



# West Berkshire LSCB Annual Report 2016-17



## Fran Gosling Thomas Independent Chair of West Berkshire (2014-2017)

# Foreword

Welcome to the WB LSCB Annual Report

I am proud to write the Chair's introduction to this year's annual report as I really believe that local children's

services and partnership working in West Berkshire have turned yet another important corner in the last year and the Board itself has reached a more mature phase. Key factors have been the strengthening of links and joint working with other partnership boards for example in relation to domestic abuse, exploitation and children's emotional health and well-being. Also the much more robust performance and quality data now coming to the board enabling 'hot spots' to be picked up early and multi-agency action agreed. The closer involvement of children, young people and schools in the work of the Board has also helped deliver significant improvement and connectivity that benefits children and young people across West of Berkshire and beyond. This has been further strengthened following the sharing of learning from the Serious Case Review undertaken during the year and closer links have also developed with independent schools, faith groups and with children's sports groups and organisations. This will continue to be a strong focus in 2017/18.

During 2016/17 the Board signed off the delivery of the first year of the 'Achieving Excellence' plan, including actions to embed recommendations from the 2015 inspection of children's services and 2016 Peer Review. In addition a lot of further work was completed to strengthen governance and

synergy across the Board and its sub-groups, to strengthen and broaden the Board's Learning and Improvement Framework and to widen multi-agency learning opportunities. This included sessions to share and embed the learning from audits and from the Serious Case Review, including a focus on children who are excluded from school, children subject to child protection plans for more than a year, children whose parents have mental health, domestic abuse and substance abuse issues and safe recruitment and safeguarding practice. The actions and learning from these reviews are being closely monitored and reported to the Board. I would particularly like to commend the work of the Case Review Group and thank them for their drive and commitment to review and monitor the implementation of learning from the West Berks Serious Case Review.

I would also like to commend the work of the Quality and Performance sub-group and their work, with the other sub-groups, to develop what is now a very robust set of performance data reports to help the Board to monitor and challenge progress in detail key areas of concern and take further action where this is required. Some recent examples include health needs of looked after children, waiting time for CAMHs services and levels of reporting of self harm to A+E departments.

In last year's report we were able to set out all the changes and activity that the Board had driven or supported. However, we weren't able to fully evidence this in terms of the difference it was making for children. I am

delighted that in this year's report we are able to evidence the impact of our work over recent years. Examples include listening to the child's voice and strengthening their involvement in the LSCB; reducing waiting times for children's mental health services; improving the timeliness of responses to contacts and referrals to children's social care; ensuring more children in care have their health needs assessed and reviewed. The report identifies many other examples.

I would like to say a huge thank you to all the West Berkshire partners who have given so much commitment to helping the WB LSCB make a real difference for children, also to front line staffs across the partnership who are the ones who have actually delivered these improvements. We all value the extra mile which so many staff go to help children and young people in West Berkshire. Finally huge thanks to Andrea King (Head of Service, Prevention and Safeguarding), Carlie Highton (LSCB and System Change Service Manager) and Kira Egal (Board Administrator) who have worked so tirelessly to support and develop the work and impact of the Board.



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### **Background to the report**

Under section 14A of the Children Act 2004 the Independent Chair of the LSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

# Progress against our priorities in 2016/17



# Children and young people in West Berkshire have access to and benefit from Early Help services

Early Help is intervening as early as possible in the Child's life to mitigate risks, to reduce the likelihood of needing intensive and targeted statutory support for families and to support Children and Young People to achieve their full potential. The 16/17 business priorities therefore reflected a need amongst all agencies and partners to improve early help services and the early identification of and support for children and young people at risk of harm.

## *The Evidence and Outcomes of the Early Help priorities:*

- ✓ Evidence of improvement in individual children outcomes
- ✓ Reduce the number of referrals into statutory services where Early Help/Targeted prevention services have been provided
- ✓ Have a better understanding of risk in Early Help Services
- ✓ Improve timely decision making for children
- ✓ Measure improvements in child and family outcomes in Early Help

## **What have we done?**

### **Strategic Factors**

- Established the multi-agency Emotional Health Triage that enables partners to identify and holistically assess the emotional health needs of children and young people
- LSCB audits supported the identification of Targeted Prevention risk factors, which if identified and responded to early, would reduce the likelihood of safeguarding and protection needs arising.
- The Children's Delivery Group (Sub-Group of the Health and Wellbeing Board) seeks to support and align how the Local Authorities work with partner agencies to identify 'Early Help' support with understanding levels of need, shared priorities for early intervention and understanding where further support is needed.
- Ongoing work with all schools and wider partnership agencies has been facilitated to share findings from the Serious Case Review and multi-agency audits supporting identification of patterns, early identification of risk in the child's journey and to improve services.

### **Operational Examples**

- Youth Health Champions (YHC) – peer to peer health awareness/promotion Level 2 qualified young people delivering positive health messages on sugar awareness, mental health awareness, resilience and peer pressure.
- The Early Help Assessment pilot concluded in 2016, demonstrating a need for consistent Early Help Assessment Framework to be developed. The pilot tool and learning from the agencies involved in the pilot has enabled a clear assessment tool to be developed identifying risk factors, strengths and support agencies to work with families to create a plan.

- There has been a rise in effective referrals to the Family hubs result in every family receiving timely and appropriate support offering a range of opportunities for families which enables early identification, signposting and targeting of resources for families at key times.
- Clinical Commissioning Group's (CCG's) have published 'My Little Book of Sunshine' for young people and families, the book enables young people to get support and further information on a range of worries that could be affecting them, which was distributed to schools, partner agencies and GP surgeries.

### **What difference did this make? – Outputs**

#### **Strategic Examples**

- ✓ The Local Authority welcomed visitors from the Department for Education. The visit showcased the use of Restorative Practice within the community and schools and how that is improving impact on outcomes for children, families and communities in West Berkshire. The visit saw presentations from schools, school children on circle time and using Restorative interventions, the Emotional Health Academy Impact and changes in Adult Social Care through a three tiered conversation based on restorative practice.
- ✓ West Berkshire were asked to speak at the Innovations Conference in March about the innovative Restorative work being developed.
- ✓ Multi-professional audits in collaboration with other Local Authorities in the West of Berkshire went on to continue to support and inform the priority risk factors for Targeted Prevention services and have led to a partnership raising awareness campaign for the Children's Delivery Group (sub group of the Health & Wellbeing Board) and the LSCB.
- ✓ The LSCB has worked with a wide range of partners, such as the voluntary, community and Faith Sector, Sports and Education providers and Get Berkshire Active to acknowledge recommended changes to safeguarding policies and procedures following National and local learning.

#### **Operational examples**

- ✓ The Emotional Health Triage responded to the needs of 564 children last year.
- ✓ All children and families that refer to the Family Hubs are contacted and an offer of support is provided. To date there is 100% take up of these offers.
- ✓ More agencies are using My Family Plan assessment to identify and respond to children's needs early.

### **What difference did this make? – Outcomes**

- ✓ The YHC's at Little Heath school raised concern with the schools senior leader team and Health and Wellbeing in schools coordinator about the levels of stress and lack of mental health self-care knowledge in Year 10. This resulted in every Year 10 student being taken off timetable to attend a mental health/stress awareness workshops delivered by a Youth Mental Health First Aider.
- ✓ The Building Communities Together strategic change programme promoted the Targeted Prevention risk factors to local communities, engaging local residents in taking a shared responsibility for safeguarding and finding local solutions to early intervention needs, through the mechanisms of community conversations, school pilots, restorative practice training and interventions, activities that have supported the wider recognition of risk factors within Early Help.
- ✓ Re-design of our Targeted Prevention Services and early help services are being monitored through outcome frameworks to understand the difference for our children.
- ✓ 564 children were helped by Emotional Health Triage partners, 80% of these children demonstrated improved outcomes at point of review.



### **Next Steps**

- To ensure the sufficiency of Early Help and Targeted Prevention provision in the context of public sector funding reductions.
- To systematically review the impact that Early Help and Targeted Prevention services have on improving outcomes for children and families.
- To embed Targeted Prevention priority risk factors in all early help and Targeted Prevention services and to implement 'My Family Plan' in response to learning from the Early Help Assessment Pilot and multi-agency audit learning, in partnership with the Children's Delivery Group.
- To continue to build on and implement restorative methodology within a non-statutory framework.
- To share our local learning about effective emotional health early intervention nationally with partners.

# The partnership response to Child Sexual Exploitation (CSE) in West Berkshire is robust and is effectively coordinated.

## *The outcomes of CSE and Missing priorities:*

- ✓ To reduce the identified risk in relation to CSE
- ✓ To reduce the number of times a child goes missing
- ✓ For children and young people at risk of CSE to report feeling safe
- ✓ Improve self-esteem, self-worth and emotional or mental health for children and young people at risk of or involved in CSE or missing
- ✓ Increased awareness and understanding of CSE amongst young people, families and schools

## **What have we done?**

### **Strategic Examples**

- West Berkshire agreed a detailed CSE action plan for 16/17
- Completed an analysis of missing episodes and return home interviews in 2016/17 to understand trends and take appropriate actions to address any of the safeguarding issues highlighted.
- Looked After Children go missing more frequently than other young people, therefore work has been undertaken with residential Children's Homes and the police to develop a protocol and common practices to address those issues highlighted.
- Undertook the Section 11 Audit tool to understand which governors have completed the CSE training and their understanding of CSE.
- A CSE audit took place and the outcome has led to refined operational procedures and pathways for responding to concerns about CSE.
- Return Home Interviews for Looked after Children placed at distance from West Berkshire is prioritised.
- Police have targeted and disrupted potential perpetrators.

### **Operational Examples**

- Completed a CSE Feedback Report, in general young people thought the work undertaken with them was good or excellent.
- On National CSE Awareness Day a range of information about CSE was provided to the public and local businesses. Materials were developed by West Berkshire pupils, including a video of the project. Social media, Twitter, Facebook, and YouTube were used in order provide greater reach to very a positive effect.
- Training, consultation and awareness raising programmes continue to increase the understanding of CSE.
- A School Action Group assessed and shared materials used to raise awareness of and work with CSE.
- A survey was completed in 2017 about CSE and Missing it sought to understand the level of knowledge that children and young people have about CSE.
- A young person's pack was developed to ensure that a young person who goes missing receives information tailored to them alongside a parents pack.

- Face to face CSE Training has been changed to highlight those who are underrepresented in our group of young people.
- Teen Health Guide a health magazine by Public Health for 13 – 18 year olds has been produced with information on CSE, sexual health, sexting etc.
- Events have taken place in Newbury Town Centre during the course of the year to raise awareness of CSE.
- Member Development Sessions were provided to council members to ensure they are aware of the local profile of CSE and actions taken to address the issue.

### **What difference did this make? – Outputs**

#### **Strategic Examples**

- ✓ Developed a protocol and common practices to address CSE and missing episodes in children's homes.
- ✓ Improvements in practice around CSE are evidenced in subsequent re-audit activity.

#### **Operational Examples**

- ✓ NSPCC Share Aware Programme has reached 75% of West Berkshire Primary Schools.
- ✓ CSE training take up by schools has increased.
- ✓ A CSE Feedback Report for young people was conducted, in general young people thought the work with them was good or excellent.
- ✓ SEMRAC feedback report supported continuous improvement.
- ✓ Return Home Interview audit illustrated progress and developments in the quality and completeness of return home interviews.

### **What difference did this make? – Outcomes**

- ✓ The level of risk of those deemed high or medium risk of CSE reduced in 54% of children and young people known, remained the same for 38% of children and young people known and increased in 8% of children and young people known.
- ✓ 87% of the young people considered that they had made positive changes in their lives when working with SEMRAC.
- ✓ 87% did not think there was anything else that could have been done to keep them safe.

### **Next Steps...**

- Capturing the voice of young people who are either victims or survivors of CSE is difficult and West Berkshire is not alone in trying to address this. We need to continue to develop a better understanding of young people's perspectives particularly around prevention and what interventions work.
- We need to consider how to promote the features of healthy relationships to those people in a trusted relationship to children, following the survey we know that the majority of young people would talk to their parents if they are worried, therefore there needs to be more focus in training parents as well as children and young people.
- We need to ensure that there is robust and timely information sharing regarding perpetrators to disrupt their activities.

# Effectively support and safeguard children living with domestic abuse and emotional ill-health.

*The LSCB priorities for Domestic Abuse and Vulnerable groups:*

- ✓ Training, education and awareness raising
- ✓ Ensuring more children and young people reporting to services feel safe and are not experiencing abuse or violence
- ✓ All school Safeguarding Leads to have a defined role in promoting Domestic Abuse awareness raising within their setting to support effective early intervention
- ✓ All designated schools safeguarding leads receive Domestic Abuse awareness training at the designated safeguarding events
- ✓ All maintained, Academy and Independent or Special schools are part of the Domestic Abuse Information Sharing Agreement; to enable them to receive timely domestic abuse notifications

## **What have we done?**

### **Strategic Examples**

- Toxic Trio Audit and other learning seminars took place in 15/16, the audit identified clear learning in relation to better information sharing between agencies, understanding the elements of toxic trio, the presenting behaviour and the impact beneath that behaviour as well as how agencies can work together to identify learning and risk factors within families experiencing Toxic Trio.
- The EHA was established in April 2016 after our local children and young people told us how the mental health system had been letting them down; we were particularly focused on trying to prevent adolescent suicide. Children helped us design the EHA, with partnership support from CCGs, schools, GPs, Child and Adolescent Mental Health Services (CAMHS), and the voluntary sector. Schools, CCGs, and West Berkshire Council are funding the service together.
- Tier 4 contracts were reviewed by CCG and Local Authority representatives at the Future in Mind group. These Tier 4 contracts include a clear clause that requires Tier 4 providers to start inter-agency discharge planning in a timely way. Future in Mind colleagues reviewed and agreed the escalation and challenge process for responding to Tier 4 providers when discharge planning had not been effectively undertaken; this was disseminated across Berkshire West partners.

### **Operational Examples**

- A Domestic Abuse one day Champions training was designed, it has been fully booked on each course with a 5/5 rating. Domestic Abuse training has been delivered to medical students at Royal Berkshire Hospital (RBH) Over 150 GP surgery staff across 14 surgeries throughout West Berkshire.



- A survey completed with schools asked a range of pupils from year 7-13 questions relating to Domestic Abuse and their perceptions. Following the survey the Health and Wellbeing Schools Coordinator has been working with schools and the Children's Delivery Group to continue to disseminate learning.
- A review of DART family focus work within the Targeted Intervention Service was completed, seeking to analyse the impact on outcomes for children, young people and families showing: the positive impact our work is having on reducing domestic abuse and improving outcomes for children; thereby achieving our aims of reducing harm to children and families and making long term savings for the Council.
- The Targeted Intervention Service has facilitated Restorative meetings between the victims and perpetrators of Domestic Abuse to positive results.
- An FGM training event was facilitated towards schools and was attended by representatives from 15 schools.
- A stalking event was facilitated and was attended by over 50 people.

### **What difference did this make? – Outputs**

#### **Strategic Examples**

- ✓ An Information Sharing Agreement was implemented meaning that schools, nurseries, alternative curriculum providers and Family Hubs receive notifications when Police have been called to a household for a domestic abuse incident where a child is present. Providing more information and greater awareness of what is happening to that child in their home to monitor welfare and make safeguarding referrals if required. Schools have reported that they are happy the scheme exists. The scheme supports a more holistic view of the child's home life.

#### **Operational Examples**

- ✓ Domestic Abuse Champions training - the training package was refined into a one day course. There have been a total of **129** Champions trained; over **80%** are still in post in West Berkshire.
- ✓ In Q4 **13** people completed DASH / MARAC training. This brings the total number trained to **132**. Everyone who completed the training rated it 5/5 in their evaluations.
- ✓ DAY: Domestic Abuse Awareness Programme: To ensure our children and young people understand the features of a 'healthy relationship' and know where to go for help and support if they need it. The DAY programme is a six week program targeted at raising awareness of unhealthy and abusive relationships with young people. The EHA delivered the first course in a secondary school to 12, 12 to 13 year old students (four males and eight females).
- ✓ The EHA received a total of **31** self-referrals from young people, The EHA delivered emotional health training to **256** professionals in a variety of settings including the local authority, schools and voluntary services. The EHA clinical service completed **84** clinical emotional health assessments and delivered two parenting programmes to vulnerable families in isolated rural communities.
- ✓ The EHA delivered two Peer Volunteer Training Programs to **15** vulnerable parents in collaboration with the Hungerford Family Hub.

### **What difference does this make? – Outcomes**

- ✓ Young people reported after completing the DAY program that they:

- Were more confident saying “no” when they didn’t want to do something.
- Would know what to do if they recognised they were the victim of or perpetrating abuse.
- Following the Family Focus work; **not** all couples have remained in the abusive relationship and the programme appears to help individuals separate from unhealthy relationships and focus on having contact with their children. An important aspect of the programme is that victims felt supported and perpetrators felt that they had been heard and supported to make changes.
- ✓ The EHA Clinical Services helped children and young people make positive changes in 61% of cases. Families were signposted to a more appropriate service after assessment in 25% of cases. The remaining 14% of cases included those stepped-up post intervention or referred directly to CAMHS post assessment, and those 5 cases who disengaged.
- ✓ There is evidence that by supporting whole families intensively individuals engage and feel supported to make the right decisions for themselves and their children, risks are reduced quicker by taking the intervention TO the family and working WITH them using a restorative methodology.

#### **Next Steps...**

- Review domestic abuse related training with a view to creating a more sustainable model
- Establish a Domestic Abuse Champions’ network for peer support and to contribute to ongoing professional development
- Targeted work with schools whose students answered ‘yes’ to the question ‘is it ever ok to be physically abusive to your partner?’ is underway.
- Each school has until September 2017 to provide feedback on the progress they have made with responding to these concerns.
- Continue to focus on delivering prevention and awareness programmes with children and young people to enable an understanding in relation to healthy relationships.
- The Family Focus work will be sold to other local authorities. We have already received requests from Hampshire and Reading and it is something we are keen to progress.

# Children and young people who experience Neglect are effectively safeguarded.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born the impact of negligence often leads to the child suffering other forms of abuse. The NSPCC site Neglect as the most common form of child abuse and is the most common reason for local authorities to take child protection action.

*The Evidence and Outcomes of the Neglect priorities are to:*

- ✓ To improve our effectiveness in the prevention of neglect and to support families towards making sustainable changes
- ✓ Identification of and safeguarding our children from neglect

## **What have we done?**

### **Strategic Examples**

- West Berkshire's practice framework supports workers to underpin their knowledge and experience of how to work with families with chronic and severe needs, including neglect. The practice framework identifies Restorative Practice and Motivational Interviewing to support families to make significant and sustained change. Further analysis and fundamental consideration will be given to identifying partners and families to work with within the practice framework beyond in 18/19.
- It was recognised that more work could be done in relation to Neglect following the 15/16 analysis from the Board, as a result the Independent Chair agreed for a task and finish group, following a partnership workshop in 2016. The focus of the group has been to review the threshold documents.

### **Operational Examples**

- Family group Conferencing in West Berkshire uses restorative methodology to work with families who are 'stuck' or who have been unable to promote positive change. The service supports the identification of working with families where neglect has been identified as a risk factor.

## **What difference did this make? – Outcomes**

### **Strategic Examples**

- ✓ Consistent chronology guidance has been written and reviewed by members of the task and finish group. The document is available on the LSCB website and will be used as part of the neglect audit learning events to further raise awareness; families are therefore consistently receiving a high level of intervention and support.

- ✓ A multi-agency audit focused on understanding our local children and families experiences of living with neglect and the impact of neglect on outcomes for our local children was initiated at the end of 16/17. This audit was intentionally designed to seek the views and experiences of our family's first hand, the views and experiences of frontline multi-professional staff. The audit will form part of the Berkshire West Audit Programme.
- ✓ The Quality and Performance sub-group has reported on the limited used of the Graded Care Profile (GCP), however early indication is that it is a positive tool and supports the identification of slow deterioration or improvements in the child's care.

### **Operational Examples**

- ✓ Neglect is included in all universal safeguarding training meaning that all professionals have a positive level of understanding of the potential presenting factors, complexities and other complicating factors for families experiencing neglect.

### **Next Steps...**

- The Neglect audit will seek to understand our current interventions and ways of engaging with families as well as the wider understanding and thresholds of categorising the risk as neglect around child protection. This will enable the LSCB to further understand the learning, strengths and complexities behind the local prevalence and impact and adapt or re-design our local children's services in response to this learning.
- The Quality Assurance and Safeguarding Service (QAAS) will seek to understand what risk factors lead to a category of neglect for child protection, it will also seek to understand the journey of the family as a consequence of being under the neglect category.
- Further analysis will be considered as part of the neglect audit in 2017 and will be fully reported on in the next annual report.
- The Learning and Development Sub group will facilitate a learning seminar in January 2018 – the aim of the seminar will be to share the learning from the scheduled neglect audit from Reading, Wokingham and West Berkshire along with the findings from the Wokingham JTAI inspection based around Neglect.
- Further to the learning seminar West Berkshire's Head of Children and Family Services will be meeting with Headteachers in 2017 to share the national and local learning in relation to neglect.
- The Emotional Health Academy and LSCB are working together to explore robust reflective supervision arrangements with School Family Support Workers and wider Family Support workers. The supervision arrangements will aim to prevent drift, support facilitation of working with families to create a clear assessment and plan, engage significant others and decrease the professional dependency. This is ongoing work and will be completed in 18/19.



# An effective LSCB - ensuring effectiveness of safeguarding and the promotion of child welfare across West Berkshire

To increase the effectiveness of the LSCB, including to be responsive and react quickly to local changes or risks in West Berkshire, which directly impact on safeguarding and promoting the welfare of children and our families. To ensure the LSCB works effectively as an inter-agency partnership to safeguard and promote the welfare of children and young people

*The Evidence and Outcomes of the effectiveness of the LSCB priorities are to:*

- ✓ Ensure that we are asking what difference will this work make to the children and young people in West Berkshire
- ✓ That the safeguarding and protection of children and young people will be prioritised by all partners during times of system change or in response to newly identified risks

## **What have we done? – LSCB Strategic Examples**

- The LSCB monitors high level risks through the risk and concern log using a multi-agency perspective and problem solving approach.
- The West Berkshire LSCB and Case Review Group have been robustly monitoring the SCR Action Plan and reviewing evidence following the agency plans.
- The LSCB invites services that feature on the risk and concern log to present at the Board meeting, the Board encourages thematic workshops where there is an identified risk, enabling Board members to support the service in identifying potential solutions and gaining a full understanding of the wider systemic needs. Supporting the Board to continue to analyse risk as a dynamic feature to the wider systemic and strategic change.
- Continued funding from the West of Berkshire CCG, Thames Valley Police and West Berkshire Local Authority, the LSCB has maintained a balanced budget for 16/17, the LSCB was supported from key partner agencies to manage the cost of the Serious Case Review.
- The sign off of the Ofsted Improvement Plan in 15/16, 16/17 has seen ongoing actions embedded into single and multi-agency priorities. These priorities are robustly monitored by the LSCB using thematic workshops and update reports.
- The LSCB continues to build strong links with the Adult Safeguarding Board, holding a joint conference for adults and children with disabilities.
- The learning emerging from audits undertaken by the LSCB Quality and Performance Sub Group, have helped to inform priorities for the Health and Wellbeing Board and Children's Delivery Group, including Emotional Health and Early Help Assessments.
- The Quality and Performance sub-group produces a multi-agency data set and exception reports analysing trends, risks and ongoing themes.
- A Serious Case Review was published on 1<sup>st</sup> February 2017. The Serious Case Review In March 2016 was commissioned to look into how organisations handled allegations of sexual offences against children, which were committed by people in positions of trust.

## **What have we done – Operational Examples**

- The LSCB website was co-designed with children and young people, supporting it to be accessible and interesting to all. The website is updated on a regular basis and will continue to be in collaboration with children, young people and partners.

- The LSCB facilitated an audit on exclusions. The audit was undertaken because of growing concern about the increase in exclusions of our most vulnerable children and young people. Primary exclusions had risen from 37% in 14/15 Autumn Term to 53% in the spring and summer terms.
- Following the SCR West Berkshire LSCB has been working in collaboration with the Faith sector to design and implement a Faith Sector Safeguarding forum. The forum will work across the sector to share good practice and ensure the effectiveness of safeguarding policies, allegation management and safer recruitment.
- Raising awareness sessions and lunchtime seminars have been facilitated to share multi-professional learning from audits, National Learning and Local Learning. Following the success of these seminars new learning provisions have been made and there is a regular seminar facilitated by West of Berkshire LSCBs. The learning seminars have impacted on training provisions within the LSCB training package supporting materials on Safeguarding Universal training and introduction of new training such as Allegation Management Training. Noting the success of this model, a LGA Peer Review lead for audits has been asked to observe these sessions.
- Posters by the Children In Care Council have been produced as a result of a request from the LSCB for a young person friendly version of the 2015 - 2016 annual report. The young people decided that a poster was the best method for young people to be informed.

#### **What difference has it made? – Outputs**

- ✓ 100% of looked after children have received initial health assessments, ongoing work is continuing with local authorities on health assessments that are being completed out of timescales.
- ✓ LSCB audits are being facilitated in relation with Reading, Wokingham and West Berkshire, supporting learning for the West of Berkshire and creating consistency in LSCB approaches across the West of Berkshire.
- ✓ LSCB audits consistently identify significant improvement in multi-agency working and the use understanding of emotional health needs.
- ✓ There is regular correspondence in SEMRAC with Tier 3 CAMHS following LSCB challenge.
- ✓ The learning from the LSCB multi-agency audits are reported back to the Board and followed up periodically to ensure implementation of recommendations, there are also regular seminars and learning events to share any learning with the wider workforce.
- ✓ WB LSCB has maintained its funding from partners.
- ✓ There has been 100% attendance from Key Partner Agencies at the Board meetings.
- ✓ Local West Berkshire young people accessing specialist services led the design of bite-sized summaries of the LSCB priorities and progress, these have subsequently been used as a raising awareness tool with local children.

#### **What difference has it made? – Outcomes**

- ✓ All schools in West Berkshire have received presentations on the learning from the Serious Case Review published in February 2017 to share the learning.
- ✓ Our Section 11 audit with schools demonstrates that 100% of schools implemented the whistle-blowing arrangements recommended by the Serious Case Review within three months of publication.
- ✓ Evidence of improved outcomes for our children subject to a Child Protection Plans, with acknowledgement of positive thresholds.

- ✓ Continued positive support from partner agencies supporting system change and positive impact on outcomes for children and young people in West Berkshire.

### Next Steps

- Create an effective communications plan with partners, incorporating effective ways to communicate with other agencies and the wider community.
- Consistent engagement with children and young people, listening to their voice and promoting change in services as a result of their views.
- Continue to work closely with the other LSCBs in Berkshire to share learning, approaches and promote change.
- LAC youth worker to meet with the relevant people to make stronger connections to ensure opportunities for regular updates from the LSCB with the Children In Care Council and other young people can be embedded in our future work.
- The LSCB will work more closely with the Adult Safeguarding Board to share learning and training events.
- Develop the profile of the Board and its activities through key messages communicated to all staff.
- Improve the logging of escalations to tie in with the “Risk and Concern log”, to ensure that WB LSCB has oversight and can make links to future learning and improvement.



# Children and Young People have an active role in Decision Making

The LSCB works with partner agencies to improve services for children, young people and families, the Board also aims to oversee changes to services by listening to the voice of our families. The voice of the family is heard through feedback, evaluation, surveys, audits and the day to day journey. This chapter will demonstrate feedback and change because of what services and the LSCB have heard.

*The Evidence and Outcomes of the child and family voice priorities are:*

- ✓ Children and young people have a positive journey through all services
- ✓ The child's voice is at the centre of everything that we do
- ✓ Young people are directly engaged to contribute to shaping and changing services
- ✓ We are always obtaining the views of children in all Education settings in West Berkshire

## **What have we done?**

- We have undertaken regular audits and consultations with young people and families to understand:
  - their experience with working with services
  - where they identify gaps in services and support
  - training and development needs of staff
  - how we can learn from the journey of change
- The Quality Assurance and Safeguarding Service (QAAS) have worked with Mind of My Own (MoMo) to ensure that regular feedback from children and young people is sought following child protection conferences and looked after child reviews. The feedback is used to support ongoing changes in the services. MOMO is an app which is specially designed for children and young people aged 8 to 21, which can be used to give their views to their social worker, IRO or other worker. They can use MOMO to prepare for a meeting, make a complaint, change something, and prepare for a visit from their worker or to prepare for independence.
- Restorative Practice Implementation in schools has enabled children and young people to be trained, children and young people have been encouraged to work with the school to identify positive implementation of the methodology, examples of this is a Secondary School training RP Peer mentors to support young people in the playground and outside of lessons, they also help with any conflict and are trained to facilitated restorative conferences.
- The Building Communities Together system change programme worked with the local communities to identify and co-design local solutions by introducing community conversations, training and development for community 'champions' and 'pillars of the community' using restorative methodology to work in partnership with Thames Valley Police, Housing Associations and the Anti-Social Behavior Team to identify restorative solutions to neighborhood disputes and anti-social behavior.



- The Emotional Health Academy was established in April 2016 after local children and young people shared their views on the gaps in Tier 2 Emotional Health Services. Children have gone onto actively contribute to creating emotional health resources for local children, in use in our communities.
- The Contact Advice and Assessment Service has become the front door to Children's Services along with the introduction of MASH, following the Serious Case Review where it was acknowledged there wasn't always effective processes in place. All LADO referrals now go through the Contact Advice and Assessment Service.

#### **What did we learn? – Outputs**

- Over 400 children and young people have been trained in restorative practices and are using them to create local solutions to local problems, benefitting the whole community
- A WB LSCB young people's version of the Annual report was developed last year; this enabled young people to understand key priorities and progress of those priorities.
- WB LSCB has worked with children and young people to design various materials that are circulated out to children and young people, this includes the LSCB website.
- Multi-Professional audits undertaken demonstrate positive and timely assessments, positive engagement from young people in relation to child protection conferences and other intervention and a positive level of participation from children and young people. Children and young people and their families now contribute to our LSCB audits.
- Children and young people engaged in the Child Sexual Exploitation raising awareness event
- Over 2000 children and young people engaged in completing a survey on awareness of domestic abuse and child sexual exploitation enabling the LSCB to identify risks children were experiencing and respond to them and to understand local unmet needs.
- 100% attendance or advocate attendance in Family Group Conferences to enable the child's voice to be at the centre of the process. The wishes and feelings of the child are always shared and remain at the centre of the plan with the outcomes focused around the child.
- Young People presented their local application of restorative practices during a visit to West Berkshire from the national Innovations team (Department of Education) to explain what Restorative Practice means to them

#### **What did we learn? – Outcomes**

- Self referrals into the Emotional Health Academy continue to rise and further work is being facilitated to promote the process and accessibility for children and young people. These children received help quickly and are all showing outcome improvement.

#### **Next Steps**

- Engage a wider remit of children and young people on a regular basis by firstly enabling the community to better understand the LSCB and its functions
- Create emotional and mental health materials with young people

- Consistently gain feedback from children, young people and families.
- Facilitate young person themed LSCB meetings to understand what is important to them.



Young people are involved in recruiting staff – children's panels form an integral aspect of the recruitment process

"Excellent help and support offered has given me the confidence and tools to support X going forward – thank you!"  
(Parent – EHA)

"They understood my worries and emotional difficulties and worked on things that helped me cope better"  
(young person – EHA)

Thank you so much for everything you've done for my family. Recognising our needs even more than I had myself and helping us achieve so much more as a family. Putting me on the incredible years course has helped me so much in dealing with L's development and behaviour. You did such a good job" – Parent Family Hub

Working with LAC young people to support with training needs for professionals and the training course – QAAS Team

We can't thank you enough for bringing everyone together to resolve the issues and move forward for the sake of the children. They have seemed much happier lately." (Grandparent - FGC)

Young people and children have told us they do not like just sitting and talking to Social Workers – we have introduced and put together a box of age relating direct tools that can be used to encourage children to speak and share they thoughts with us - CAAS

Thank you for helping us to sort out a clear contact plan. The kids know where they are now and so do we. Just feels like things are working much better"(father - FGC)

Families' views and experience of our partnership services is essential to review and continual improvement. Quality & Performance sub-group are reviewing these questions in the second phase of the audit. These questions have been shared with Wokingham and Reading LSCBs to inform their lines of enquiry too – Neglect Audit, LSCB sub-group

### Toby (Age 10): Significantly Restricted Diet due to Anxiety

#### Goals

Goal progress chart

You can turn this chart on its side for a quick look at progress over the sessions.

GOAL: *He will be able to eat normally by the time of the next session.*

Session	Date	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6	Goal 7	Goal 8	Goal 9	Goal 10
1	12/06	0	1	0	0	0	0	0	0	0	0
2	13/06	0	1	0	0	0	0	0	0	0	0
3	20/06	0	1	0	0	0	0	0	0	0	0
4	27/06	0	1	0	0	0	0	0	0	0	0
5	04/07	0	1	0	0	0	0	0	0	0	0
6	11/07	0	1	0	0	0	0	0	0	0	0
7	18/07	0	1	0	0	0	0	0	0	0	0
8	25/07	0	1	0	0	0	0	0	0	0	0
9		0	1	0	0	0	0	0	0	0	0
10		0	1	0	0	0	0	0	0	0	0
11		0	1	0	0	0	0	0	0	0	0
12		0	1	0	0	0	0	0	0	0	0

The Emotional Health Academy welcomes any feedback, positive or negative, about the service you received:

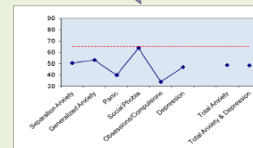
*I think Chris has been really helpful with all the help and time she's giving me I wouldn't be eating without her!*

#### Feedback

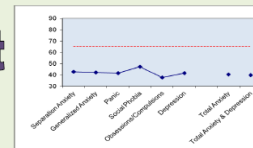
*I have sought help for my son for 10 years now and to no avail, however since seeing the Emotional Health Academy we have come on in leaps & bounds. we are now at a stage that I had lost hope that we were ever likely to achieve. A massive thank you to all involved. especially Chris X*

#### Graded Exposure Intervention

#### Pre



#### Post



# Priorities for 17/18 and beyond





# Strategic Summary

## West Berkshire's context

West Berkshire is a great place for children to grow up. Generally West Berkshire's children and young people do well. They are safe and healthy, achieve high educational standards through attending good schools, and move on into higher education or employment and a secure and prosperous future. West Berkshire Local Safeguarding Children Board (LSCB) is aware that our more vulnerable children don't always have this childhood experience and their outcomes are sometimes impacted adversely.

We understand children in the context of their families and communities, and we prioritise supporting vulnerable families and working with communities so that their children can do well and be safe within their own family whenever possible.

Where children and young people can't remain with their birth or extended families, and are looked after by the local authority, we want them to know that we are ambitious, driven and committed "Corporate Parents", striving to help them reach their full potential. For these children and young people, we prioritise finding the best permanent home for them, so that they can have a stable base from which to build a secure future; and supporting them, while in our care, to be safe, stay healthy and achieve academically and otherwise.

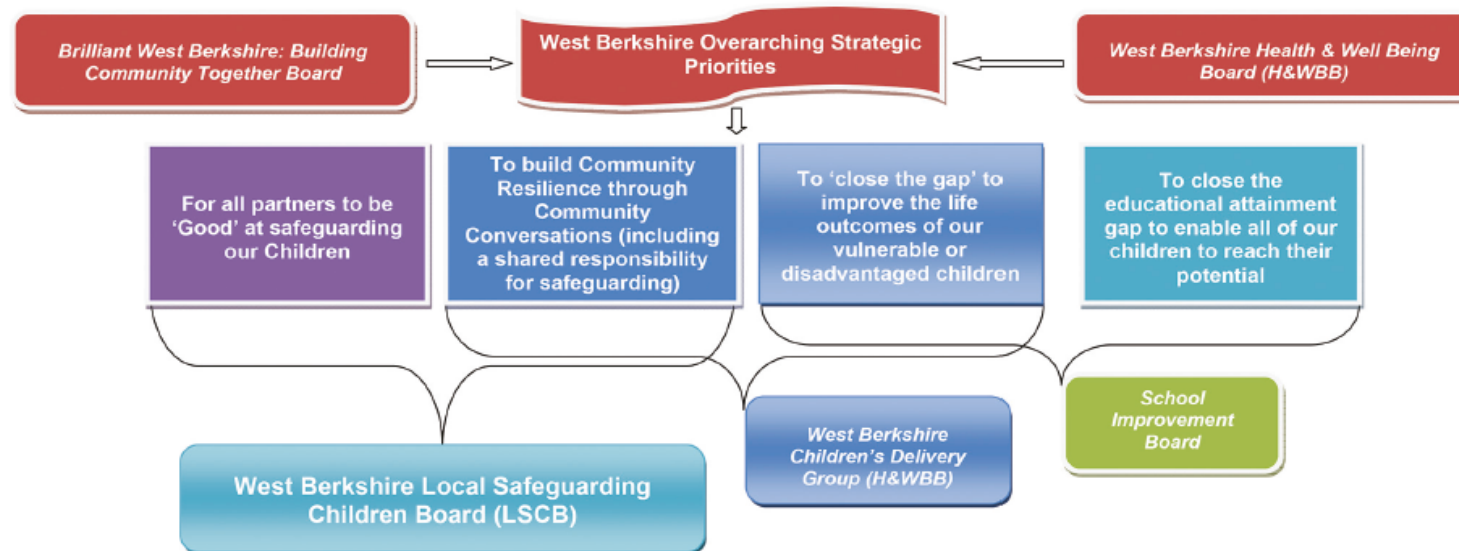
## West Berkshire LSCB's Vision

Our vision is for our most vulnerable children, including those looked after by the local authority, to be effectively safeguarded and protected and to achieve outcomes that are every bit as good as their peers across all areas of their lives. In order to achieve this vision for children and families in West Berkshire, LSCB partners will 'ensure the effectiveness' of local provision, to integrate and co-ordinate our efforts, to deliver services that are – at the very least - "good", if not outstanding.

To achieve this we will build on the existing strengths we have in West Berkshire and on the principles already established in the Brilliant West Berkshire: Building Community Together programme. We work 'with each other' and 'with our community' (not doing 'to' or 'for'), modelling 'high support and high challenge.'

West Berkshire's LSCB priorities sit within a wider strategic framework led by West Berkshire Health & Well-Being Board (H&WBB) and the Children's Delivery Group. We are focused on improving outcomes for our local children, young people and families; this is summarised on the next page.





## West Berkshire LSCB Priorities

1. To ensure the effectiveness of safeguarding in **Early Help** and **Targeted Prevention** services
2. To improve our effectiveness in the prevention and identification of, and safeguarding our children from, **neglect**
3. To continue to improve the effectiveness of support and safeguarding of children living with **domestic abuse, substance misuse, and emotional ill-health**
4. To continue to improve the safeguarding and protection of **children at risk of sexual exploitation**, and to strengthen our work in identifying, disrupting and prosecuting potential perpetrators
5. To **increase the effectiveness of the LSCB**, including to be responsive and react quickly to **local changes or risks in West Berkshire**, which directly impact on safeguarding and promoting the welfare of children and our families

# Appendices

# Local Safeguarding Children Board's Sub-Groups

## West of Berkshire Sub-Groups

- The West of Berkshire sub-groups are a tri-borough partnership consisting of 3 LSCBs: Reading, West Berkshire and Wokingham, which are all under the governance and leadership of one Independent Chair. The overarching aims of the West of Berkshire LSCB Sub-Groups are to gain wider partnership learning across the West of Berkshire to inform practice and improve outcomes for Children and Families.
- The West of Berkshire LSCBs host the Case Review Group and Learning and Development Group

## Learning and Development

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 strategy planning and oversee the operational delivery of learning and development. 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.

## What have we done?

- ✓ Developed an induction pack for all members to outline the functions of the learning and development group and how it works with the LSCB's and other sub-groups
- ✓ A comprehensive work plan 16/17 has been developed with partners to outline responsibilities and learning of the sub-group
- ✓ A Training Needs Analysis survey was completed across the partnership to identify training needs, learning methods and current gaps.
- ✓ LSCB Forum Learning Events, 2 hour Learning Events will be held quarterly organised and overseen by the Learning and Development Group. The learning events are designed to share key learning on focus areas such as disguised compliance.
- ✓ A Training Audit was undertaken to understand what the level of safeguarding training was to partner agencies, this supported the identification of a training pathway document identifying requirements of training and refresher training.
- ✓ Safer recruitment training was identified as a need from the Section 11 audits; a safer recruitment course has been facilitated with an online course that was launched in October 2016.
- ✓ Courses have seen a rise in attendance and have received positive feedback and evaluation. Year Figures 2016/17:
  - 20 Courses ran – two were cancelled early in the year due to low numbers
  - 274 Staff attended
  - 1611 staff completed the Universal safeguarding children online course

- 437 staff completed the Introduction to CSE e-learning – across West of Berkshire.
- Attendees at face-to-face courses are asked to self assess their understanding before and after training to provide us with some immediate impact. 70% reported significant improvement in their understanding, 27% reported some improvement and 3% reported a very significant improvement.
- The L&D Group have started an impact evaluation that will be sent out to all delegates 3 months after the training course. The questions aim to identify the impact of the course and how the course has benefitted the work of the delegate.

#### **What difference has it made?**

- Better attendance on courses and high evaluation scores
- West Berkshire has now increased their number of delegates per course as courses were consistently full with waiting lists
- Training course focussed on needs and gaps identified for learners

#### **What we need to do better/next steps**

- Continue to adapt to learning needs and offer a range of training methods, including lunchtime seminars, formal training and online training
- Ensure that training offered by the LSCB incorporates identified priorities for all three West of Berkshire Boards

### **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's Boards in the West of Berkshire have identified potential learning

#### **What have we done?**

- The referral process for the case review group ensures that any case causing concern regarding multi-agency working to a partner agency is able to be discussed using a high challenge, high support methodology
- The Case Review group undertake regular reviews of Serious Case Review Action Plans ensuring that they are fully implemented with robust evidence
- The case review group has regular and consistent multi-agency attendance supporting positive outcomes

#### **What we need to do better/Next steps**

- The Chair of the Case Review Group will change to be the CCG Designated Nurse
- Enable learning to be generated from National Reviews that can have local and relevant learning
- Ensure that the themes of National Learning incorporate the identified priorities of the three West of Berkshire Boards
- Continue to robustly challenge the need for Serious Case Reviews and how learning is disseminated.

## **Pan-Berkshire LSCB Sub-Groups**

The Pan-Berkshire LSCB Sub-Group is the collaboration of six LSCB's joining together on a wider multi-agency platform to work in partnership. This allows for sharing of good practice and development of safeguarding opportunities towards improving outcomes for all children and young people across Berkshire area.

The Pan-Berkshire Sub-groups are made up of the following Berkshire Local Safeguarding Children's Boards

- Reading
- Wokingham
- West Berkshire
- Slough
- Royal Borough of Windsor and Maidenhead
- Bracknell Forest

The Pan-Berkshire LSCB Group has the following Sub-groups: Section 11, Policy and Procedures and Child Death Overview Panel

## **Policy and Procedures**

The purpose of the Pan-Berkshire Policy and Procedures sub-group is to ensure that the six Berkshire LSCB's develop and maintain high quality safeguarding and child protection policy and procedures and all policies and procedures remain in line with National policy and legislative changes.

### **What have we done?**

- The new online format implemented in January 2016 has been received positively by Practitioners
- Policies and Procedures continue to remain in line with Key National changes
- A positive relationship with the supplier enables effective and timely updates and changes to policies and procedures
- A Policy and Procedures newsletter has been created for circulation following each procedure update.

### **What difference has it made?**

- ✓ More effective meeting with clear structure to updates
- ✓ Updates are happening in a timely way
- ✓ The communication to Practitioners and LSCB's is effective with legislative updates



### **Next Steps**

- Continue to update the policy and procedure documents when needed
- Effectively communicate Tri-X updates and ensure that Local Documents are relevant and up to date as well as Pan-Berkshire Documents.

## **Section 11**

Section 11 of Children's 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 the need to safeguard and promote the welfare of children.

### **What have we done?**

- There is a strong core multi-agency representation in the sub-group including voluntary sector representative
- Revised guidance notes to ensure that it is clear and explicit to all agencies completing it
- Between March 2016 and March 2017 audits have been reviewed from the following organisations:
  - South Central Ambulance Service
  - British Transport Police
  - Berkshire Healthcare Foundation Trust
  - Royal Berkshire Hospital Foundation Trust
  - Berkshire West Clinical Commissioning Groups
  - Berkshire East Clinical Commissioning Groups
  - Care UK-Sexual Health Referral Centre
  - Frimley Health Foundation Trust
  - Calcot Services for Children Residential Provision
  - SWAAY – Residential Provision
  - West Berkshire Council
  - Bracknell Forest Council
  - Royal Borough of Windsor and Maidenhead Council
  - Reading Borough Council
  - Wokingham Borough Council
- Identified strengths in reviews consist of: positive identification of safer recruitment knowledge amongst staff, the child's voice was at the centre of their work and the process of a presentation and written submission has worked well to understand the detail of their submission.

### **What difference has it made?**

- There is a greater understanding of the meaning behind the written submission of Section 11
- Section 11 tool enables agencies to identify local learning as well as Pan-Berkshire learning

### **Next Steps**

- To continue to build upon the process of high challenge and high support
- To amend and build on the Section 11 tool following National and Local Learning such as a Serious Case Review

## **Child Death Overview Panel**

In 2008, Child Death Overview Panels (CDOPs) were statutorily established in England under the aegis of Local Safeguarding Children Board (LSCBs) with the responsibility of reviewing the deaths of all children (0 to <18 years) in their resident population.

Within Berkshire there is a shared child death overview panel that works jointly for the 6 Unitary Authority Local Safeguarding Boards and is made up of a range of representatives from a range of organisations and professional areas of expertise. This process is undertaken locally for all children who are normally resident in Berkshire.

*The purpose of the CDOP, (as required by the Local Safeguarding Children Boards Regulations 2006) is to collect and analyse information about each child death with a view to:*

- Identifying any changes that we can make or actions we can take that might help to prevent similar deaths in the future.
- Sharing this learning with colleagues regionally and nationally so that the findings will have a wider impact.

### **CDOP activity:**

The group has met regularly throughout the year with good partnership representation. There were 46 deaths within 2016/17, which reflects a downward trend since April 2011. In 2016/17 CDOP has reviewed 53 cases, including some deaths notified in the previous year but not reviewed until this year.

Nationally 76% of cases are reviewed within 12 months; however, locally we have achieved closure on 92% of cases within 12 months. In 2016-17 69% of actual deaths in year were in children under 1 year which is broadly consistent with the national figure (66%).

- **Neonatal deaths** - In response to the high proportion of neonatal deaths among the overall numbers of child deaths reviewed, the Berkshire CDOP established a specialist panel to better enable the CDOP to consolidate the possible learning. Most deaths are due to congenital anomalies and/or perinatal medical problems, particularly complications of prematurity and low birth weight. The findings were fed back to the CDOP panel with the focus on themes and trends rather than individual cases and were well received.

- **Modifiable factors** - defined as 'those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced'. Nationally the proportion of deaths which were assessed as having modifiable factors has remained unchanged at 27% in the most recent year. Locally in 2016/17 of the cases reviewed there were 7 cases that had modifiable factors (11%). The modifiable factors included co-sleeping with an infant, alcohol consumption, consanguinity, untreated UTI in mother before delivery and missed opportunity.
- **Unexpected death** - defined as 'the death of an infant or child which was not anticipated as a significant possibility.' In 2016/17, 11 cases where there were unexpected deaths were reviewed. All have documented rapid response reviews. During the last six years the number of unexpected deaths continues to show a downward trend. Over 90% of all deaths now occur within the hospital setting.

### **Learning**

Learning from the other deaths reviewed led to procedural changes for health services (particularly hospitals or ambulance services). These were:

- A consultant and anesthetist should always be called for a second opinion following a sudden deterioration.
- A member of staff should be appointed to take notes e.g. junior nurse, A & E nurse or junior doctor to ensure case documentation is accurate.
- All second presentations at A&E should have a senior review
- A review of the Sepsis triage tool and a collaboration of practice over the county.
- Training for health care professionals should include recognition of shockable heart rhythms and defibrillation.

Other learning included:

- A recommendation that if a general pathologist carries out a post mortem on an adolescent in circumstances of a medical death they should consider seeking the opinion of a pediatric pathologist.
- Complete agreement with Police advice to never use a mobile phone while driving.

The full annual report will be published on the CDOP website:

<http://www.westberkslscb.org.uk/professionals-volunteers/cdop/>

#### **Priorities for 2017/18**

- The 2ND annual multi-agency CDOP training day will take place on Wednesday 07/03/2018 at Easthampstead Park Conference Centre, Wokingham.
- The CDOP will continue to build on our successful work to date in supporting a reduction in mortality from SUDI and accidents.
- We will look to reduce risk factors for preterm and low birth weight deaths and to continue our work with families and communities to reduce risk of congenital / genetic abnormality.

For 2017/2018 we will be carrying out thematic reviews on the following:

- Sepsis management/effectiveness of paediatric early warning and sepsis tools
- Knife crime (because nationally there is a rise)
- Children with life limiting conditions and deteriorating neurological conditions – now the largest group we review other than neonatal
- Better community understanding of Safe Sleeping
- Home educated children, as they can become invisible.

## **Financial Arrangements**

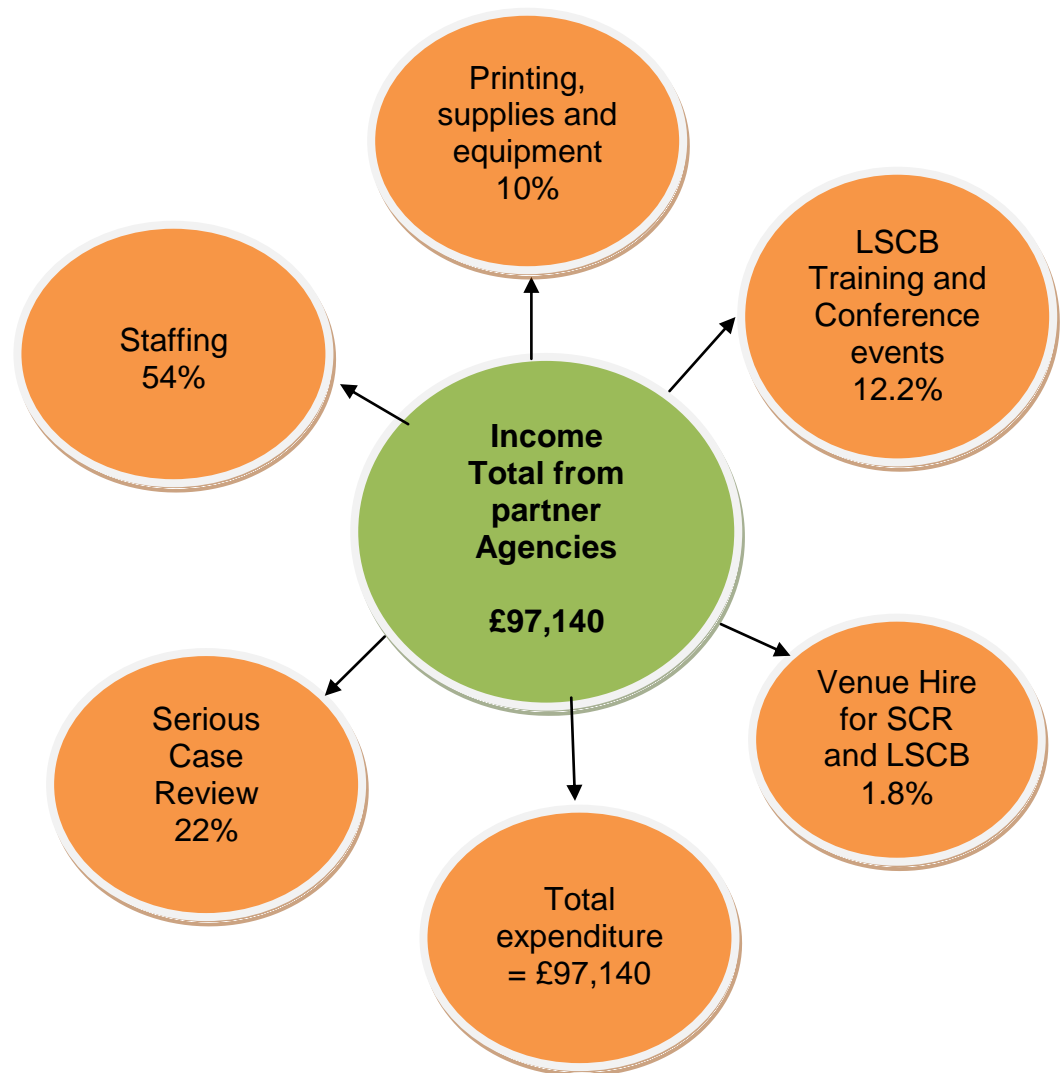
It is a requirement of Working Together 2016 (WT2016) that “all LSCB’ member organisations have an obligation to provide LSCB’s with reliable resources (including finance) that enable LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies” WT 2015 also sets out the core duties that LSCB’s are required to undertake within this budget.

The budget was matched for 16/17 in order to support the LSCB to fulfill their statutory function.

It is important to note that the LSCB budget does not represent the true costs of the Board’s business and development works and some ‘hidden costs’ are subsumed within West Berkshire Council and other partners’ budgets.

In year costs were managed by the following:

- Increase in the WB LSCB multi-agency auditing as part of the Quality and Performance sub group work
- Increased working with Pan Berkshire and West of Berkshire LSCB’s, which provide long term increased learning specific FGM training and updated training for Safeguarding Universal
- Serious Case Review published in February 2017



## Safeguarding Snapshot

**35,650** children & young people under 18 living in West Berkshire.  
This is **23%** of the total population

**163** children looked after by the local authority

**74** children ceased to be looked after by the authority

**12** children adopted

**16** unaccompanied asylum seeking children in the local authority

**3** children live in private fostering arrangements

**11%** of the local authority's children are living in poverty

**6.3%** children attending Secondary School have English as an additional language. (National average **16.2%**)

**6.32%** of Primary School children are entitled to free school meals (national average **15.8%**)

**4.87%** of Secondary School children are entitled to free school meals (national average **12.3%**)

**4402** pupils in West Berkshire schools with special education needs

**8.7%** children attending Primary School have English as an additional language (national average **10.6%**)

**1131** pupils with a statement of special education needs

**1135** There is a well-established traveler community in the district, including settled traveler families

**23%** of contacts led to a referral

**100%** of referrals led to an assessment

**97%** of single assessments were completed within 45 days



## **Safeguarding Snapshot**

**685** CIN, **154** CYP subject to CP plan, **163** LAC

**857** CYP related Domestic Abuse notifications

**19** Permanent exclusions

**48** EWS pre court-warning/ legal action

**149** CYP known to YOT

**45** CYP at risk of CSE

**47** young carers

**600** CYP missing episodes

**7160** contacts to Children's Social Care

Of the **1667** referrals:

- **9%** have been referred to other agencies
- **9%** have been stepped down to early help
- **17%** have a CiN plan
- **2%** go to strategy discussion
- **3%** require short-term services

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## What is the LSCB?

### Statutory Objectives of Local Safeguarding Children Boards (LSCBs)

The objectives of LSCBs, as set out in Section 14 of the Children Act 2004 are:

- 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
- to ensure the effectiveness of what is done by each such person or body for those purposes

### Statutory Functions of Local Safeguarding Children Boards (LSCBs)

The functions of West Berkshire Safeguarding Children Board, set out in primary legislation and regulations, are:

(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:

- The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- training of persons who work with children or in services affecting the safety and welfare of children;
- recruitment and supervision of persons who work with children;
- investigation of allegations concerning persons who work with children;

- safety and welfare of children who are privately fostered;
- 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.

LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.