle of S11 audits to be commenced on an ongoing rolling programme which incorporates an 18 month mid-term review to monitor progress of action plans.
- Agencies to be invited to present their S11 self-assessments to the Panel to enable scrutiny and challenge of each agency enabling greater discussion and learning.
- Agree a process to ensure that best practice evidence is incorporated into Berkshire processes and that learning is shared.

Local Approach

Reading LSCB is responsible for the undertaking S11 returns for local organisations not included in the S11 Panel above. In 2014 schools were asked to confirm their designated safeguarding lead, and the level of training undertaken by key staff. Concerns from the

review were followed up directly with the schools. A full Section 175 (Section 11 equivalent for Schools) is scheduled in for the autumn term 2015.

Early Years providers, including playgroups, are required to complete an annual safeguarding and welfare requirement audit as part of the EYFS requirements. A worker in the early years team reviews these audits to ensure all safeguarding requirements are met and this is scheduled to report to the Board in 2015.

Case Review Group

The Case Review Group receives and reviews all cases referred to the group where staff from any partner agency of the Safeguarding Children Boards in Berkshire West have identified potential learning. The group will also consider cases where a referral has been made to the group from the Berkshire Child Death Overview Panel (CDOP)

Recommendations will be made to the Chair of the Berkshire West Local Safeguarding Children Boards (LSCBs) when the group agrees that the criteria has been met to undertake a serious case review (SCR) as defined in *Working Together to Safeguard Children (2015)*. Where the group agrees that the criteria for a SCR has not been met it might recommend a partnership review of the case.

Learning from published SCRs will be shared by the group for dissemination across partner agencies of the LSCBs.

The Berkshire West Case Review Group was formed from an amalgamation of the three previous serious case review groups across Berkshire West at the beginning of 2015. The group currently meets every two months, and has so far met three times. In this time six cases have been reviewed, with a recommendation to the LSCB Chair that consideration be given to undertaking an SCR in two cases, although one had a query regarding the criteria. In one of these cases, further information became available that meant that an SCR was no longer appropriate but a partnership review will be completed. In the other case, the National Panel of Independent Experts in Serious case Reviews was consulted and they confirmed it did not meet the SCR criteria. A partnership review will be undertaken instead. One further case identified good practice and a storyboard will be produced to aid learning.

Impact:

This is a new group and therefore its impact and outcomes are yet to be measured. It is envisaged that the amalgamation of the previous three SCR groups will:

- enable a shared process for referral to the group and;
- enable shared learning from serious case reviews and partnership reviews across the three areas of Berkshire West and ultimately across Berkshire, via the Learning and Development sub group of the three LSCBs.
- consider recommendations and shared learning from national SCRs

Ongoing Challenges:

- Representation from the local authorities has not been consistent for the meetings.
- Representation from Early Years has now been agreed.
- LSCBs to be clear about the content and regularity of reports from the group to the LSCB.

Quality Assurance and Performance Sub Group

Working Together states that in order to fulfil its statutory functions under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned;

The role of the Reading LSCB Quality Assurance and Performance Subgroup is to ensure there are sound mechanisms for monitoring, evaluating and auditing safeguarding activity in place, particularly in relation to front line services, and ensuring that improvements are made to deliver better outcomes for children. Also, its role is to demonstrate that the LSCB is a 'learning partnership' that has a strong focus on impact and effectiveness, and when necessary, escalate any identified risk in order to provide assurance to the Board to enable them to carry out their statutory responsibilities.

Achievements:

- Restructuring and merging of the Quality Assurance and Performance & Scrutiny subgroups into one subgroup with a local focus
- Approved monitoring Dataset and implementation of a top 10 reporting scorecard with direct input from the LSCB Independent Chair, linked to the LSBC key priorities (see appendix 7)
- Development and implementation of an Audit programme linked to the LSCB core priorities which included a basic audit tool methodology
- Completion and reporting on audits including action plans for example:
 - Domestic Abuse/MARAC Audit
 - Audit of GP Services
 - LAC Exclusions Audit
 - Multi-Agency Child Neglect Audit
- Lessons learnt from the Neglect Audit have been disseminated across the workforce and the MARAC audit results have fed into the new Domestic Abuse Strategy

Challenges:

In relation to audits, the availability of resources and untimely responses from agencies present major challenges in the completion of audits within agreed timeframes. An interim solution has been the commissioning of an independent audit to coordinate and facilitate some multi-agency audits.

Obtaining an up-to-date dataset has proved a significant challenge due to lack of forthcoming data from agencies and the quality of the commentary surrounding data received. This has impacted on the group's ability to effectively analyse and report on data trends and impacts to the Board.

Ongoing Challenges:

- Quality and commentary surrounding data reporting continues to be challenging. The solution involves a mixture of escalation and liaising with the data owner.
- The group will continue to push for scheduled multi-agency audits take place in a timely manner but resources and engagement by all partners is key to achieving this.
- The group will monitor Section 11 audits when available, but so far this has not been possible due to the lack of information.

CSE and Missing Sub Group

The aims of this group are:

- To develop a local strategy and effective strategic response to ensure a co-ordinated multi-agency approach to safeguard children and young people from sexual exploitation and those who go missing.
- To reduce the risks to children and young people vulnerable to sexual exploitation through multi agency and collaborative working with LSCB partners.
- In relation to Children who go Missing the strategic group to have an overview of children who go missing, the reasons why, the multi-agency response and the areas of cross over with those at risk of Child Sexual Exploitation (CSE).
- To agree and oversee a Performance Framework that; informs commissioning and strategic intentions, enables provision of regular reports to Reading Local Safeguarding Children board (LSCB) on the work of the group and its impact for children and young people.

The Children Who Go Missing and CSE Sub Group was combined in July 2014 to recognise the overlap that can occur between these groups of children. At this time the governance of the group also changed to report directly into the LSCB to ensure clear scrutiny at a high level multi-agency forum. This group is co-chaired by Thames Valley Police and RBC.

Achievements:

- Produced the CSE Strategy and action plan, plus information and tools used at a recent launch event.
- The development of the SEMRAC (Sexual Exploitation and Missing Risk Assessment Conference), which reports directly into this group.
- SEMRAC development days included establishing roles and responsibilities, information sharing and the SEMRAC process.
- Agreement to employ a CSE Coordinator, plus joint working with Barnados to provide three CSE workers for a year working directly with those at risk.
- Agreement that return home interviews will be carried out by RBC Youth Service, which have been successfully taking place.
- Further development of the CSE champion role which provides support to the workforce.

Impact:

- Young people at risk, perpetrators and places of interest are being identified earlier, leading to increased disruption of potential CSE activity.
- Increased awareness across the partnership has led to increased intelligence reporting from partners to the police.
- There has been an increase in awareness across the workforce enabling front line staff to better identify at risk young people.
- Return home interviews are taking place, with more offers being accepted and numbers are being regularly reported into the group.

Ongoing Challenges:

- Continued multi-agency funding for the CSE Coordinator has yet to be established.
- Clear CSE Information Sharing Protocol for across Berkshire needs to be agreed.
- Ensure the wider workforce continues to be aware of the risks of CSE and an effective CSE Training Pathway is put in place.

Update from RBC's Participation Team

Achievements:

The Reading Youth Cabinet is made up of 18 elected young people - in the December 2014 elections, 3,800 young people across Reading voted. The youth cabinet campaigns in the last couple of years have focussed on mental health services for young people, and PSHE provision in schools. In 2014, the youth-cabinet undertook some research around Domestic Abuse and the experiences of young people in Reading, which was presented back to the LSCB.

Reading's Children-in-Care Council, now rebranded as Your Destiny Your Choice (YDYC) Lead, meets once every six weeks. The group have helped with the development of the new pledge for young people in care, to develop a new information pack for young people coming into care, and supported the implementation of the MOMO app.

Young people have also been involved in the recruitment of staff by having their own interview panel, including interviewing for the role of Director for Children's, Education and Early Help Services and recently for a new member of staff for the Edge of Care Team.

Young people in care are given the opportunity to complete a feedback sheet after each LAC Review, to comment on the process and how it could be improved. These are collated quarterly by the Participation Co-ordinator, and a report fed back to the IRO team to be able to pick up on any issues or themes.

A range of consultations and surveys are undertaken annually with young people. This includes almost 3,000 young people participating in a survey run in conjunction with the youth cabinet elections, one for young people in care about the IRO service, and another for young people in care about what should be in the new pledge.

Impact:

Four schools have signed up to the Youth Cabinets Treaty of Mental Health, setting out commitments around what they will do to improve Mental Health education in their school. The Youth Cabinet work around Domestic Abuse has also helped inform, and is referred to, in the new Domestic Abuse strategy.

In a survey looking at how young people in care were experiencing delivery of the pledge, the average response to the 'Listened To' section was 4.4 (on a scale of 1-5, 1 being poor and 5 great). 9 of the 10 sections scored above 4.

The young people involved in recruitment have a genuine influence in the decision on who to employ, meeting with the adult panel to discuss their views and reasoning in an open and two-way fashion.

The work of the Children in Care Council has resulted in the delivery of the new pledge, the new LAC Information Pack, and MOMO which is increasingly being used by young people to prepare for meetings and LAC Reviews, and comment on their care and what could change. Their work has also included the running of an information evening on leaving care run at the Destiny Project, and an improved level of summer activities for young people in care.

Ongoing Challenges:

We want to improve further the voice of young people in the work of the LSCB and the Youth Cabinet is well placed to help us with this. We want to work towards young person periodic representation on the Board and more clear links between the Board and the Youth Cabinet.

Lay Member Perspective

2014-2015 has been a year of change for Reading Local Safeguarding Children Board with our new chair taking up the role in the summer of 2014. Members continue to demonstrate commitment, energy and enthusiasm to provide effective and suitable safeguarding services for Reading. As one of two lay members I am privileged to see how the partners work together and to be party to the work of the board.

We refocused our work with a review of our priorities and reorganisation of the structure of the board and its committees. My lay colleague is the chair of the Quality and performance sub-group. Whilst we work closely with the other West Berkshire safeguarding children boards we have focused more closely on the local issues of Reading. Lay members from across the Thames Valley meet six monthly to discuss our local boards, for learning, advice and support.

I am encouraged to ask questions - to be the voice of an “ordinary person” of Reading. This is daunting as members are professionals and know their business. We are now getting to a better position to challenge agencies and express our views as we understand what we do know and what we need to know. Data collection, audit and review will improve so that agencies can evidence what difference they are making to children and young people’s lives. The development of a risk and assurance log is part of this identification of where we are, what we need to do and what has been done so far. Our challenge now is to include and listen to the voice of young people in what we do as a board as well as in all services.

The new website is a useful tool for disseminating information to staff and local people. Regular newsletters have been reinstated so that staff can keep up to date with work of the board and find links to information and policy documents. I have undertaken a review of documentation for members so that they are easy to read and understand.

I have confidence that we are working together in a constructive way to improve the working of the board.

Anne Farley
Reading LSCB Lay Member



Appendices

1. Glossary

BHFT	Berkshire Healthcare NHS Foundation Trust
BME	Black and Minority Ethnic
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CAT	Children's Action Team
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIC	Children in Care
CIN	Children in Need
CMoE	Children Missing out on Education
CP	Child Protection
CPE	Common Point of Entry
CSC	Children's Social Care
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DA	Domestic Abuse
DBS	Disclosure and Barring Service
DfE	Department for Education
DV	Domestic Violence
EHC	Education, Health and care Plan
FGC	Family Group Conference
FGM	Female Genital Mutilation
IRO	Independent Reviewing Officer
JSNA	Joint Strategic Needs Assessment
LAC	Looked After Child
LADO	Local Authority Designated Officer
LDD	Learning Difficulties and Disabilities
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
NEET	Not in Employment, Education or Training
ONS	Office of National Statistics
PSCHE	Personal, Social, Citizenship and Health Education

RBC	Reading Borough Council
RBFT	Royal Berkshire NHS Foundation Trust
RCVYS	Reading Children and Voluntary Youth Services
RSCB	Reading Safeguarding Children Board
SAPB	Safeguarding Adults Partnership Board
SARC	Sexual Assault Referral Centre
SCR	Serious Case Review
SEN	Special Educational Needs
TVP	Thames Valley Police
VCF	Voluntary, Community and Faith
YOT	Youth Offending Team

2. Extracts from Working Together 2015

Chapter 3.1: Statutory objectives and functions of LSCBs

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

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

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; and
- (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of this guidance.

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.

Chapter 3.4: Statutory Board partners and relevant persons and bodies

Section 13 of the Children Act 2004, as amended, sets out that an LSCB must include at least one representative of the local authority and each of the other Board partners set out below (although two or more Board partners may be represented by the same person). Board partners who must be included in the LSCB are:

- district councils in local government areas which have them;
- the chief officer of police;
- the National Probation Service and Community Rehabilitation Companies;
- the Youth Offending Team;

- NHS England and clinical commissioning groups;
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;
- Cafcass;
- the governor or director of any secure training centre in the area of the authority; and
- the governor or director of any prison in the area of the authority which ordinarily detains children.

The Apprenticeships, Skills, Children and Learning Act 2009 amended sections 13 and 14 of the Children Act 2004 and provided that the local authority must take reasonable steps to ensure that the LSCB includes two lay members representing the local community.

Section 13(4) of the Children Act 2004, as amended, provides that the local authority must take reasonable steps to ensure the LSCB includes representatives of relevant persons and bodies of such descriptions as may be prescribed. Regulation 3A of the LSCB Regulations prescribes the following persons and bodies:

- the governing body of a maintained school;
- the proprietor of a non-maintained special school;
- the proprietor of a city technology college, a city college for the technology of the arts or an academy; and
- the governing body of a further education institution the main site of which is situated in the authority's area.

Chapter 5: Child Death Reviews

The Regulations relating to child death reviews:

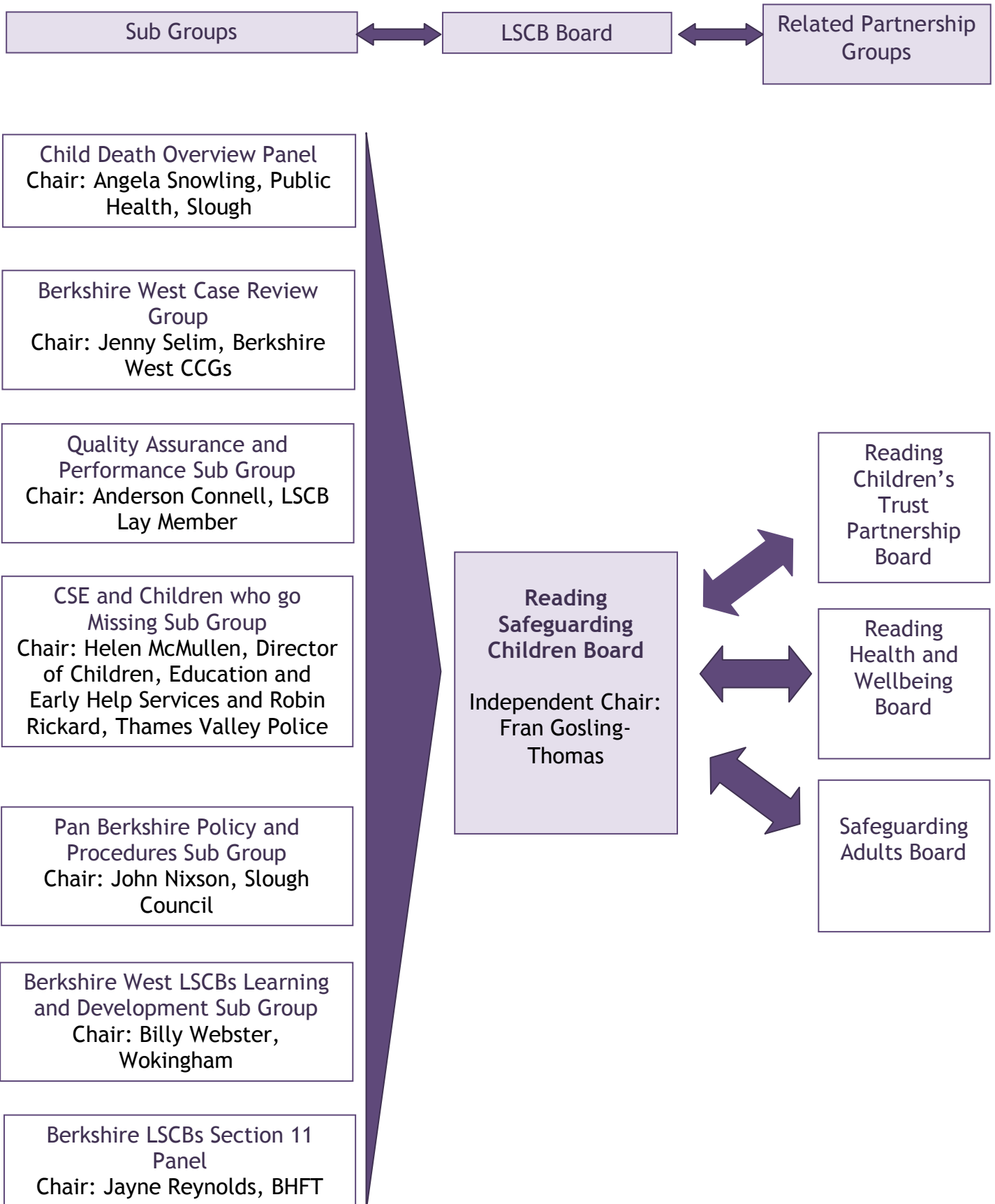
The Local Safeguarding Children Board (LSCB) functions in relation to child deaths are set out in Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, made under section 14(2) of the Children Act 2004. The LSCB is responsible for:

- (a) collecting and analysing information about each death with a view to identifying -
 - (i) any case giving rise to the need for a review mentioned in regulation 5(1)(e);
 - (ii) any matters of concern affecting the safety and welfare of children in the area of the authority;
 - (iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
- (b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

Working Together 2015 can be viewed via this link:

<http://www.workingtogetheronline.co.uk>

3. Structure Chart



4. Board Membership and Attendance Log (March 2015)

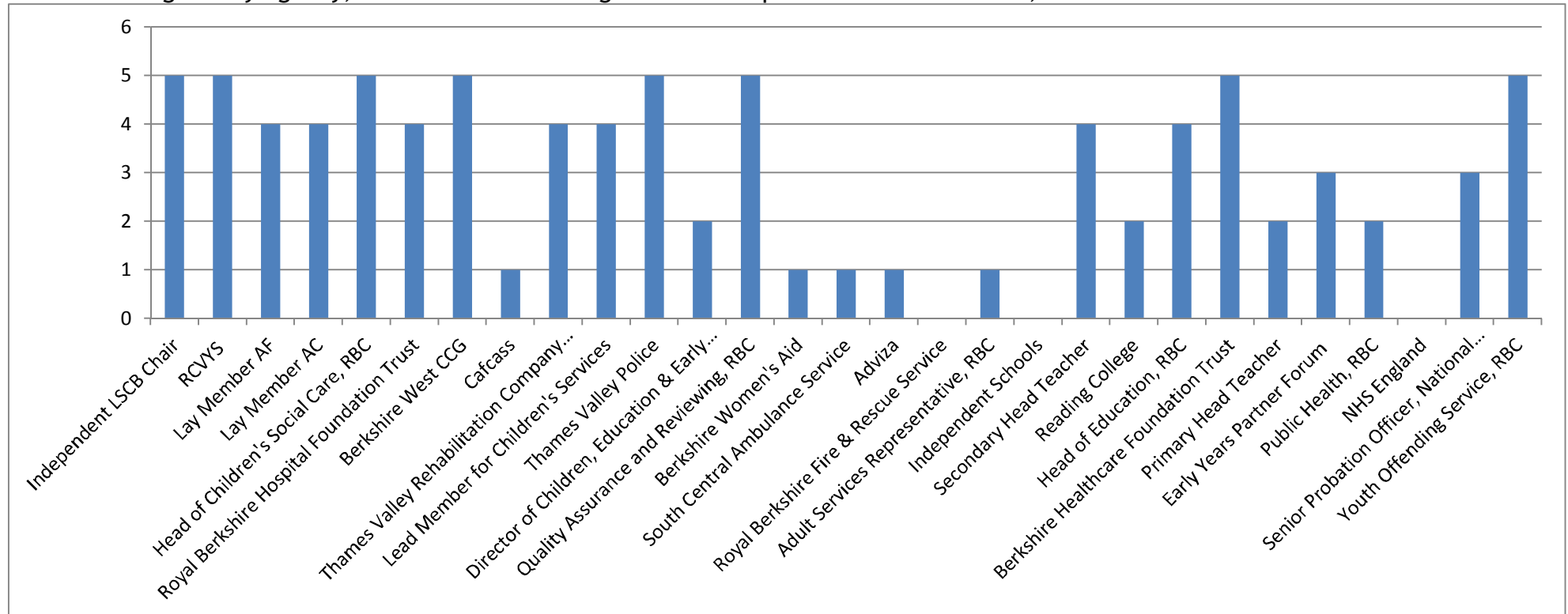
Name	Agency
Francis Gosling-Thomas	Independent LSCB Chair -Reading, West Berkshire, and Wokingham
Avril Wilson/Helen McMullen	Interim Director of Education, Adult and Children's Services - Reading Borough Council (RBC)
Cllr Janet Gavin	Lead Member for Children's Services
Karen Reeve/Vicki Lawson	Interim Head of Children's Social Care, RBC
Bernadette Adams	Service Development Manager - Berkshire Women's Aid
Anderson Connell	Reading LSCB Lay Member
Anne Farley	Reading LSCB Lay Member
Anthony Heselton/Kat Jenkin	South Central Ambulance Service
Helen Taylor/Mike Edwards	RCVYS
Jenny Selim/Debbie Daly	Berkshire West CCG
Kevin McDaniel	Head of Education, Reading Borough Council
Penny Cooper	Head of Children's Universal Services - Reading, Berkshire Healthcare Foundation Trust (BFHT)
Ruth Perry	Head Teacher, Caversham Primary School
Chris Lawrence	Early Years Partner Forum Representative
Anne-Marie Delaney	Service Manager Reviewing and Quality Assurance, RBC
Hannah Powell	Senior Probation Officer, Thames Valley Community Rehabilitation Company
Lise Llewellyn/Peter Dawson	Berkshire Lead Public Health Consultant
Debbie Johnson	National Probation Service South West and South Central
Kevin Gibbs	Head of Service, CAFCASS
Maninder Hayre/Julie Skinner	Adviza
Ashley Robson	Reading Boys School
Patricia Pease	Urgent Care Group Director of Nursing, Royal Berkshire Hospital Foundation Trust (RBHFT)
Elizabeth Rhodes	Fire and Rescue Service
Sarah Gee	Head of Housing, Neighbourhoods and Communities, RBC
Christina Kattirtzki	Kendrick School
Nigel Denning	Interim Service Manager, Youth Offending Service
Gerry Crawford	Regional Director, Berkshire Healthcare Foundation Trust
Gillian Davidson	Reading College
Jan Fowler	NHS England
Julie Kerry	NHS England
Rhoda Nikolay	Crown Prosecution Service
Robin Rickard	Thames Valley Police
Suzanne Westhead	Interim Director of Adult Care and Health Services, RBC

Board Meeting Attendance

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

Attendance in Reading is generally good and, if a member is unable to attend, they are asked to send a deputy to ensure all messages are disseminated to each agency. Any lack of agency attendance is addressed directly by the Business Manager or escalated to the Chair. In addition, the Designated Doctor and a representative from Adviza attend meetings once a year by arrangement.

Attendance figures by agency, based on five meetings held from April 2014 to March 2015, are shown below.



5. Financial Contributions

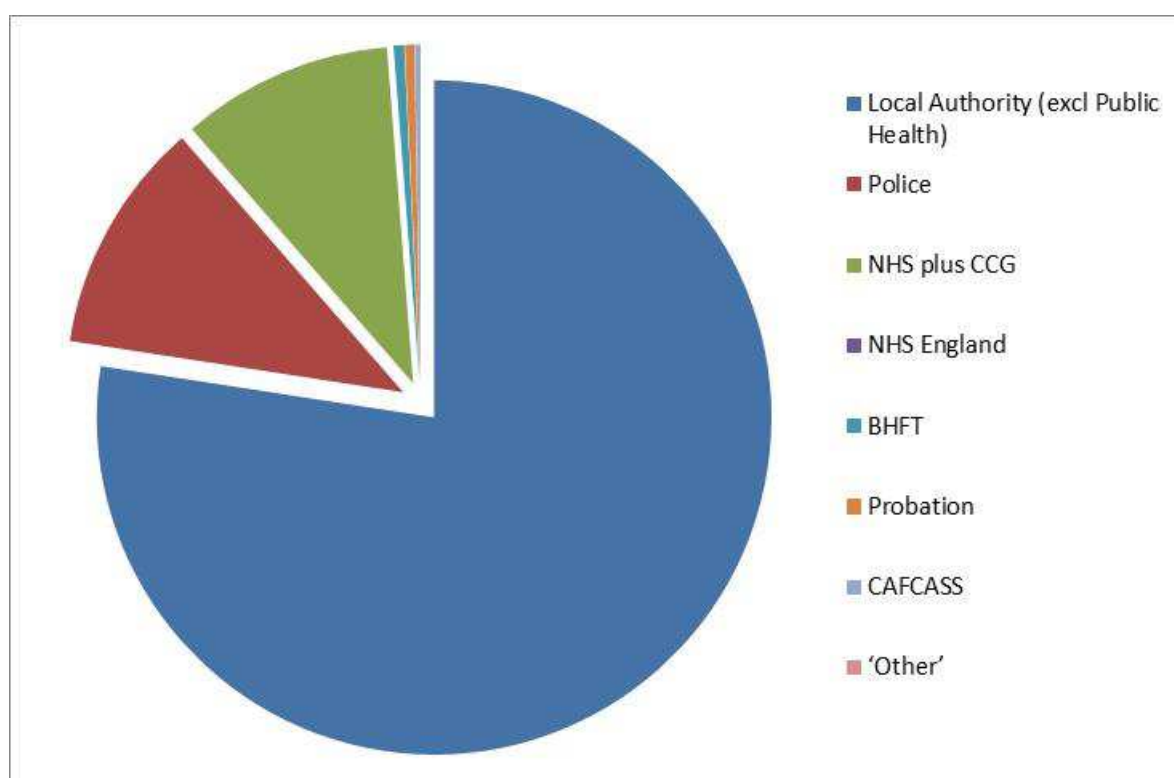
The budget is monitored by the Business Manager with the majority of the budget spent on staffing to support the work of the Board.

The LSCB budget 2014-2015 is made up of contributions from the Local Authority, the CCG, Police, Probation, CAFCASS and Berkshire Healthcare NHS Foundation Trust.

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

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

Contributing Agency	Contribution Amount
Local Authority (incl. Public Health, all staffing & training)	£152,500
Police (incl. RCVYS training funding and one off contribution to CSE Coordinator post)	£22,000
NHS plus CCG	£20,000
NHS England	£0
BHFT	£1,000
Probation	£895
CAFCASS	£550



Ongoing LSCB Challenge:

The LSCB Chair raised a clear concern that the current budget is not in line with similar authorities and does not allow the LSCB to address its key priorities. A discussion was held at Board and comparative review of the budget undertaken. A zero baseline budget forecast was undertaken to gauge the required level of funding and found a £88k shortfall in our current budget.

As a result, additional contributions were received from TVP (£15k one off to support the appointment of the CSE Coordinator) and CCGs (additional £5k ongoing). Other agencies felt unable to increase contribution for 2015/16 year. Conversations will continue for the 2016/17 year.

6. Risk/Concern Log

The latest version of the risk and concern log can be found on the LSCB website:
www.readinglscb.org.uk/about-lscb/board/.

7. Top 10 Scorecard

Reading LSCB Top 10 Scorecard Data Updated 9th September 2015

Priority 1 - Domestic Abuse

1. % repeat referrals to CSC for DA

No benchmarking figures are available as this data is not collected nationally.

Children's Social Care Re Referral Data	Q3 14/15	Q4 14/15	April 15	May 15	June 15	July 15
Repeat referrals to CSC for DA	38%	21.5%	4%	40%	17%	1%
DV Referrals in Quarter	64	65	24	45	53	23

2. MARAC specific data to be obtained from Domestic Abuse Steering Group.

Data included is on a rolling year not quarterly.

MARAC Specific Data	Quarter 1 01/04/14 30/06/14	Quarter 2 01/07/14 30/09/14	Quarter 3 01/10/14 31/12/14	Quarter 4 01/01/15 31/03/15	Quarter 1 01/04/15 30/06/15
Total Number of Cases Reviewed to Date	149	153	155	134	138
Repeat Cases	38	38	34	24	23
% Repeat	26%	25%	22%	18%	17%
Number of Children in Household of MARAC Referrals	199	204	194	182	185

Priority 2 - Strengthening Child's Voice and Journey

3. LAC Health Assessments

Berkshire Healthcare Foundation Trust has provided additional resources to the service. The next quarter figures will show whether this has had an impact. From April 2015 the figures have been taken from the RBC Purple Book.

LAC Health Assessments Figures	Q2 14/15	Q3 14/15	Q4 14/15	April 15	May 15	June 15	July 15
Initial Health Assessment Compliance	53%	69%	10%	0%	0%	65.7%	55.8%
Review Health Assessment Compliance	61%	58%	11%	69.4%	75%	75.7%	74.6%

4. Number of children contributing to/attending case conferences

Monitoring of how often the Child's Voice is included and what work needs to be done to support this. Advocacy Service for CP cases has been commissioned.

	14/15	Q1 15/16
Number of children contribution to/attending case conferences	Initial - 27 Review - 49	Awaiting report from Performance team

Priority 3 - CSE and Other Vulnerable Groups

5. Number of CSE Level 1/2/3 cases

6. Potential new persons of concern

Due to the emphasis on Early Help Services Level 1 Data will be collected. Figures are taken from the Purple Book.

CSE Figures	Aug 14	Sep 14	Nov 14	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15
LEVEL 3 CASES	9	7	12	6	6	5	9	5	4	5
LEVEL 2 CASES	5	6	5	5	2	4	5	9	10	8
LEVEL 1 CASES	4	3	6	13	12	11	9	8	5	4
REDUCED FROM 2 TO 1	NK	NK	NK	0	3	2	0	2	0	0
RAISED FROM 1 TO 2	NK	NK	NK	1	1	1	0	0	0	0
Potential new persons of concern	NK	NK	NK	2	3	4	12	4	0	1
Potential cases for removal	NK	NK	NK	NK	6	5	8	7	8	2

Priority 4 - Neglect

7. Outcome Star

Outcome Star - Number of users who are included: 82

This table shows the average first and last scores for the clients included. The difference between these two is the 'change', or outcome, shown in the column on the right.

Scale	Initial	Final	Change
Physical health	6.9	8.1	1.2
Your well-being	5.4	7.1	1.7
Meeting emotional needs	6.4	7.8	1.4
Keeping your children safe	7	8.4	1.5
Social networks	6.2	7.5	1.3
Education and learning	6.4	7.7	1.3
Boundaries and behaviour	5.7	7.4	1.7
Family routine	6.8	8.2	1.4
Home and money	6.9	8	1.1
Progress to work	6.5	7.4	1
Average	6.4	7.8	1.4

8. % of children on plan as a result of neglect.

Graded Care Profile is being introduced in September (an assessment tool developed for practitioners assessing neglect). The implementation of this and the results from the Neglect Audit may see a drop in number for this category.

Children Subject to CP Plan under the category of neglect	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
	104 or 56.5%	103 or 55.8%	97 or 47.8%	106 or 51.2%	110 52.1%	118 49.8%	110 41.5%
Total Number of CYP subject to a protection plan	184	195	203	207	211	237	241

Priority 5 - Effectiveness and Impact of the Board

9. Number of cases looked at in multi-agency audits

Single Agency audits to highlight multi-agency issues and inform future audits.

Number of cases looked at in multi-agency audits	14/15	15/16
Neglect Audit	10	
Health of LAC	16	
MARAC Audit	13	
CSE Audit		6
Board Effectiveness Survey		103

Number of cases looked at in single-agency audits	14/15	15/16
BHFT Safeguarding Children Training Audit	25	
Entitlement Survey of Children in Care	44	
Audit survey of missing persons Under 18- MISPER alerts	18	
National Standards Audit Submission 2014 Reducing Reoffending	21	
YOS Self Assessment Audit	10	
Lived Experience Snapshot of a sample of Children on Protection Plans	8	
Domestic Violence - audit of threshold application by TVP Risk Assessor in MASH	7	
Audit and Review of CAF Assessments	148	
Audit of clinics to assess process for 'Children Not Brought for Appointments'	5	

10. Number of known children or young people in Private Fostering

The Children Act 1989 (section 66) defines private fostering as occurring when a child under 16 (or under 18 if disabled) is cared for and provided with accommodation, for 28 days or more by somebody other than a close relative, legal guardian or someone with parental responsibility. Close relatives are defined in the Act as step parents, siblings, brothers or sisters of the parents and grandparents. A private fostering arrangement is one which is made privately, that is to say without the involvement of the Local Authority.

Number of known children or young people in Private Fostering	
March 2015	0
April 2015	0
May 2015	1
June 2015	1
July	

8. LSCB Board Information

Independent Chair: Fran Gosling-Thomas LSCBChair@reading.gov.uk
LSCB Business Manager: Esther Blake esther.blake@reading.gov.uk
0118 937 3269
LSCB Coordinator: Donna Boseley LSCB@reading.gov.uk
0118 937 4354

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Berkshire Local Safeguarding Children Boards
Child Protection Procedures available on line:
<http://berks.proceduresonline.com/index.htm>

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Date published: 12th October 2015

If you have any queries about the report please contact Esther Blake at the contact details above. If you require this information in an alternative format or translation, please contact Esther Blake.