

West Berkshire QAAS Annual Child Protection Report 2024-25



WestBerkshire
C O U N C I L

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1. Executive Summary:

At 208 the number of Children and Young People subject to Child Protection Plans open to the Child Protection Chairs (CPC) as of March 2025 has remained relatively stable over this period in comparison to the number of Children and Young People subject to a Child Protection Plan in March 2024 (210). Although still higher, the number of children per 10,000 subject to a CP plan is more aligned with the South-East and England rates.

Domestic abuse remains the predominant identified factor of concern within the conferences, but the most notable rise has been in the number of children and young people and parents identified as having mental health difficulties over this period in comparison to the previous period.

The average length of time children remain on a CP plan has risen this year to one year. In response we have re-established the CP surgery led by the Service Manager for QAAS and the Service Manager for Family Safeguarding to review all CP plans which have been in place in excess of a year. The aim of these reviews is to quickly identify where drift or delay made to occurring and to ensure that CP plans are being driven through in a time way for children.

The percentage of children in WBC who returned to a CP plan within 2 years of the previous period of CP ending is 21% as of 31st March 2025. The England average is 13%. An audit was undertaken as a test of assurance. No escalations were required for concerns relating to safeguarding/the safety of the children from the audits. All practice was felt to currently be appropriate to identified need.

The most predominant category of harm used in West Berkshire is Emotional Harm and is largely due to the high number of children on CP plans in West Berkshire because of domestic abuse occurring in the home.

75% of ICPCs and 84% of RCPCs were held within the statutory timeframe over this period, this is a drop on the previous year and due to a number of factors, which are listed in full on page 15 of this report. The quality of the SW reports for conference is largely good and they are generally shared in a time way with families. There is a need however to ensure that they are always shared face to face.

There were 940 CP Chair's Report audits completed over this period and of these 73% (75%) found the standard of practice across the Child Protection Conferences by all agencies met good. Where it was identified practice did not meet good, where necessary these issues were addressed by the Chair with the relevant professional/agency. The breadth of the Issues Resolutions raised over this period demonstrate the depth of monitoring the Chairs undertake within the cases they hold. Often the CP Chair has been the consistent professional involved within a child's family and this has been a key factor in keeping children sighted and plans on track over this period.

Participation and engagement by parents and professionals within the conference is good and some examples of feedback received from them in relation to their experience of the conferences is provided within the body of the report. The vast

majority of feedback received is positive, however where an issue is raised this is always addressed to the CP Chair's best ability. QAAS has also developed a set of practice standards for CP conferences over this period to ensure consistency of experience for families involved within this process.

There is very good promotion and take up of advocacy for children subject to CP plans and a small proportion of parents have also been supported by adult advocates where appropriate.

2. Recommended actions from the Quality Assurance & Safeguarding Service 2023-24 West Berkshire Annual Child Protection Report:

Recommendation:	Who:	Outcome:
Consider the viability of EMRAC being used to monitor and run plans around children and young people identified as at risk of child exploitation when the risk is solely outside the home.	Chair of EMRAC	This was explored but was not felt to be logistically viable, however the Chair of EMRAC is exploring alternative options and this remains a work in progress.
Complete an audit of repeat CP Plans to look for any learning and seek to understand if they were avoidable and whether there is any aspect of the conferencing process which could be strengthened.	QAAS Service Manager with Children Services Management Team	Learning is referenced within this report and has been shared via the Performance & QA Meeting.
QAAS to set aside time with the Participation Officer to review how feedback is obtained from children and young people, particularly those who have attended their CP conferences and the number of children providing feedback might be improved.	The QAAS Service and the Children's Participation Officer	<p>This was scheduled to take place earlier in 2025 however a series of Children Services peer Inspections and an Ofsted Focused Visit delayed the commencement of this and it will be carried forward and completed over the 2025-26 reporting period.</p> <p>Over April 2025 RVue has developed a consultation document for Adolescents, which has gone live and is currently working with the Participation Officer and QAAS to</p>

		develop documentation for children and young people within different age ranges and with special needs.
There would be benefit in holding reflective case discussions with the social workers currently working with families within child protection who have been identified as having learning difficulties as a test of assurance in relation to the quality of practice in this area within WBC.	Principal social worker within the staff forums	It was agreed this would occur as part of the discussions with SWs within the monthly full case file auditing process.

3. Acronyms used within this report:

ADCS	Association of Directors of Children Services
CAAS	Contact Advice & Assessment Service
CCA	Case Conference Advisors
C&FS	Children & Family Services
Chair	Child Protection Chair
CIN	Child in Need
CIC	Children in Care
CP	Child Protection
CPC	Child Protection Conference
CWD	Children With Disabilities Team
FSE	Family Safeguarding East Team
FSW	Family Safeguarding West Team
IR	Issues Resolution
LA	Local Authority
NYAS	National Youth Advocacy Service
OLA	Other Local Authority
QAAS	Quality Assurance & Safeguarding Service
SESLIP	South-East Sector Led Improvement Programme
WBC	West Berkshire Council

4. The role of the Child Protection Conferences and the Child Protection Conference Chair:

(Please note that the previous period's data is in brackets within this report for comparison purposes)

- 4.1. A Child Protection Conference (CPC) is a meeting between family members, the child (where appropriate), and professionals involved with the family, about a child's future safety, health and development. It is designed to look at all the relevant information and circumstances to determine how best to safeguard the child and promote their welfare.
- 4.2. West Berkshire Child Protection Conference Chairs are highly experienced, independent managers, accountable to the Director of Children's Services. They have no operational or line management responsibility for the children.
- 4.3. If a decision is made that a child requires a protection plan to safeguard their welfare, the Chair ensures that:
 - The risks to the child are stated and what needs to change is specified.
 - A qualified social worker is identified as a Lead social worker to develop, co-ordinate and implement the Child Protection Plan.
 - A core group is identified with family members and professionals.
 - A date is set for the first core group meeting within ten working days of the Initial Conference and timescales set for subsequent meetings.
 - A date for the Child Protection Review Conference has been set.
 - The outline Child Protection Plan is formulated and clearly understood by all concerned, including the parents and, where appropriate, the child.
- 4.4. If the conference determines that a child does not need the specific assistance of a protection plan but does need help to promote their welfare, the Chair must ensure that:
 - The conference draws up a child in need plan or makes appropriate recommendations for a plan.
 - The conference considers any local protocols in place referred to as 'step down procedures' or Family Group Conference processes.

5. Audits:

- 5.1. Outside of the conferences, a key area of work undertaken by the Child Protection Chairs relates to quality assurance through use of auditing. The Chairs conduct an audit of the child's case file at the point of every child protection meeting and child in care review. These audits can be a powerful driver in improving the quality of front-line practice and the management of services for children and their families. Audits play a crucial role in ensuring the focus remains upon the child and outcomes for children and young people improve.

- 5.2. Auditing enables us to bring to life the experiences of children, young people and their families, and assess the difference our practice is making. They are an integral part of West Berkshire's QA programme.
- 5.3. There were 940 CP Chair's Report audits completed over this period and of these 73% (75%) found the standard of practice across the Child Protection Conferences by all agencies met good. Where it was identified practice did not meet good, where necessary these issues were addressed by the Chair with the relevant professional/agency.
- 5.4. QAAS undertakes targeted auditing where required and has completed the following audits over this period:
- Themed Dip Audit of practice standards – Chronologies – December 2024. The learning from this audit led to amendments within the process and practice guidance. The impact of this audit has been more consistency of the format and presence use of chronologies within children's case files evidenced through subsequent full case file audits.
 - Repeat CP Plans Audit – January 2025 – this audit was undertaken following a rise in the number of children sitting within this category in West Berkshire. With the exception of two families the children audited had been subject to the first period of CP planning for approximately a year and there was a further period of 11 months to 2 years before they returned to a CP plan. Where auditors formed the view the repeat period of CP planning might have been avoided this was for the following reasons:
 - Limited engagement with domestic abuse supports by the abusive parent.
 - Parental learning difficulties and an inability to adapt parenting styles as the child grew, which led to safeguarding concerns.
 - The links between the abusive parent's alcohol misuse as a trigger to the neglect and domestic abuse issues not being sufficiently explored and addressed in the first period of CP planning.

Whilst this learning may be useful this was a very small cohort of the families overall (3).

The challenge in successfully engaging with parents who present with domestically abusive behaviours was that this could not be compelled and within the case files reviewed there was insufficient threshold to escalate to care proceedings.

Another frequently recurring theme where there was identified domestic abuse was with the mother forming a new relationship at a later period with someone who also presented with domestically abusive behaviour. The mother had engaged with supports provided to build safety into their relationship choices prior to WBC involvement ending, but this had unfortunately not prevented them from forming a relationship with another perpetrator of domestic abuse.

There was unanimous agreement to end the previous period of CP planning by all the professionals working with the family and the average length of time they remained open under CIN prior to closure was 5 months. Procedurally the requirement is for a period of at least 3 months.

No escalations were required for concerns relating to safeguarding/the safety of the children from the audits. All practice was felt to currently be appropriate to identified need.

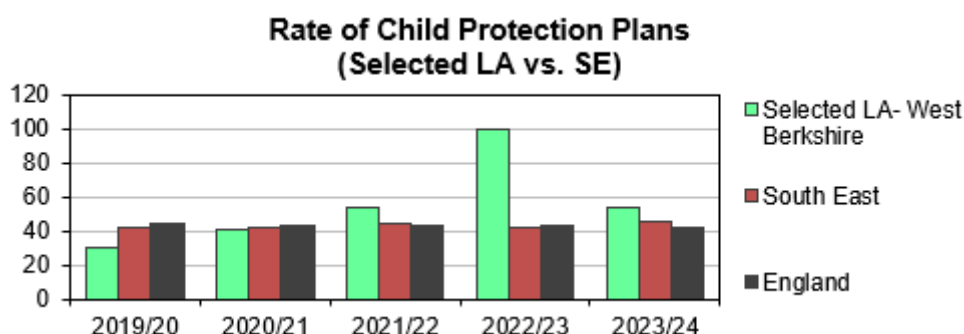
- 5.5 QAAS has also developed a set of practice standards for CP conferences over this period to ensure consistency of experience for families involved within this process.

6. Number of children subject to a CP Plan:

- 6.1. The number of Children and Young People subject to Child Protection Plans open to the Child Protection Chairs (CPC) as of March 2025 has remained relatively stable over this period in comparison to the number of Children and Young People subject to a Child Protection Plan in March 2024.

CP Numbers	March 2019	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025
Number of Children subject to CP plans (excluding temporary plans)	117	129	143	187	342	210	208

7. Rate of ICPCs:





(Freely Available Data Benchmarking Reports – SESLIP)

- 7.1. WBC's rate per 10,000 has stayed at 58, which remains higher than the England (41.6 as of 31/3/24) and South-East sector (45 as of 31/3/25) averages, but as

can be seen from the chart above the rate is more in line with them than it has been in the previous two reporting periods.

- 7.2. In WBC there are three main pathways to ICPC. The majority come through the Contact, Advice and Assessment Service following assessment of new referrals, while a significant proportion over this period has again also come via the two Safeguarding Teams.

Team  Number held 	CAAS	CWD	FS East	FS West	Transfer in from other LAs
	73 (69)	2 (3)	27 (31)	20 (22)	4 (4)
As a % overall (rounded to nearest .5%)	56 (53.5)	1.5 (2.5)	21.5 (24)	16 (17)	3 (3)

- 7.3. Just under 4% of the families brought to ICPC over this period remained Child in Need, with a further 8% of families having a mixture of CP and CIN plans as an outcome. This indicates children are individually assessed on need and professionals and the Child Protection Chairs are applying threshold and not automatically assuming it is met for all.

8. Factors of concern identified within the child protection conferences:

- 8.1. Domestic abuse, parental substance misuse and parental mental health issues have always been prevalent factors identified within WBC families (and nationally) where the children in the family are subject to child protection plans. Appendix 1 contains the full breakdown of the identified factors within conferences between 2019 and 2025. The table below contains a comparison of the key factors over the past 4 periods.

Table: Key Identified Factors identified within CP Conferences each period between 2019 (pre-covid) and 2025 as a percentage:

	2020/21	2021/22	2022/23	2023/24	2024/25
Child Mental Health	16.5%	13.5%	19%	19.5%	26.9%
Child School Attendance	19.5%	19.5%	30%	31.7%	29.8%
Parental Mental Health	47.5%	53.5%	54%	48.8%	58.1%
Parental Financial Hardship	8.5%	8%	17%	17.7%	21.4%

Parental Domestic Abuse	61.5%	54.5%	63%	63%	58.5%
Parental Drug Misuse	26%	24.5%	25.5%	31.5%	33.5%
Parental Alcohol Misuse	25%	22%	27%	27.4%	27.3%

The most notable rise has been in the number of children and young people and parents identified as having mental health difficulties over this period in comparison to the previous period, which appears to be in line with the overall England numbers.

Poor parental mental health is reported to have overtaken domestic violence as the most commonly reported factor in social worker assessments into whether a child is at risk of serious harm or neglect since 2021, according to new research undertaken by the ADCS ([ADCS Safeguarding Pressures Phase9 FINAL.pdf](#) – P17).

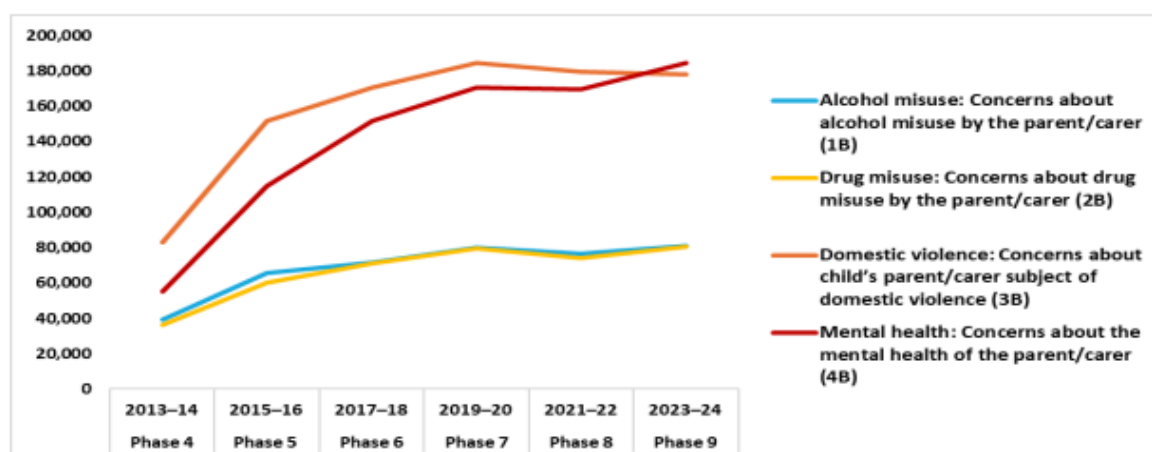


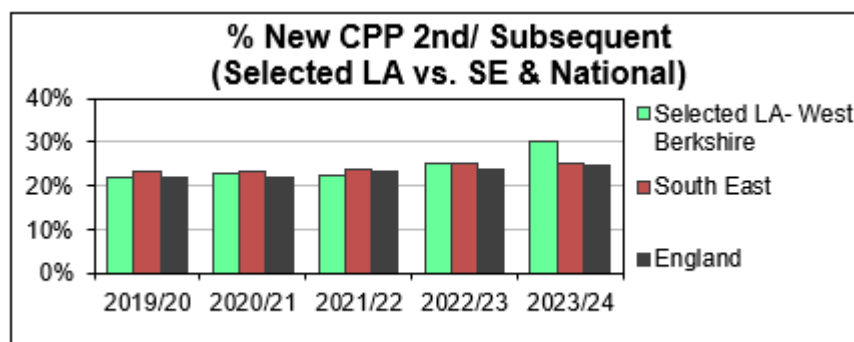
Figure 2: Children's social care assessment factors for parents/carers.

- 8.2. **School Attendance as an Identified Factor of concern within WBC child protection conferences:**
- 8.3. There has been a decrease of 1.9% in the number of children subject to CP plans in WBC where school attendance was an identified issue in comparison to the previous reporting period.
- 8.4. During 2022/23 the National overall absence rate published by the DfE was 10.7%, over 2023/24 this reduced to 8.1% and as of May 2025 this figure is sitting at 6.7%. WBC's rates align with the DfE findings.

9. Child Protection Conference Outcome data:

Number:	No. of children as of March 2024:
Category:	
The number of children subject to a child protection plan for 9 months or more (snapshot at end of month)	90
Repeat plans - Children and young people subject of a CP Plan for a second or subsequent time within 2 years	21%
Number of children remaining CIN from the Initial Child Protection Conference	28 (15 families)
Number of children made subject of a Child Protection Plan at ICPC over this period	228 (119 families)
Number of children who stepped down from a CP plan following RCPC	179 (90 families)
Number of children who moved from CP to CIC at RCPC	33 (20 families)
Number of children who stepped down from a CP plan at first review	14 (12 families)
Average length of child protection plans (no. of days - snapshot at the end of month)	379.37 (12 months)

- 9.1. This period has seen a continued increase in the number of children subject to a CP plan in excess of 9 months.
- 9.2. The CP surgery, which was set up to review all children meeting this criterion, who are not subject to care proceedings and the scrutiny of the Court, has not taken place over this period due to resourcing issues. It is however now back in place and has identified there was some drift occurring. This was subsequently addressed. The surgery had previously been effective in ensuring no drift was occurring and in understanding the factors leading to CP plans being in place over 9 months. With this now back in place we anticipate this figure will reduce.



[Freely Available Data Benchmarking Reports – SESLIP](#)

- 9.3. As can be seen within the above table, the number of children subject to a repeat child protection plan ever in WBC (in green) was higher than the southeast average over the 2023/24 reporting period (in red).
- 9.4. The percentage of children in WBC who returned to a CP plan within 2 years of the previous period of CP ending is 21% as of 31st March 2025. The England average is 13%.
- 9.5. An audit was undertaken as a test of assurance. The aim of the audit was to better understand:
- what factors had led to the original period of CP planning,
 - what factors had led to their current period of CP planning and
 - whether or not the second period of CP planning could reasonably have been avoided.
- 9.6 A high proportion of these families had domestic abuse as an identified factor and over half had one or more of the trio of vulnerabilities as identified risk factors. They all returned to CP plans for similar reasons, but the auditors were of the view that with 80% of these families this had not been avoidable. The most common factor leading to the second period of CP planning was the non-abusive parent forming a new relationship sometime later with someone who was also presenting with domestically abusive behaviours. The auditors were of the view that this could not have been foreseen given work completed with the parent during the initial period of CP planning. With the exception of two families the children audited had been subject to the first period of CP planning for approximately a year and there was a further period of 11 months to 2 years before they returned to a CP plan.
- 9.7 Where auditors formed the view the repeat period of CP planning might have been avoided this was for the following reasons:
- Limited engagement with domestic abuse supports by the abusive parent.
 - Parental learning difficulties and an inability to adapt parenting styles as the child grew, which led to safeguarding concerns.
 - The links between the abusive parent's alcohol misuse as a trigger to the neglect and domestic abuse issues not being sufficiently explored and addressed in the first period of CP planning.

Whilst this learning may be useful this was a very small cohort of the families overall (3).

- 9.8 The challenge in successfully engaging with parents who present with domestically abusive behaviours were that this could not be compelled and within the case files reviewed there was insufficient threshold to escalate to care proceedings.
- 9.9 Another frequently recurring theme where there was identified domestic abuse was with the mother forming a new relationship at a later period with someone who also presented with domestically abusive behaviour. The mother had engaged with supports provided to build safety into their relationship choices prior to WBC involvement ending, but this had unfortunately not prevented them from forming a relationship with another perpetrator of domestic abuse.
- 9.10 There was unanimous agreement to end the previous period of CP planning by all the professionals working with the family and the average length of time they remained open under CIN prior to closure was 5 months. Procedurally in WBC the requirement is for a period of at least 3 months within CIN.
- 9.11 No escalations were required for concerns relating to safeguarding/the safety of the children from the audits. All practice was felt to currently be appropriate to identified need.

Points for reflection as a result of the learning from this audit were:

- When working with parents where domestic abuse is a factor this should include awareness raising of how this may contribute to children staying out of the family home; to be always forward thinking within our assessments and plans around children – how might this situation impact upon each child in the future?
 - Where domestic abuse is a factor alongside other factors of concern analysis should include how these may correlate/counteract.
- 9.12 The learning from this audit was shared within the Children Services Performance & QA Meeting to inform practice.

10. Comparator of the duration of child protection plans against the National figures:

10.1. Percentage of children ceasing CP plans nationally 2022:



Extract of fig 64, p.82: [ADCS Safeguarding Pressures Phase 8 Full Report FINAL.pdf](#)

10.2. Percentage of children ceasing CP plans in West Berkshire over this period:

CP	8 (16)	10 (13)	40.5 (38.5)	35 (28)	10 (4.5)
	> 3 months	3 – 6 months	6mths – 1 year	1 – 2 years	Over 2 years

10.3. Whilst the number of children subject to a CP plan in excess of a year has increased in WBC, the percentages of children within each of these time periods remains relatively aligned with the most recent data within the ADCS Phase 8 Safeguarding Pressure Report's findings.

10.4. The outcome of RCPCs held over this period was:

- 294 (474) children remained subject to a CP plan
- 185 (303) children stepped down to child in need
- 34 (13) children became children in care

(Numbers are higher than the number of RCPCs held as some children within the family network had a different outcome to their sibling).

11. Categories:

11.1. Latest national figures:

As a snapshot, on 31 March 2024 the breakdown of reasons for children being made subject to a Child Protection Plan (CPP) in England was as follows:

- 51% (49) neglect
- 37% (37) emotional abuse
- 7% (7) physical abuse
- 3.5% (4) sexual abuse
- 2% (2) multiple

(Source: [Children in need, Reporting year 2024 - Explore education statistics - GOV.UK](#))

- 11.2. The table below provides a breakdown of the number and percentage of children sitting under each category within West Berkshire. The predominant category used within West Berkshire is emotional harm, this has been subject to previous audit where it was established the descriptions given in relation to domestic abuse within each category of harm led to this being used in preference to the category of neglect and often it is accompanied by a secondary category of risk of physical harm.

	CP Plan reason by age group	Total no. of children per category	No. as a percentage
31st March 2025 (snapshot)	Neglect	67 (52)	32% (27)
	Emotional Abuse	114 (107)	55% (56)
	Physical Abuse	17 (26)	8% (4)
	Sexual Abuse	10 (7)	5% (4)

11.3. Secondary (dual) Categories:

The use of dual categories was introduced in West Berkshire towards the end of 2018 to provide ability to ensure that this was not being overlooked and to test the hypotheses that where risk of sexual and physical harm was present, it might not have been the primary concern. 285 (176) children have been made subject to a CP plan under dual categories over this period. Having dual categories provides greater understanding of how risk is being applied and acts as assurance that, whilst physical and sexual harm may not be the predominant concern within the family, risk continues to be monitored and is not being overlooked.

No. of Children	Main Category:	Secondary Category:
2 (2)	Sexual Abuse	Emotional harm
1 (1)	Sexual Abuse	Neglect
57 (46)	Emotional Harm	Physical Abuse
9 (6)	Emotional Harm	Neglect
7 (5)	Emotional Harm	Sexual Abuse
14 (1)	Neglect	Emotional Harm
6 (1)	Neglect	Physical Harm
1 (0)	Neglect	Sexual Harm
18 (25)	Physical Harm	Emotional Harm

12. Timeliness of Conferences:

- 12.1. There was a total of 404 (531) child protection conferences held during this period, (data is per family and not per child), this equates to 8.5 (11) conferences being held per week.

12.2. Within this number a total of 129 (150) conferences needed to be rescheduled, which impacted at times upon capacity to maintain the timeliness of them over this period:

*Please note the total number of identified issues within this table may be higher than the number of instances conferences were late due to the delay being as a result of multiple factors:		
	ICPC	Review CPC
Timeliness of the meeting	75% (85%)	84% (92%)
No of conferences held	129 (95)	275 (394)
Number of conferences rescheduled:	34 (27)	97 (123)
Number held outside the statutory timeframe	32 (26)	44 (53)
Reason for the delay in holding the conference (Some conferences had multiple reasons and so the overall figure in this section may be higher than the numbers above)	9 (6) – no CPC capacity (all held within 3 days of due date)	25 (49) – late social work report
	6 (8) – late social work report	25 (21) – Parental Availability - illness/in labour/did not arrive/child ill/in court/new job
	6 (2) – Parents unable to attend	13 (14) CP Chair availability – illness/capacity
	3 (0) CP Chair ill – all held within 5 days of due date)	10 (23) – social worker availability – Court/Annual Leave/illness/capacity
	2 (0) threshold not initially established	9 (13) moved to ensure key professionals were present
	1 (0) invitation list not received from SW in time	5 (0) Brought forward due to change – risk reduced/SO in place
	1 (1) School holidays, moved to ensure they were present	5 – delayed for legal advice or update from Court
		2 (0) no interpreter arranged
		1 (0) delayed to maintain same chair in sibling group

- 12.3. Where appropriate Issues resolutions have been raised by the Child Protection Chairs to address the factors which led to the conferences being delayed and this is explored in more detail later in this report.
- 12.4. The factors listed within the above table reflect the challenges being experienced, not just within the social work teams, but within QAAS and other agencies in relation to capacity and the recruitment and retention of staff.
- 12.5. When a conference is rescheduled this involves a repeat of the processes used to set it up, effectively doubling the work of the business support administrators within QAAS who manage this side of the work.

13. **Timeliness of Visits to Children by the SW Teams and sharing of reports for conference:**

- 13.1 An average of 87% (93) of SW reports for ICPCs and 88% (84) of SW reports for review CP conferences were shared within procedural timeframes prior to the CP conference over this period. Timeliness of reports for ICPCs over this period has reduced in comparison to last year, but the timeliness of reports for RCPCs is showing an improving picture.
- 13.2 On average 80% (78) of children on CP plans were visited within the last 10 days over this period. This is again showing an improving picture in comparison to the previous period. As previously mentioned in this report some of the drop is a recording issue because of workload demands and staffing changes. Where they haven't occurred on time, this has been challenged by the CP Chair.
- 13.3 The absence of recordings however would impact upon overall assessments and understanding of the progress of work being completed and the service manager for Family Safeguarding has been continuing to work with her team managers to track visiting and to ensure visits are always recorded.
- 13.4 The quality of the social worker's reports is generally of a good standard, the following is a breakdown of the grades given by the CP Chairs:
- Outstanding 10
 - Good 647
 - Requires Improvement 79
 - Inadequate 6

14. **Demographics:**

Gender	As of 31 st March 2025 (snapshot)	As a percentage:
Female	86 (89)	41.5% (46)
Male	115 (98)	55% (51)
Unknown	7 (5)	3.5% (3%)

- 14.1. A slightly higher proportion of male children are brought to conference in comparison to females. Where it has been recorded that the gender was unknown, this relates to unborn babies on child protection plans.

14.2. Comparator of gender against the identified factors within all the conferences held between 1/4/23 and 31/3/24:

(Percentages are worked out as a percentage against the factors identified within every conference held, then per gender)

FACTOR:	Parental Domestic Abuse	Parental Drug Misuse	Parental Alcohol Misuse	Parental Mental Ill Health	Parental Disability	Parental Learning Difficulty	Financial Hardship	Housing Issues
GENDER								
Female	61% (49)	34% (50)	28% (60)	56% (50)	6% (75)	5% (33)	20% (52)	32% (50)
Male	57% (51)	34% (50)	27% (40)	60% (50)	6% (25)	10% (67)	23% (48)	28% (50)
Percentage rate of factor within conferences overall	58% (61)	30% (30)	27% (25)	58% (45)	6% (3)	8% (4)	21% (13)	30% (23)

FACTOR:	Young Person School Attendance	Young Person Mental Health	Young Person Behaviour at Home School	Young Person Offending or Anti Social Behaviour	Young Person with Disability	Young Person with Learning Difficulty	Young Person vulnerable to or experiencing sexual exploitation
GENDER:							
Female	33% (53)	31% (54)	28% (50)	7% (57)	3% (31)	3% (29)	6% (53)
Male	27% (47)	23% (46)	27% (50)	5% (43)	5% (69)	4% (71)	5% (47)
Percentage rate of factor within conferences overall	30% (29)	27% (18)	27% (23)	6% (8)	4% (5)	3% (4)	6% (8)

- 14.3. The parents of 25% of the children and young people with an identified factor of mental health difficulties also had identified mental health difficulties.

14.4. The percentage of each of the identified factors was relatively evenly split across the genders, although whilst a small cohort boys had a higher incidence of parental learning disability in comparison to the girls.

14.5. The trio of vulnerabilities remain the most predominant identified factors within child protection conferences.

14.6. Ages of children on CP plans:

Nationally:

The ages of children receiving social care support has changed over the years. The age profile of children becoming subjects of child protection plans has continued to shift towards older children. 4.4% of children starting a plan were aged 16 and 17 years compared to 3.9% two years ago. 5.4% of children subject of a child protection plan as at 31st March 2022 were aged 16 years and over compared to 4.7% two years ago.

[ADCS Safeguarding Pressures Phase 8 Full Report FINAL.pdf](#)

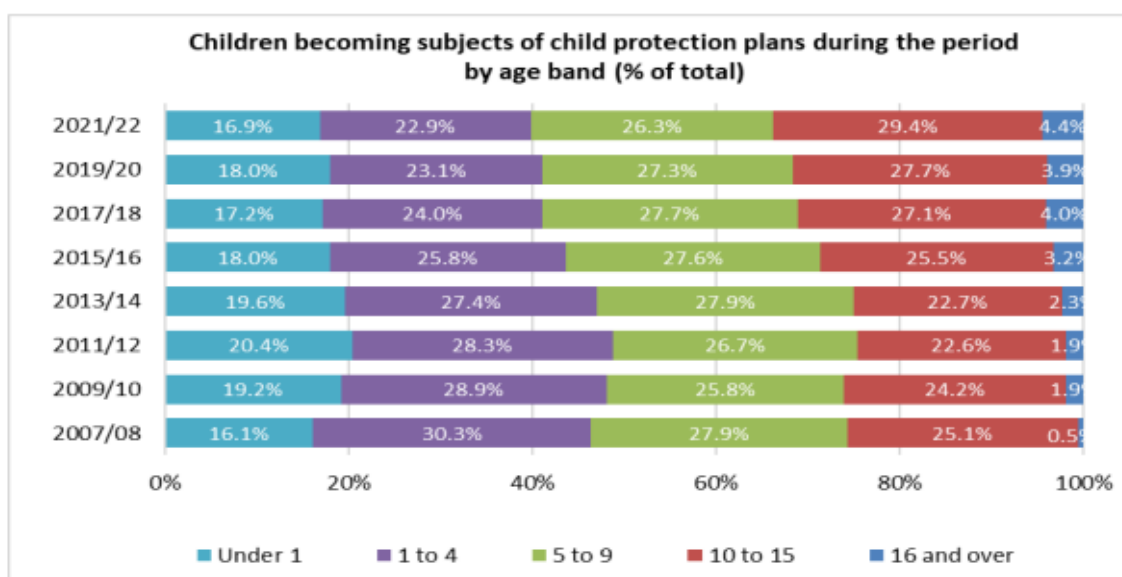


Figure 60: Children becoming subjects of child protection plans during the period by age banding - % of the total
(Source: SGP respondents)

[ADCS Safeguarding Pressures Phase 8 Full Report FINAL.pdf](#)

West Berkshire age breakdown: (Snapshot 31/03/24):

Under 1	1 – 4 years	5 to 9 years	10 to 15 years	16+
12.5% (9.5%)	20% (22.5%)	28% (32%)	33% (31%)	6% (5%)

The ages of children on CP plans in West Berkshire is generally in line with the ADCS 2021/22 National figures. However West Berkshire has had a smaller percentage of

children under the age of 1 year and over 16 years of age subject to a CP plan over this period in comparison to the National figures.

CP Plan Reason by age group	Under 1	1 to 4	5 to 9	10 to 15	16 and over
Sexual Abuse	0	3	3	3	1
Neglect	16	10	19	19	3
Emotional Abuse	8	23	32	44	9
Physical Abuse	2	6	4	3	0
Total	26	42	58	69	13

Neglect is the predominant factor of concern for children under the age of 1yrs whereas in all other age ranges the concerns relate predominantly to emotional harm.

14.7. Ethnicity:

Ethnicity in West Berkshire

According to the latest 2021 census, the population in West Berkshire is predominantly white (91.9%), with non-white minorities representing the remaining 8.1% of the population.

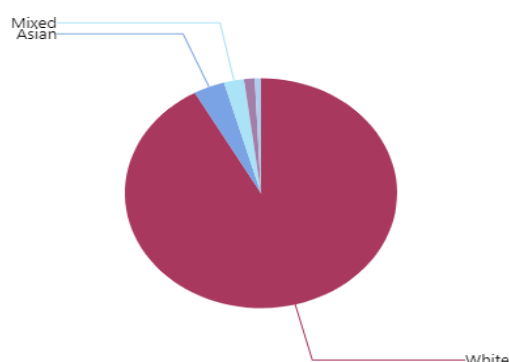
Asian people were the largest minority group in West Berkshire accounting for 3.7% of the population.

2,030 or 1% of the West Berkshire population are black according to the latest 2021 census.

In England more broadly the portion of the population that is white is 81%. 10% are Asian and 4% are Black.

Population by race in West Berkshire, 2021 census

- **White** - 148,384 people or 91.9%
- **Asian** - 5,990 people or 3.7%
- **Mixed** - 3,857 people or 2.4%
- **Black** - 2,030 people or 1.3%
- **Other** - 1,186 people or 0.7%



[West Berkshire Demographics | Age, Ethnicity, Religion, Wellbeing \(varbes.com\)](https://varbes.com/)

14.8. Snapshot: 87% (80) of children and young people subject to a child protection plan as of 31st March 2025 were of White British origin. The percentage of children and young people subject to a child protection plan from minority ethnic

groups was 13% (20). This is a higher rate than the percentage of children from an ethnic minority background overall within West Berkshire although the school census puts the number of school age children from BAME backgrounds at 12%, which is more aligned.

15. Participation:

15.1. Participation & multi agency work with children and families within Child Protection Conferences:

15.2 The Berkshire Child Protection procedures require all professionals invited to attend child protection conferences to do so, and if they are unable to do so they are required to send a suitably briefed representative in their place. Attendance by professionals has generally though been good.

15.3 All professionals invited to conferences are required to provide a report, which has been shared with the family and the CP Chair at least 2 working days (for ICPCs) or 5 working days (for RCPCs) prior to the date of the conference being held. Whilst reports are generally sent into the Chair in time, they can be late arriving with the family and there has been occasions where they have not been shared at all, when this happens it delays the start of the meeting because the family need time to go through the report. The quality of the reports is generally good.

15.4 There are only a small number of incidences when a professional has not attended or provided a report for conference. When the CP Chairs identify practice issues they will pick this up with the relevant agency to ensure it is addressed and some occasions where this has occurred is explored later in this report. School Nursing and the GPs tend to only come to ICPCs unless they have an ongoing role and so the data below is focused solely upon these meetings.

Agency:	School	Early Years	School Nurse (ICPC only)	Health Visitor	Midwife	GP (ICPC only)
Did not attend	50 7%	39 17%	49 22%	79 16%	29 31%	191 83%
Did not attend or provide a report	33	22	15	29	24	58
Report late to Chair	7	8	19	0	1	4
Report late to family	29	32	113	76	22	65
Quality of the report provided:						
Outstanding	0	0	0	12	0	0

Good	167	187	215	417	70	144
Requires Improvement	4	4	3	0	0	18
Inadequate	0	0	0	0	0	0

15.5 There was a lack of clarity within the Pan Berkshire CP Procedures during the last reporting period as to whose role it is to share professional's reports for conference. Practice guidance is now clear that it is the author of the report who has this responsibility.

15.6 Generally the quality of professional's reports for conference are good and they are provided to the Chair in a timely manner.

Police attendance within conferences:

15.7 The Police representatives are always invited to attend ICPCs, but do not generally attend review child protection conferences. This is generally because only those professionals with an active role, or where they might contribute, are included within the reviews and the Police often do not have an ongoing role. Where they do attend this is usually because there is an ongoing investigation and the officer in the case is invited to attend.

15.8 Currently the WBC ICS reports do not capture Police attendance data, but it is anticipated that this will be rectified when WBC move to a different ICS system. In the meantime, QAAS has been manually recording this information post the conferences:

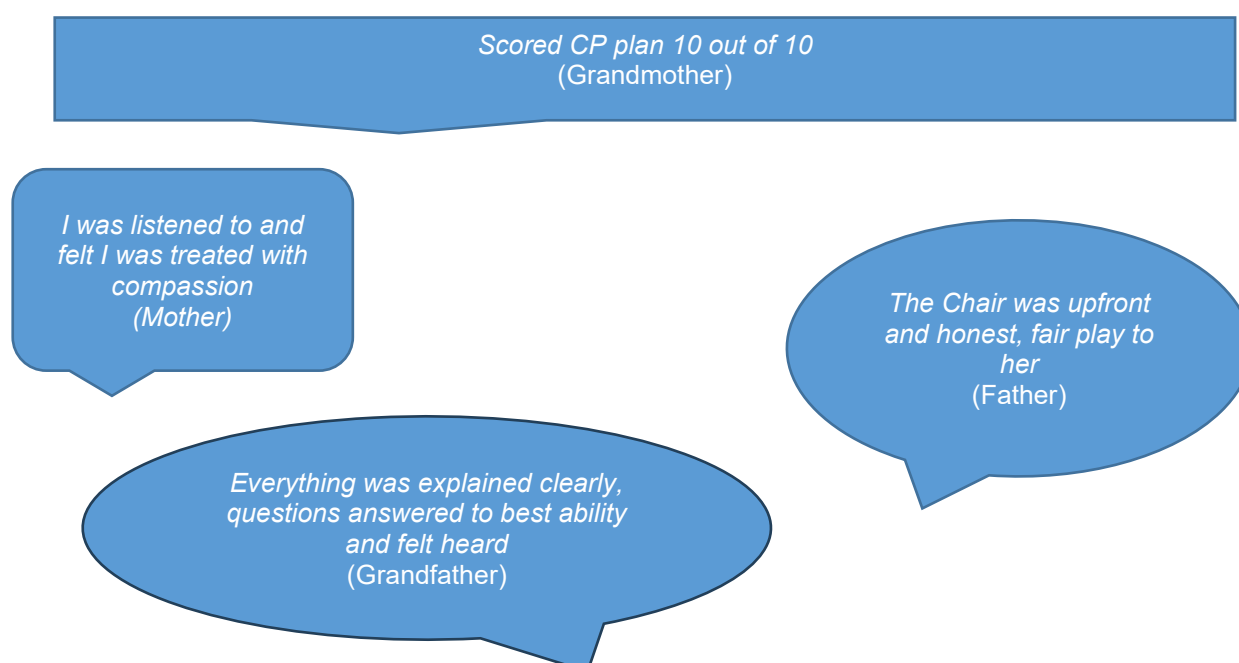
Meeting type:	ICPC	RCPC
Number of Meetings held where Police were invited to attend	129	Not known
Number of meetings held where the Police attended	112	17 (34)
No of meetings where Police were invited to but did not attend	17 13% (23)	Not known

15.9 The Police are again currently reporting significant capacity difficulties at present, their Case Conference Advisors (CCA) are centrally based and cover the entire Thames Valley area (Berkshire, Buckinghamshire and Oxfordshire).

15.10 Despite this their level of attendance at ICPCs has improved over this period. Police would not usually attend RCPCs unless they have a defined role and they are recorded as having attended 17 RCPCs over this period.

16. Parental participation within conferences:

- 16.1 The child(ren)'s mother has been present within 92% (89) of conferences held, with fathers having been present within 66% (68). The lower attendance rate with fathers may be due to working hours (conferences are held during working hours). The parent's partner attended 4% (7) of the conferences held.
- 16.2 Extended family members were recorded as having attended within 24% (28) of the conferences held. Levels of feedback from family members are relatively low. The focus of practice development for QAAS over the next period is participation and we intend to review how feedback is received and reported upon with the aim of improving this over the next period. The following is a sample of some of the feedback received from families:



Adult advocacy:

- 16.3 Adult advocacy was provided for parents within 125 conferences over this period.

17. Child Participation and Consultation within CP Conferences:

- 17.1 The voice of the child is central in the information sharing and decision-making process. Whilst some children/young people feel able to share their views independently, those who do not feel able to do this are offered advocacy to ensure they feel listened to and that their views are accurately recorded and shared.
- 17.2 Where appropriate, children and young people involved within conferences are supported to attend and contribute. 94 (78) children and young people were recorded as having attended their child protection conferences over this period,

which is a further increase in comparison to the following period which had also seen an increase from 57 to 78.

The children thought you were a very nice professional, they said they felt included and supported.

(Children via their SW)

18. Child Advocacy:

18.1. The rights of each child to be provided with advocacy support in respect of making a complaint is set out within:

- The Children Act 1989 (s24D and s26).
- Adoption and Children Act 2002.
- The Advocacy Services and Representations Procedure (Children) (Amendment) Regulations 2004. Guidance: Providing Effective Advocacy Services for Children and Young People making a complaint under the Children Act 1989.

“Domestic legislation in England does not grant children and young people a universal entitlement to independent advocacy when they need it. The default assumption is that most children live within protective familial structures and that, if the need arises, families should be able to advocate on children’s behalf…… (However, it should be provided for)… children and young people in receipt of social care services (including child protection) who wish to make a representation.”

(Children’s Commissioner 2024)

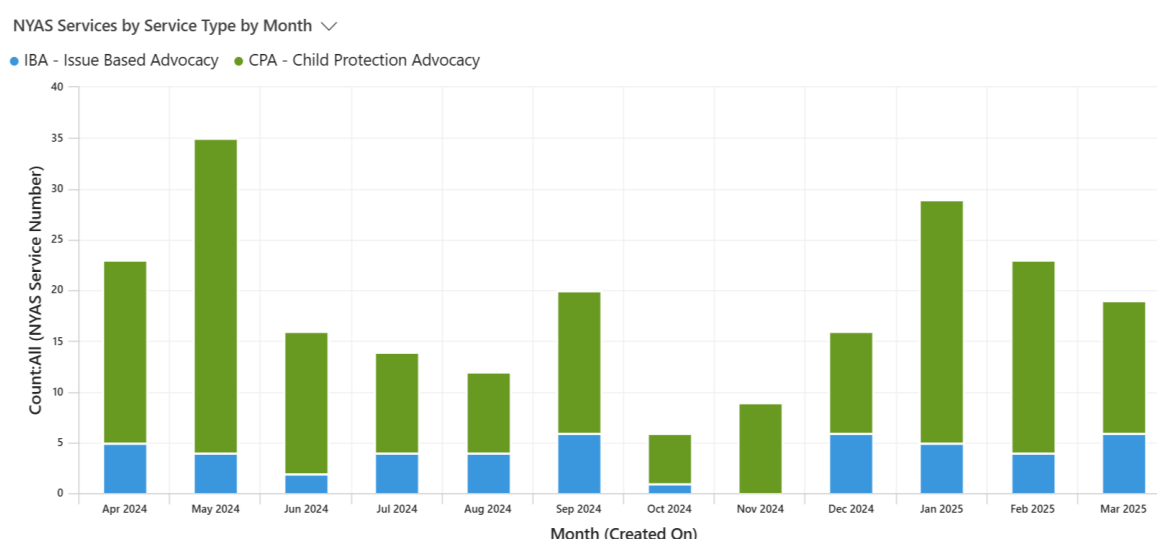
18.2. Formal advocacy for children and young people in WBC is provided via the National Youth Advocacy Service (NYAS). It is the provision of this service the data in the following table relates to. Providing a child with an advocate gives them the opportunity to speak to somebody with no connection to them, or the CP process, and to provide feedback and have a voice in decisions and plans being made about them.

18.3. The CP Chair’s report captures why NYAS advocates were not used within the conferences for children and young people. From 1st April 2024 to 31st March 2025 there were a total of 445 (404) occasions when children did not have an advocate for their conference and the reasons recorded by CP Chairs for this are set out below:

(numbers are higher than number of conferences as this is per child and not family as is the case within most aspects of this report)

No Advocate Offered to Child Reason	
No referral made	157
One was not available	30
Other	44
Refused by child	22
Refused by parent/carer	24
Too young	140
Unable to identify interpreter	2
Unborn	26
Total	445

- 18.4. The number of children who were recorded by the CP Chairs as not having been referred for advocacy over this period has increased. There has been increased demand for advocacy over this period and so many children were supported to have a voice via other means, such as discussion with the CP Chair or via a family support worker, school pastoral support or via a named person of trust identified by the child themselves. The prevalence of this has not been captured. However, the Child Protection Chairs raise an issue resolution where a child/young person has not had advocacy support provided when it has been requested and this is kept under review within conferences.
- 18.5. The advocacy provision has also now been increased to ensure there is wider availability for it.



- 18.6. As can be seen from the above table, the largest area of take up for advocacy support is within the child protection conference arena.
- 18.7. The following is a sample of the feedback the advocacy provider, NYAS, has received in relation to their work with our children and young people:

When you read out the report, I can hear the YP, it sounds just like them.

The voice of the children has really helped me to come to the decision I have to step down to CIN.
(Professional)

that was a lovely report"
"For a young man that is so closed to talking you managed to get so much from him"
(Professional)

YP thanked me for my work with him and expressed that he feels he can trust me and confide in me
(advocate from child)

at first I wasn't sure what was going on and I was confused, now I am really happy and it was nice to be able to talk to you.
(child)

It was lovely that she opened up so much to you -
thank you
(professional)

19. **Feedback about the conferences:**

- 19.1. QAAS welcomes feedback from all sources and this is received from a variety of avenues. For CP conferences at present the predominant form of receiving feedback is through feedback documents completed by attendees at the end of each conference. 313 (194) people provided feedback using these documents over this period. The following is a representative example of feedback received over this period from professionals in attendance:

Very clear, well thought through and done in collaboration with the parent
(Clinical Psychologist, CAMHS)

Balanced conference focusing on the needs of the children
(Health Visitor)



- 19.2. Feedback has been predominantly positive in relation to how child protection conferences are being managed.
- 19.3. However, all feedback is reviewed by the relevant CP Chair post conference and read by the QAAS Service Manager. Where necessary the CP Chair will undertake follow up calls to discuss the feedback provided and where relevant this is fed back across QAAS as part of ongoing learning and development within the Service. There have been a small number of issues raised within the feedback received with the following actions taken:

Feedback received:	Action taken:
The meeting started 25 minutes late, but it was not clear why there was this delay, whilst waiting on TEAMS for the meeting to start. (CAMHS)	This was unfortunate. The parents had not seen all the reports provided prior to the day of the meeting, they elected to go ahead with the meeting, but it was important they were given adequate time to read and digest the reports before the meeting commenced.

<p>Parents did not feel heard and felt unable to put their point of view across. They feel most of the concerns are educational needs and not down to their parenting and that unrealistic goals have been set for the children.</p>	<p>The parents were provided with an adult advocate to assist them in having a voice in the conferences and this was sent in after the meeting. They do not agree that a CP plan is required. Every effort is being made to ensure their views are included and considered as part of the ongoing planning.</p> <p>The parent's view is sought and discussed within the pre-meeting with them with the support of the adult advocate and the chair is ensuring their views are included within the conferences.</p>
<p>I don't like teams, professionals should attend in person, very poor representation from (X) agency (Team Manager)</p>	<p>TEAMS is only used where unavoidable and required to achieve attendance from a particular professional. External challenge was raised by the CP chair to this agency and the issue was addressed. Fortunately, all agencies invited to conferences are aware of the importance of attending and participating face to face and generally this is achieved.</p>
<p>Would be good to have been involved at the initial conference - any others that may be needed to be invited (teacher for the hearing impaired)</p>	<p>The teacher was unhappy not to have been invited to the ICPC initially by the allocated SW. However, the school and pre-school for both children were there and they were in the process of transitioning to new schools - this was subsequently rectified and they are now a part of the core group and conferences. Their input was really helpful and reinforced what the schools had been saying.</p>
<p>Father was allowed to be hostile to professionals within the conference (midwife)</p>	<p>The father was annoyed to be accused of being domestically abusive and stated this in the meeting, this was not directed at anyone in particular. The chair had noticed the children's father was covertly recording the meeting, the chair spoke to the father about his behaviour which had caused upset for some of the professionals present who were unhappy he had been covertly recording them and refused permission</p>

	for him to do this. He apologised to all present for his behaviour.
Police non-attendance was an issue since mum denied the information in their reports completely (social worker)	It was unfortunate the Police were not there, this was subsequently picked up with them by the Chair after the meeting and highlights the importance of professionals attending conferences to speak to their reports.
I was not able to give a view about the plan stepping down as the child became emotionally heightened and I left the room with them. It would have been better to prepare X more for the purpose of the meeting and for his views to be captured in a more structured way. (Youth Justice social worker)	This as an RCPC/CIC meeting and assumptions were made by the Chair about preparations having been made ahead of the meeting. The chair agreed with the view of this professional. There should have been better preparation. The meeting was ended and re-scheduled to take place on a different date. The learning from this was discussed with the child's allocated social worker and team manager. The IRO asked for an advocate for the child to be organised and visited to speak to the child prior to the day of the re-arranged meeting.

- 19.4. The QAAS service manager has continued to undertake staff practice observations and whilst less have been achieved over this period due to capacity issues, the quality of practice observed in relation to the CP Chairs has remained consistent.
- 19.5. When meetings have online attendees the CP Chairs will check if they believe an online participant may not be giving the meeting their full attendance and address the situation particularly if there are people potentially within earshot of the meeting. The use of laptops within meetings is also being tightly managed, with laptop use only being permitted for participants to access their reports for reference when they are presenting their information.

20. Issues Resolutions (IR) raised by the CP Chair over this period:

A total of 85 (69) quality assurance issues were raised in relation to children and young people who were subject to CP Plans, this is an increase of 23% (40) in comparison to the previous period. QAAS endeavours to raise IRs and to resolve them at the informal level or at stage 1. When they are raised higher this is usually due to the response not being received within the set timescale or because there was a need for that level of seniority to have oversight and to redress the issues the CP Chair has raised.

When an IR is raised there is a 5 working day timescale for the manager in

receipt of the IR to respond before it is escalated to the next stage. The purpose of this is to avoid delay in the issues raised being resolved.

Stage raised:	Number raised	Number of these which were escalated and stage they were escalated to.
Informal (line manager for SW)	34 (27)	All were resolved at this stage.
Stage 1 (Team Manager)	44 (35)	3 progressed to stage 2.
Stage 2 (Service Manager)	10 (6)	7 IRs were raised directly as stage 2. All bar 1 were resolved at this stage. One escalated to stage 3 due to no response from the social work manager within the prescribed timescale.
Stage 3 (Service Director)	1 (1)	No IRs were raised at this level over this period. 1 was escalated from stage 2 as described above.
Stage 4 (Executive Director)	0 (0)	No IRs were raised at this level over this period.

A full breakdown of the reason why IRs were raised is attached in appendix 2 of this report. The Children & Family Service hold monthly performance meetings, chaired by the Service Director. The purpose of this meeting is to monitor the quality and timeliness of practice and to put steps into place to address identified concerns. There is evidence of the effectiveness of this board in that the frequency of IRs being repeatedly raised has reduced, particularly in relation to missing visits and core groups, which has significantly dropped.

The frequency of families receiving reports for conference late has also seen a reduction in occurrence. There has been a small number of IRs raised over this period in relation to how reports are being shared with parents. Whilst not specifically stated within the CP procedures, good practice would dictate that the allocated social worker visits the family to go through their report with them prior to the conference. This would provide the family with an opportunity to request factual inaccuracies where necessary and to challenge some of the content and avoid this playing out within the conferences. The CP Chairs are reporting anecdotally that reports are often being shared electronically, the IRs raised relate to parents who have advised they were unable to read the reports as a result of this practice.

All the IRs were resolved and action taken to address the identified issues. It should be noted that many of the IRs raised in relation to visiting and core groups was explained to be a recording issue, which was rectified. Without a record of the visits, the CP Chairs are compelled to consider these in the same way as a missed visit because they cannot contribute to the ongoing work and assessment being undertaken with children and their families.

The breadth of the IRs raised over this period demonstrate the depth of monitoring the Chairs undertake within the cases they hold. Often the CP Chair has been the consistent professional involved within a child's family and this has been a key factor in keeping children sighted and plans on track over this period.

19 Feedback from the Child Protection Chairs:

The CP chairs always try to ensure that good practice is recognised and that this is fed back to the relevant professional. Often this takes place verbally, immediately after the conferences, but the following are some examples of particularly good practice, which the Chair wanted line managers of the professionals involved to know:

The social worker was very clear in her presentation in the meeting and child focussed; positive interactions with the family and explaining the worries and rationale for decision making in a respectful, empathetic and family friendly way. In my view, her excellent practice has contributed to the success and good outcome for (child) and the family and has made their experience of working with the department positive be. (CP Chair to SW)

The school and mum mentioned your name as part of the support and how positive your work is with (child). It was a positive conversation and I thought demonstrated really good joined up work with the school, family and yourself.
(CP Chair to EWO)

I was impressed with your support to mum, which enabled her to participate in the meeting not only in terms of helping her to keep calm and focussed on the issues at hand, but also sharing information on her behalf based on your work and knowledge of the family.

(CP Chair to SW)

The positive relationship you have managed to establish with the parents, has supported mum to make the most of the support offered to her, which she was able to recognise; this is a big point as she was also able to reflect, she had not been able to so do in the past. Your work has enabled them to engage in open and challenging discussions in the conference, more so they were able to acknowledge what could be seen as shortcomings/negatives.

(CP Chair to SW)

I just wanted noted as I walked mother out to the main office following the review she commented on how helpful (SW) had been and how supported she had felt by her. She said she was dreading the child protection process, but for her on reflection it had been a positive process.

(CP Chair to SW)

20 Recommended Actions:

Action	Who:	When by:
QAAS to continue to work with the Participation Officer to develop updated consultation documentation and review how feedback is obtained from children and young people, particularly those who have attended their CP conferences and the number of children providing feedback might be improved.	The QAAS Service and the Children's Participation Officer	31 st October 2025
Audit of children subject to CP plans to explore involvement of the child's father within the process	CS Management Team as part of the dip audit programme	30 th September 2025
Family Safeguarding to review how oversight is maintained on the progression of plans when there are changes of SW to avoid drift/delay.	Sonia Harris, Service Manager, FS	30 th August 2025
Social Care Reforms around Lead Safeguarding Practitioners Role will be developed this year	QAAS Service Manager	March 2026

Appendix 1: Factors identified within Child Protection Conferences between 2019 and 2023:

2019/20:

Parental Domestic Abuse	Parental Drug Misuse	Parental Alcohol Misuse	Parental Mental ill Health	Parental Disability	Parental Learning Difficulty	Financial Hardship	Housing Issues	Young Person School Attendance	Young Person Mental Health	Young Person Behaviour at Home School	Young Person Offending or Anti Social Behaviour	Young Person with Disability	Young Person with Learning Difficulty	Young Person vulnerable to or experiencing sexual exploitation	Other
318	110	108	253	9	35	68	140	132	120	110	43	28	16	34	110
55.4%	19.2%	18.8%	44.1%	1.6%	6.1%	11.8%	24.4%	23.0%	20.9%	19.2%	7.5%	4.9%	2.8%	5.9%	19.2%

2020/21:

Parental Domestic Abuse	Parental Drug Misuse	Parental Alcohol Misuse	Parental Mental ill Health	Parental Disability	Parental Learning Difficulty	Financial Hardship	Housing Issues	Young Person School Attendance	Young Person Mental Health	Young Person Behaviour at Home School	Young Person Offending or Anti Social Behaviour	Young Person with Disability	Young Person with Learning Difficulty	Young Person vulnerable to or experiencing sexual exploitation	Other
384	161	156	295	5	37	52	91	120	102	109	43	20	17	25	100
61.3%	25.7%	24.9%	47.1%	0.8%	5.9%	8.3%	14.5%	19.2%	16.3%	17.4%	6.9%	3.2%	2.7%	4.0%	16.0%

2021/22:

Parental Domestic Abuse	Parental Drug Misuse	Parental Alcohol Misuse	Parental Mental ill Health	Parental Disability	Parental Learning Difficulty	Financial Hardship	Housing Issues	Young Person School Attendance	Young Person Mental Health	Young Person Behaviour at Home School	Young Person Offending or Anti Social Behaviour	Young Person with Disability	Young Person with Learning Difficulty	Young Person vulnerable to or experiencing sexual exploitation	Other
379	170	153	373	19	26	55	132	134	92	133	62	34	18	38	140
54.4%	24.4%	22.0%	53.5%	2.7%	3.7%	7.9%	18.9%	19.2%	13.2%	19.1%	8.9%	4.9%	2.6%	5.5%	20.1%

2022/23:

Parental Domestic Abuse	Parental Drug Misuse	Parental Alcohol Misuse	Parental Mental ill Health	Parental Disability	Parental Learning Difficulty	Financial Hardship	Housing Issues	Young Person School Attendance	Young Person Mental Health	Young Person Behaviour at Home School	Young Person Offending or Anti Social Behaviour	Young Person with Disability	Young Person with Learning Difficulty	Young Person vulnerable to or experiencing sexual exploitation	Other
479	195	206	411	15	31	129	205	228	144	200	68	42	32	58	179
62.6%	25.5%	26.9%	53.7%	2.0%	4.1%	16.9%	26.8%	29.8%	18.8%	26.1%	8.9%	5.5%	4.2%	7.6%	23.4%

2023/24:

Parental Domestic Abuse	Parental Drug Misuse	Parental Alcohol Misuse	Parental Mental ill Health	Parental Disability	Parental Learning Difficulty	Financial Hardship	Housing Issues	Young Person School Attendance	Young Person Mental Health	Young Person Behaviour at Home School	Young Person Offending or Anti Social Behaviour	Young Person with Disability	Young Person with Learning Difficulty	Young Person vulnerable to or experiencing sexual exploitation	Other
517	258	225	397	32	45	145	211	260	160	184	75	45	39	67	158
63.0%	31.5%	27.4%	48.4%	3.9%	5.5%	17.7%	25.7%	31.7%	19.5%	22.4%	9.1%	5.5%	4.8%	8.2%	19.3%

2024/25:

Parental Domestic Abuse	Parental Drug Misuse	Parental Alcohol Misuse	Parental Mental ill Health	Parental Disability	Parental Learning Difficulty	Financial Hardship	Housing Issues	Young Person School Attendance	Young Person Mental Health	Young Person Behaviour at Home School	Young Person Offending or Anti Social Behaviour	Young Person with Disability	Young Person with Learning Difficulty	Young Person vulnerable to or experiencing sexual exploitation	Other
453	258	212	449	43	61	163	228	227	205	210	49	32	26	43	233
58.4%	33.2%	27.3%	57.9%	5.5%	7.9%	21.0%	29.4%	29.3%	26.4%	27.1%	6.3%	4.1%	3.4%	5.5%	30.0%

Appendix 2:**Reason why an Issues Resolutions was raised:**

(numbers below are higher than the overall number of IRs raised because the IRs have been raised for a multiple of issues)

Stage raised:	Informal	Stage 1:	Stage 2:
Issue raised:	Frequency of occurrence:	Frequency of occurrence:	Frequency of occurrence:
Visits out of timescales/missing from file recordings	10 (37)	12 (1)	2 (0) (1 escalated to stage 2 due to no response being received)
Delay in pre-birth assessment			2 (0)
Core groups out of timescales/missing from file recordings	5 (40)	11 (0)	1 (0)
No advocacy in place	0 (3)	4 (0)	
No chronology/chronology significantly out of date	9 (15)	9 (0)	
Father not assessed	0	(0) 1	1 – escalated from stage 1 due to no response being received
Poor quality SW report/missing key information	2 (3)	2 (0)	1 (0)
Concerns report for conference, whilst good quality had been written by unqualified worker	0	1 (1)	1 – Chair not satisfied with the response received & escalated to stage 2
Late report/not shared with parents	10 (18) – includes 3 (5) instances where father not living at home wasn't	12 (0)	1 (0)

	sent the report		
Key professionals not invited		3 (0)	
No interpreter arranged		1 (0)	
CP Chair not notified of significant event		1 (0)	
Key information/event not in report and delay in acting		4 (0)	
No allocated SW	0 (8)		
Delay in actions within the CP plan being progressed	2 (4)	4	1 (0)
Parents & professionals not aware of key info before conference		1 (0)	
Changes of SW impacting upon progress			3 (0)
Delay in seeking legal advice/action/move to PLO	4 (4)	2 (1)	3 (0) (1 escalated from stage 2 due to no response being received)
Lack of evidence of management oversight	1 (4)	2 (0)	
CIN process post CP procedure not followed	0 (3)		
Challenging the legal status of the child's living arrangements	1 (2)	1 (1)	1 – Chair not satisfied with the response received & escalated to stage 2
SW report e-mailed and parents couldn't access it	4 (0)		
Lack of challenge of partners who are not attending core groups	1 (0)		
Case file recordings on transfer of child to OLA missing	1 (0)		
No receiving SW at ICPC	1 (0)		
Questioning why work on DA hadn't been commenced by SW whilst waiting for DA worker availability	1 (0)		
CP plan not updated for RCPC	1 (0)	4 (0)	

Invitation list for conference late which delayed conference	1 (0)		
IRs raised against partner agencies:			
Non-attendance in CP conference and/or no report provided – VIA, New Barn School, Probation, Nursery, GP & CAMHS – specific professionals	7 (2)	0 (1) CAMHS 4 CMHT 1 Housing 2 SEN 1 School 1 Police	1 escalation from stage 1 due to no response being received - CAMHS
Late sharing of reports with families – professional challenge made in conference to numerous agencies by the CP Chair	4 conferences		

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