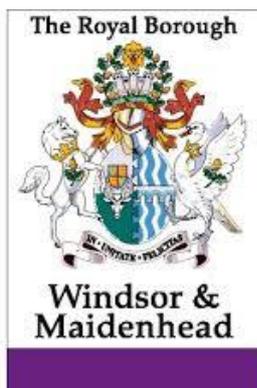


Windsor and Maidenhead
**LOCAL SAFEGUARDING
CHILDREN BOARD**

Annual Report 2013-14



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1. Preface

1.1 This report covers the period 1st April 2013 to 31st March 2014. Working Together to Safeguard Children (Department for Education, 2013) makes the following reference to the LSCB annual report:

- The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area, including early help.
- 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 provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period (under the Learning & Improvement Framework and Child Death Overview Reviews).
- The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training.

1.2 This report will be submitted to the Royal Borough of Maidenhead & Windsor (RBWM) Managing Director, Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

2. Introduction from the Independent Chair Terry Rich

Welcome to the Windsor and Maidenhead LSCB Annual Report for 2013-2014. This Report sets out the activities and achievements of Windsor and Maidenhead Local Safeguarding Children's Board and its partners over the last year. This has been drawn up at a time of transition for the Board, when the need to see significant improvements in the performance and resilience of the safeguarding community is marked.



The publication of the revised *Working Together to Safeguard Children* in March 2013 clarified the importance of Safeguarding Children Boards and key aspects of their business, and furthered some of the proposals made by the Munro Review of Child Protection such a revision to the process of assessment of children in need and at risk. Additionally, although there was no inspection during this period, Ofsted have continued to develop their inspection framework and raise expectations further.

Local Government, as the lead agency in children's safeguarding face challenging times, with continued severe constraints on budgets and funding. The Royal Borough of Windsor & Maidenhead has not been immune from those pressures. During the year, the Director and her management team worked hard to manage staff recruitment and retention issues as they strove to improve on the 2012 Ofsted "adequate" judgement. By the end of the year strategies were in place and beginning to show results, both in relation to staffing levels and performance.

Our Board needs to position itself in a place where it can better support agencies in their work to address weaknesses and be able to critically and constructively hold those agencies to account for their actions.

Our Board has gone through various changes in the last year. I became the new Independent Chairperson in May 2014 and there has been a number of LSCB Business Managers in post with periods of no cover as well. I would like to acknowledge the dedication and hard work of my predecessor Donald McPhail, who had been the Independent Chair since 2008.

We are clear that we need to ensure that there is a thorough understanding of the local community and how it is changing and keep abreast of emerging threats and risks to children and young people. We need to ensure that we create a learning culture – particularly concerning local and national case reviews – and ensure the lessons are disseminated to frontline practitioners and managers. We need to better focus our attention on areas where we can make a real difference to children's safety and be in a position to be able to provide an independent assessment of the strengths and weaknesses within the local system.

We are aware there is a lot to do to maintain good outcomes for children and make improvements where these are needed. We have big aspirations for local children and young people and high expectations of single and multi-agency work to keep children safe from harm. We are realistic that we can not do everything at once and within the resources available. We have therefore agreed a more targeted business plan with a smaller number of priorities. Our approach will be to do a few things well in less time and then to move on to other actions that are less pressing.

Terry Rich

Independent Chair, Windsor & Maidenhead LSCB
September 2014

3. The Royal Borough of Windsor and Maidenhead

The Royal Borough of Windsor & Maidenhead is situated 30 miles to the West of London in the M4 corridor. The local government area is a unitary authority created in 1998 from part of Berkshire County Council.

The 2011 Census indicated that the Borough has 144,560 residents, which is an increase of 8.2% in the last decade since the 2001 Census. In terms of overall age breakdown, the population of the Borough is showing signs of ageing in line with national trends, seeing 16.7% of the population aged 65+ compared with the national figure of 16.4%.

There are some differing trends when looking at other age groups – see table 1 for Population by age. The Borough has a slightly lower percentage of 18-24 year olds and 25-29 year olds when compared to national averages (6.7% of 18-24 year olds compared to 9.4% for England and 6.1% of 25-29 year olds compared to a national figure of 6.9%). In addition to this, the Borough also has a slightly higher than average percentage of pre-school and school-age children (6.5% versus 6.3% of 0-4 year olds and 16.1% versus 15.1% of 5-17 year olds).

Table 1: Population by age

Children and young people's population. by age (Population data mid 2012 based on 2011 Census)			
	<i>male</i>	<i>female</i>	<i>total</i>
0-4 yrs.	4888	4552	9440
5-10 yrs.	5473	5099	10572
11-18 yrs.	7709	6990	14699
Total no.	18070	16641	34711
% of total pop.	12.39%	11.41%	23.80%

There are three discrete centres of population – in Maidenhead, Windsor and Ascot - with pockets in surrounding rural areas. The area is mainly affluent, with population census and other information sources showing that:

- 56.2% of RBWM residents are in managerial or professional roles (against a national average of 41.2%);
- At an average of £342,742 (*August 2013*), house prices are the highest in the country outside of London;
- In spring 2013, 1,717 children were eligible for free school meals, which is relatively low, however this figure has significantly increased from 1,442 in 2012;
- Obesity rates of 7.4% for 4-5 year olds and 14.9% for 10-11 year olds in RBWM are significantly lower than England averages (National Child Measurement Programme);
- Teenage pregnancy rates (last available figure indicated 31 conceptions) are consistently below the national average, and the number of young people not in employment, education or training (NEET) averaging at 4.7%, is also very low;
- 15% of RBWM residents are from minority ethnic groups. The proportion rises to 30% of the children and young people on roll in schools.
- The area has strong links with both the Crown and military service and Windsor contains two barracks with a number of military personnel and families living locally.

At the end of 2013-14 there were 951 children who were considered in need and receiving support from local authority Safeguarding Services, including:-

- 89 children subject to child protection plans
- 107 children in the care of the Local Authority
- 0 privately fostered children
- 355 children with disabilities (Social Care and Family Support cases)

4. Windsor & Maidenhead Local Safeguarding Children Board

LSCB Governance Arrangements

4.1 The functions undertaken by the Windsor & Maidenhead LSCB follow the requirements of the Children Act 2004 and are based on the objectives set out in Chapter 3 of the revised '*Working Together to Safeguard Children*' issued by the Department of Education in March 2013. The core objectives of Local Safeguarding Children Boards (LSCB) 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 of the authority by which it is established; and
- to ensure the effectiveness of what is done by each such person or body for that purpose.

4.2 Regulation 5 of the *Local Safeguarding Children Boards Regulations 2006* sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the *Children Act 2004*, are as follows:

- (a) Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
- (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - (ii) training of persons who work with children or in services affecting the safety and welfare of children;
 - (iii) recruitment and supervision of persons who work with children;
 - (iv) investigation of allegations concerning persons who work with children;
 - (v) safety and welfare of children who are privately fostered;
 - (vi) cooperation with neighbouring Authority Children's Services authorities 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.

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

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

4.5 Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment; preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully.

4.7 The Board does this by gathering information about the safety and wellbeing of children in the community, by monitoring partners' performance and by producing policies and procedures to improve safeguarding outcomes.

4.8 The Board met six times during the year, plus an additional Business Planning Meeting and was attended by senior managers from Statutory Agencies, Voluntary Organisations, Lay Members and the Lead Member for Children's Services. The Board is chaired by someone independent of all partner agencies.

4.9 A significant amount of the LSCB's work was undertaken in various subgroups which met on a regular basis and helped to progress many of the detailed actions in the Business Plan and other emerging priorities. Some subgroups are arranged on a pan-Berkshire basis as part of the consortium with the other five LSCBs in the County. See Appendix A for a diagram of the organisational structure of W&M LSCB.

Windsor & Maidenhead LSCB Subgroups:-

- Monitoring & Evaluation
- Prevention/Keeping Children Safe
- Serious Case Review
- Child Sexual Exploitation
- Missing Children

Pan-Berkshire LSCB Subgroups:

- Training (Strategic)
- Child Death Overview Panel
- Policies and Procedures
- Section 11 Panel

East Berkshire Subgroup:

- Training (Operational)

LSCB Accountability

4.10 The LSCB is not accountable for the operational work of member agencies. Board members retain their own lines of accountability for safeguarding children. The LSCB does not have the power to direct other organisations, but rather has a role as outlined above to coordinate, scrutinise and challenge Board partners' safeguarding service delivery. The Chairperson is independent of Member agencies, and hence provides an independent voice for the LSCB. Local Authority members and non-Executives on other bodies should hold their Officers to account for their contribution to the effective functioning of the LSCB. An LSCB is not an operational subcommittee of the Council and the LSCB should not be subordinate to, nor subsumed within, any other structure in a way that might compromise its separate identity and independent voice.

4.11 Donald McPhail had been the Board's Independent Chairperson since 2008. He was succeeded by Terry Rich in April 2014. It is the responsibility of the Managing Director of RBWM to appoint or remove the LSCB chair with the agreement of a panel including LSCB partners and Lay Members. The Managing Director of RBWM, drawing on other LSCB partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the LSCB. The LSCB Chair should work closely with all LSCB partners and particularly with Alison Alexander, Director of Children's Services (DCS). The DCS has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority Children's Social Care functions and local cooperation arrangements for Children's Services.

4.12 During the year, Cllr Philip Bicknell, RBWM Lead Councillor for Children's Services, attended the LSCB as a 'participating observer' and challenged the work of the LSCB through discussion, asking questions and seeking clarity. This role provides an additional scrutiny function to the Board and further ensures the Board is supported by RBWM.

4.13 *Working Together to Safeguard Children* (2013) sets out the requirements concerning members. The Board is made up of statutory and non-statutory representatives that reflect those who work closely with children and families in the community. Primary and secondary schools are represented on the Board, as is the local community and voluntary sector.

4.14 In line with the requirements of *The Apprenticeships, Skills, Children and Learning Act 2009* the LSCB has had two Lay Members, although one left during the course of the year and will be replaced in 2014. The role of Lay Members is to help make links with community groups, and support stronger public understanding and engagement in local child safety issues and the LSCB's child protection work.

4.15 Throughout the year, the LSCB has been supported by partner agencies at the appropriate level of seniority for the Board to make the necessary strategic decisions. Board members have demonstrated this through their attendance and effective engagement, providing expertise to scrutinise and challenge the local multi-agency safeguarding arrangements and holding their own organisation to account in terms of safeguarding practice. In addition, Board members have actively contributed to the planning, implementation and monitoring of the LSCB Business Plan.

See table 2 for attendance by LSCB partner agencies at meetings during 2013-14.

4.16 In addition to the senior representatives above, the LSCB values the input of professional advisers, such as, the Designated Doctor and Designated Nurse. See Appendix B for further details of Board Membership

4.17 Protocol agreements link Windsor and Maidenhead's Local Safeguarding Children Board with the Health and Well-being Board (HWBB) and Children & Young Person's Partnership (CYPP) requiring the sharing of Annual Reports and business plans, and the refreshing of the Joint Strategic Needs Assessment and other strategic plans.

Table 2: Agency attendance 2013-14

AGENCY	% ATTENDANCE (7 meetings)
Royal Borough of Windsor & Maidenhead (RBWM) Safeguarding and Specialist Services (Children's Social Care)	100
RBWM Lead Councillor for Children's Services	43
RBWM Director of Children's Services	84
RBWM Drug & Alcohol Team	28
RBWM Youth Offending Services	80
RBWM Head of Education and Schools (Children's Services)	50
RBWM Head of Education, Strategy & Commissioning	100
RBWM, Head of Commissioning, Adults Services	100
RBWM, Social Care Training Manager	100
Chair – Prevention Subgroup	100
Chair – Monitoring & Evaluation Subgroup	100
Chair – Child Death Overview Panel	40
Chair – Training Subgroup	72
Berkshire Healthcare Foundation Trust - Adult Services	0
Primary Care Trust/Designated Nurse	75
Designated Doctor	40
Child & Adolescent Mental Health Services	50
Berkshire East Community Health Services	72
Wexham Park Hospitals Foundation Trust	50
Lay Members	72
Voluntary Sector Representative	100
Nursery Schools Head	33
Primary School Head	40
Secondary School Head	100
Special School Head	50
Further Education College Head / Safeguarding Lead	0
CAFCASS	28
Thames Valley Police	86
Probation Service	72
LSCB Independent Chair	100
LSCB Business Manager	84
LSCB Business Support Officer	100
Solicitor, Joint Legal Team – Reading	(attendance on request only)

LSCB Finance & Resources

4.18 *Working Together 2013* states that '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' (Chapter 3, paragraph 18) though there is no national formula, and levels of contribution are agreed locally. RBWM currently contributes around 70% of funding, and also host the LSCB business support.

4.19 Whilst it is possible for LSCBs to budget for planned activities, SCRs or other learning reviews present new financial pressures as and when these are agreed. It is, therefore, essential that LSCBs maintain a contingency to cover for these unplanned eventualities.

4.20 During 2013-14 the LSCB budget was routinely monitored and the balance of £20,163 carried over to the new financial year. Periodic budget statements have been provided to the Board and have been available at any time to Board members, see Appendix C for expenditure and contributions.

4.21 Children's Services has historically funded the multi-agency training programme and these costs are, therefore, not included in the LSCB budget.

4.22 During the year, the Business manager post was either vacant or filled on an interim and part time basis. This meant the business support arrangements for the Board were at times inadequate to progress the business plan and emerging priorities. At the end of March 2014 the post remained vacant. A full time LSCB Support Officer was in post for the whole year and the Board acknowledges the considerable commitment by Lesley Markham during that time.

5. Progress on Priority Areas 2013-14

4.1 On 14th June 2013, the Board held a workshop session on Business Planning in order to identify key priorities for the work of the LSCB over a three-year period 2013-16. The Key Priorities are listed below with a comment on progress or a reference to another section of this report.

1. *Integrate the requirements of Working Together 2013 into the work of the Board and its partner agencies*
This has been completed by the Berkshire Policy and Procedures Subgroup. See page 20 of this report.
2. *Embed the practice of early help and intervention across all agencies*
This is addressed in the Early Help section of this report on page 21.
3. *Develop a Learning and Improvement Framework*
Berkshire LSCB's Learning & Development Strategy Priorities and Work plan 2013-2015 were presented to the Board meeting in May 2013.
4. *Publish a threshold document for early help referrals across all agencies*
The Children and Young People's Partnership thresholds that operate within the Royal Borough were approved in January 2014 and launched through Early Help and Referral conferences.
5. *Ensure that all services providing support and intervention to adults also consider whether there are associated children who may need help or protection from harm*
This task was carried forward into 2014-15
6. *Ensure that voluntary, private and faith organisations have appropriate arrangements in place to safeguard and promote the welfare of children*
This task was carried forward into 2014-15
7. *Ensure a strategic multi-agency approach to identification and awareness of CSE*
Significant progress in this area is address below in the section of this report on Child Sexual Exploitation. See page 15 below.
8. *Clarify the ability of the Board to assist transition to adult services for post 18 year olds*
This task was carried forward into 2014-15.
9. *Address the disparity between agencies in relation to the varying upper age threshold of a child*
Agreement has been reached that all LSCB partners will regard a young person as a child until their 18th birthday.
10. *Ensure greater LSCB representation from schools*
At the end of 2013-14, the LSCB had nominated Members from Chair of Governors of an Independent Secondary School, Head Teacher of a Primary & Nursery school, Head Teacher of Secondary Academy, a Nursery Federation Governor, and a Further Education College Safeguarding Lead. This brings a set of different perspectives from across the education sector, and will allow for the further development of communication and representation.
11. *Consider early help intervention for children under ten approaching the age of criminal responsibility*
The preventative work of the youth offending team (YOT) is aimed at tackling offending and anti-social behaviour by offering voluntary support and to provide a multi-agency integrated approach to help young people and their families access mainstream services. Referrals can come from any key agency, and for high-risk young people, as young as eight years old, a multi-agency Integrated Support Plan (ISP) can be put together through a Youth Intervention Support Panel.
12. *Assess the current protocols and policies between agencies around information sharing*
These are being considered in 2014-15.

13. *Create a directory of services to include early help agencies across statutory, voluntary and faith organisations in the area*
The publication 'Local Services Supporting Children & Young People's Emotional, Behavioural & Mental Health Needs' was updated in August 2013, and is made available to parents and professionals through the LSCB's website www.wamlscb.org. The LSCB website also contains a variety of other publications and links for sources of support such as the Drug and Alcohol Service Directory, NSPCC, Kidscape, and the Family Rights Group. RBWM's public website also has an online Family Service Directory of organisations offering services including advice, activities and education for children, young people, parents and carers.
14. *Increase analysis work and understanding of safeguarding from the service users and front line practitioners' viewpoint*
This is being considered in 2014-15.
15. *Update the LSCB Cue-Card for identification of and referral to early help services*
This has been produced for launch in 2014-15 and is available at <http://www.wamlscb.org/professionals/safeguarding-cue-card/>
16. *Ensure agencies look behind the child to the wider family for risk assessment and information*
LSCB audits have included this as a focus.
17. *Explore the wider efficiencies and strengths of combining with neighbouring LSCBs in Berkshire*
W&M LSCB shares subgroups with other Berkshire LSCBs for Training Strategy, S11 Audits, the Child Death Overview Panel, and the Policy and Procedures subgroups, and is continuing to explore the possibility of a Pan Berkshire Child Sexual Exploitation Strategic Group. There is also an operational Training Subgroup for East Berkshire. The Independent Chair and Business Manager attend quarterly meetings with their counterparts across Berkshire and the Thames Valley which allows for the coordination and development of work with partner agencies that cover more than one LSCB area.
18. *Scope the synergies between the LSCB and the Safeguarding Adults Partnership Boards(SAPB)*
The LSCB Independent Chair is also Chair of the SAPB, the Business Manager, to be recruited in 2014-15, will also support both Boards. This will provide a structure through which opportunities for coordination and alignment of business can be pursued.
19. *Analyse reasons for out of borough placements for children and explore options for more local placements*
This is being considered for 2014-15.
20. *Promote awareness of, and ways to effectively deal with adolescent suicide and self-harm*
A Suicide Risk Reduction Strategy for Berkshire is in development through Public Health, for consideration by the Health & Wellbeing Board in 2014-15. It includes a focus on children and young people as well as adults, and will 'Make recommendations for action, as and when appropriate, to the Safeguarding Children and Adult Boards, Children & Young People's Partnership, and the Health & Wellbeing Boards'.
21. *Promote awareness of, and ways to effectively deal with domestic abuse and its effects on children*
W&M LSCB has a close working relationship with the RBWM Domestic Abuse Executive. Two publications were updated and re-launched in 2014:-
 - Domestic Abuse Guidance for practitioners working in East Berkshire (Bracknell Forest, Royal Borough of Windsor and Maidenhead, Slough)
 - Domestic Abuse: The effects on children

Both of these are available on a web page dedicated to Domestic Abuse on the LSCB website <http://www.wamlscb.org/professionals/domestic-abuse/> These complement the Domestic Violence and Abuse section of the Berkshire Child Protection Procedures.

6. Windsor & Maidenhead LSCB Subgroup activity

6.1 Monitoring & Evaluation Subgroup

6.1.1 The Board uses a range of activity and performance data to assess the effectiveness of multi-agency working to protect children from harm and be alerted to risks in the child protection system. A significant amount of this monitoring and audit work is undertaken in the Monitoring & Evaluation Subgroup.

6.1.2 During the year, four multi-agency case audits were planned and three were completed. Each agency involved with a family reviews their case file using an audit form, then agency representatives met to share findings and reach a consensus on the effectiveness of the work by agencies individually and collectively.

The Monitoring & Evaluation Group is consolidating recommendations across the four multi-agency audits and collating evidence of actions having been taken forward and embedded into practice which was a key element of the Learning and Improvement Framework.

A significant cluster of issues from audits were about the organisation and functioning of Core Groups. These are now modules in the LSCB Training Programme on Child Protection Case Conferences and Core Groups, and the standard for the circulation of Core Group Minutes has been clarified as within five working days of the meeting.

Another set of issues identified were around handling disagreement and conflict of views between agencies and practitioners. Escalation Policy has been developed and included in multi-agency Thresholds Guidance published by the LSCB.

There are also specific actions being tracked in relation to School Health consultation in s.47 investigations, use of the Neglect Graded Care Profile, assessment of Domestic Abuse, and Health Referral pathways.

6.1.3 The LSCB also commissioned four themed audits and these were undertaken by the NSPCC:

Audit 1 - To what extent are men in parenting roles involved when assessments are carried out on their children? (September 2013)

Findings:-

- More than half of the sample (17 cases) involved occasional or regular face to face contact between Children's Social Care and the birth father, particularly around S47 Child Protection enquiries, while less than a quarter (7) evidenced 'no contact'.
- Where birth fathers have been involved in assessment work the quality is judged to be satisfactory, with evidence found in case notes, core assessment, court processes and risk assessments.
- Where there has been no contact between Children's Social Care and birth fathers or this is not specified at all, the reasons in the majority of such cases are not explicitly recorded, and this should be improved.

Audit 2 – How do LSCB partners ensure individual practitioner effectiveness and performance in relation to safeguarding children?

An on-line survey was conducted to pick up organisational/strategic, supervisor, and supervisee perspectives. The response rate was small, so conclusions should not be over-generalised.

- The majority of responses indicate that formal supervision should be provided on a monthly basis, with one stating fortnightly, and that supervision sessions are individual with two stating that they are both individual and group sessions.
- In the majority of cases, supervision is being provided appropriately and according to expectations. A finding of note is that 45.5% of supervision training undertaken did not include an element about safeguarding.
- There are other formalised mechanisms in place for practitioner support and guidance about safeguarding issues and to quality assure and scrutinise safeguarding practice.

Audit 3 – Do children know what to do if they or a friend are being abused?

An on-line survey was targeted at Year 6 pupils, providing 189 responses from young people in 7 schools. Overall, the findings appear positive and suggest that children are aware, are able to understand the difference between abusive and non-abusive behaviour, and do know that some action should be taken. However, this does not suggest that awareness-raising communications with children and young people is not required.

Audit 4 - Adult facing services and whether they were aware of children's safeguarding issues

Adult Mental Health Service and Community Safety Services were provided with an on-line survey. This was a very small study, but did highlight that further development of safeguarding children practice is needed in adult-facing services. Both Adult Services and Community Safety Services have undertaken a S.11 audit which has identified specific areas for improvement.

6.2 Child Sexual Exploitation (CSE) Operational Subgroup

6.2.1 The Royal Borough Children's Services Team and Thames Valley Police have led the strategic planning and operational arrangements regarding CSE. A priority over the last year has been to ensure key agencies meet as an Operational Group on a monthly basis to consider all children deemed to be at risk of CSE and make decisions on interventions, including disruption of perpetrators, to safeguard their welfare. A single point of contact within the Thames Valley Police and Children's Services ensures there is a timely and assured response to any concerns – whether these are related to known, suspected or unconfirmed CSE events. Close working between the Police, Local Authority and other agencies ensures intelligence about hotspots and new risks is promptly shared. Thames Valley Police covers the local authority area and the whole of Berkshire which enables us to ensure a level of consistency in decision making and responses to CSE referrals and issues.

6.2.2 There are ongoing discussions on how to extend the strategic oversight for CSE across the Berkshire area, in recognition of the need for common approaches for agencies working across Local Authority areas, and also as local trafficking of young people is more likely to move children into the urban centres such as Slough and Reading.

6.2.3 During the year 16 children believed to be at risk of CSE were referred to the monthly multi-agency meetings, with two children believed to be experiencing CSE. Although there is expertise within agencies such as the youth service and the youth offending team in engaging young people around issues such as healthy or abusive relationships, there is not as yet a dedicated service for support and intervention with young people around CSE.

6.2.4 Thames Valley Police have been active in raising the awareness of CSE with licensed premises and taxi companies, as have the RBWM Licensing Team.

6.2.5 Work has commenced to look at how we can better ensure there is good transitional work between children and adult services when a vulnerable child becomes 18 years and needs ongoing services to protect them from sexual exploitation.

6.3 Serious Case & Learning Reviews

6.3.1 Under Chapter 4 of *Working Together to Safeguard Children (2013)*, LSCBs are required to consider whether to initiate a Serious Case Review when a child dies, including death by suspected suicide, or is seriously injured and abuse or neglect is known or suspected to be a factor. The main purpose of a Serious Case Review is to learn lessons to improve the way in which agencies and professionals work both individually and collectively to safeguard and promote the welfare of children.

6.3.2 Between April and November 2011 Windsor and Maidenhead LSCB conducted a Serious Case Review (SCR) of the services provided to two children who are referred to as OY and EY. When he died as a result of head injuries in March 2011 EY was aged 11 months and his sibling OY was twenty three months. Due to criminal proceedings connected with this case, the Serious Case Review report was not published until March 2014 (<http://www.wamlsbc.org/about-the-lsbc/serious-case-reviews/>). The key learning points were:

- Consideration of the significance of concealed pregnancies.
- Full consideration of (even) minor injuries to pre-mobile infants.
- Placing current concerns in the context of past history.
- Listening to, and taking account of, the views of others, including members of the public.
- Recognising that other professionals may have information to provide a fuller picture.
- A child being returned from care must be subject to a child in need plan, which involves other key professionals.
- Being clear about who the child is and what family relationships are important involving key family members in assessments.

6.3.3 A Partnership Review was completed in early 2014 regarding a young woman with mental health issues. The key learning points were:

- Disruptive behaviour and mental health issues pose difficult issues for both social care and mental health services.
- Services were provided within professional silos, rather than recognition of the need to jointly manage complexity.
- Limited availability of placement options and impact on quality of service.
- The complexity of managing out of Borough placements.
- Full information needs to inform the finding of urgent placements.
- Full information needs to be shared with new placements.

6.3.4 A Serious Case Review was initiated in April 2014, though work on it was not able to commence until June 2014.

6.4 Prevention/Keeping Children Safe Subgroup

6.4.1 Lee Townsend, Deputy Local Police Area Commander, Thames Valley Police took over as Chair of the Prevention/Keeping Children Safe Subgroup in June 2013. The group led on initiatives to raise awareness across partner agencies of issues such as CSE, impact of domestic abuse on children, and e-safety. Prior to the establishment of the Windsor & Maidenhead CSE Operational group, the Prevention group was the main driver within the LSCB for Child Sexual Exploitation. Awareness raising activities included:

- A review of the Safe Parenting Handbook.
- Development of an e-safety page for the Windsor & Maidenhead LSCB website as part of the migration to a new site.
- LSCB Newsletters.
- Contribution of ideas to the Drug & Alcohol Action Team's schools materials.
- Design of a safeguarding information pen for young people.

7. Berkshire LSCBs Subgroups

7.1 Child Death Overview Panel

7.1.1 This is the sixth year that all six Berkshire local authorities have operated together as a single Child Death Overview Panel for Berkshire (CDOP). A full Annual Report for Berkshire CDOP is published, providing an analysis of risk factors across all cases and setting these in a national context.

7.1.2 During the period April 2013 to March 2014 the Panel was notified of a total of 59 deaths and reviewed 42. There was a continued reduction in the overall numbers of child deaths in Berkshire, particularly in those under 28 days of age and among those with congenital, chromosomal or genetic anomalies. Of those reviewed, three cases had modifiable or potentially modifiable factors: one was an infant death in which smoking was a risk factor; one was a drowning in a toddler under the age of four and one an accidental drowning of a teenager.

7.1.3 In RBWM there were ten child deaths, of which eight were infants including seven who died within seven days of birth, six of the child deaths in RBWM were reviewed during 2013-14.

7.1.4 The very small number of deaths in RBWM, and indeed across Berkshire, makes it challenging to identify patterns and trends that could suggest preventative action. The Berkshire CDOP therefore also used national data to put the local data into context.

7.1.5 The Berkshire data shows that the category of cardiovascular deaths has the greatest potential for prevention, provided the baby has been born with a viable birth weight, 11 out of 16 of the perinatal cases had a birth weight defined as very low. Modifiable antenatal risk factors can contribute: these including poor nutrition and smoking during pregnancy. Delay in accessing the care pathway, ethnicity and parental occupation can also affect birth weight. Keeping a continued focus on recognising women with 'at-risk' pregnancies, and 'at risk' neonates remains a priority. Local Smoke Free Berkshire resources are now in place in all local GP practices in Berkshire to provide information about the risks of smoking, and support to give up.

7.1.6 Ten deaths occurred across Berkshire in the category of chromosomal, genetic and congenital anomalies; a large fall from 21 deaths in 2012-13. 2013-14 saw the start of a significant programme to review congenital anomaly deaths. This work will continue in 2014-15 and new materials are now available for schools to use with young people prior to decisions to marry, for families affected and for individuals living with a long term life limiting condition. Consanguinity remains a concern nationally, that inter-family couples do not have a sufficient understanding of the increased risks of having a child with a disability or of having a child die under the age of five. In Berkshire, there is a higher proportion of child deaths from ethnic groups where this may be an issue.

7.1.7 There were five deaths in 2013-14 in the chronic medical category, including two asthma deaths. Though no modifiable factors were identified in these instances from the evidence provided, there is national concern about the management of asthma and both regionally (through the Thames Valley Children and Maternity Network) and locally Slough, in Partnership with the local Health Trust, have introduced new pathways for viral wheeze and asthma. Children and young people will be encouraged to have an individual asthma plan in 2014-15 and an app will be developed to help them identify their trigger conditions and manage their own care. These deaths are being investigated by the lead for the Royal College of General Practitioners and any actions relevant to general practice will be shared with the LSCBs.

7.1.8 Two deaths occurred from drowning, a risk that the Health and Safety Executive has been promoted through the newsletter to inform parental supervision, that the adult supervising the child should scan every ten seconds and not be more than 20 seconds away from the child.

7.1.9 18 Rapid Responses were undertaken in 2013-14 year, an increase on 12 Rapid Response cases held in 2012-13, and including 1 from RBWM. An audit of Rapid Response cases indicate generally good response of frontline and Emergency Departments, with close multi-agency team working despite the Geographical borders challenges (out-of-area deaths) for information gathering and sharing. A review of Berkshire Rapid Response guidance was recommended in order to provide clarity concerning precedence of Rapid Response and other statutory processes e.g. Sec 47 child protection enquiries and criminal enquiries for all agencies.

7.2 Section 11 Audit Panel

7.2.1 This has been chaired by Rebecca Lacey, Director of Children's Services, Windsor & Maidenhead Locality, Berkshire Healthcare Foundation Trust. Section 11 of the Children Act 2004 gives a specific duty to statutory LSCB partners to have regard for the safeguarding and wellbeing of children, and detailed guidance for this duty is set out in Working Together (2013) Chapter 2 Organisational Responsibilities.

7.2.2 A Pan-Berkshire Audit Panel looks at S11 compliance of agencies that cross Local Authority boundaries and have a wider organisational structure across Berkshire or the Thames Valley. There is a significant amount of complexity around geographical coverage by partner agencies, so the Panel plays an important role in coordinating efforts to make accountability to LSCBs more straightforward and less onerous for organisations report to two or more Boards.

7.2.3 The Pan-Berkshire Panel undertakes full audits every three years, plus a mid-term review. The process promotes a culture of supportive challenge and ongoing development, also supporting organisations' capacity to capture measureable evidence of compliance, which supports Care Quality Council and Ofsted readiness. During 2013, mid term reviews were conducted with:

- Berkshire Fire & Rescue Service
- British Transport Police
- CAF/CASS
- Thames Valley Probation Service

7.2.4 Windsor and Maidenhead LSCB also conducted S.11 audits with

- Youth Offending Team.
- Operations Directorate: Business Improvement, Central & Business Services, Community Safety, Legal Services, Public Protection, Procurement, HR Services, Highways, Finance.
- Leisure & Heritage Services: Leisure Centres, Parks and Gardens, Library and Museum services.
- Adult Services.
- Children' Services: Services for Families & Young People, Education & Childcare Services, Safeguarding and Specialist Services.

7.2.5 Awareness of safeguarding duties across partner agencies is high but not consistent across all areas. Whilst resources are limited and changes of staff largely unavoidable, it is clear that safeguarding messages from the Board are not always being passed on to practitioners. A future priority will be to devise and agree a pragmatic process for health, given the introduction of Clinical Commissioning Groups and NHS England and their new commissioning arrangements.

7.3 Strategic Training Subgroup

7.3.1 This is a strategic safeguarding training group covering the six LSCBs across Berkshire. The Safeguarding Training programme for 2013-14 was informed by:

- East Berkshire Local Safeguarding Children Board's Training and Quality Assurance Strategy.
- East Berkshire LSCB Training Needs Analysis, January 2012.

7.3.2 In addition, the Training Subgroup assists with the sharing of Serious Case Reviews, partnership learning and training events. This allows dissemination of lessons learned for all agencies and to consider training implications. Sharing this with a wider audience and members of the group has been reported as useful. It allows all members of the Training Subgroup to update their single agency training and to review the LSCB commissioned courses to ensure inclusion of local learning.

7.3.3 Over 50 LSCB multi-agency courses have been provided across East Berkshire in 2013-2014 covering a wide variety of learning themes which in addition to Safeguarding Children (3 levels) include Children with Disabilities, Safer Care for Children of Parents with Mental Health issues, Domestic Abuse, Disguised Compliance, E-safety, Child Sexual Exploitation and Substance Misuse. All the courses have been in accordance with, and based on, the six LSCB business plans and agreed priorities. The overall evaluation of courses and attendance has been positive, and multi-agency representation has been maintained.

7.3.4 The East cluster (Windsor & Maidenhead, Slough, and Bracknell Forest) trained 1,688 delegates in total within 2013-2014 period which included 1001 for basic awareness, 520 for targeted courses and 167 for specialist courses.

7.3.5 Partner agencies have used the LSCB to promote and disseminate specialist training courses, learning events and forums to open up the opportunities for increased multi-agency training. Berkshire Healthcare Foundation Trust opened the invitation to their safeguarding children forum and training across Berkshire and provided training on Serious Case Review learning, concealed pregnancy, fabricated and induced illness, long term impact of sexual abuse and looked after children and attachment. Local authorities across Berkshire have provided various learning events disseminating learning from both local and national case reviews and this has widened the opportunity for multi-agency learning.

7.3.6 Significant achievements during 2013-14 include:

- Observation guidance developed to monitor the quality assurance of training.
- Work undertaken by the Section 11 Audit Panel identified gaps in agency training and need for refresher courses. The Section 11 Panel agreed an amendment to the S11 self-assessment tool to request that Agencies provide evidence of their training strategies and comments on training compliance in relation to issue of diversity.
- E-learning packages continue to be reviewed but use of these lies with the relevant organisation.
- The Kwango E-learning Safeguarding Training has been updated in line with Working Together 2013.
- A Child Sexual Exploitation E-learning package was launched.
- A Safeguarding Training pathway has been produced, for both Children's and Adults Services staff.
- Joint meetings held with Berkshire East and Berkshire West Training Officers to produce the Berkshire East and Berkshire West LSCB Training Programme for Managing Allegations, identified as a need amongst practitioners and training courses arranged in the East and the West.

7.3.7 In an audit of a small sample (16 in RBWM) who had attended safeguarding training in the last six months, via telephone interviews, 84% reported that training had impacted on their practice, while some of the remaining respondees reported having attended as a refresher.

7.4 Policy & Procedures

7.4.1 This pan-Berkshire group was chaired by Robert Bradshaw, Service Manager, Quality & Effectiveness, West Berkshire Council. The role of this group is to maintain and develop child protection and safeguarding policies, procedures and protocols, taking account of central government guidance, issues arising from Serious Case Reviews, Research, and local experience.

7.4.2 The Berkshire Child Protection Procedures are provided as an on-line resource by private provider Tri.X, and can be accessed at <http://proceduresonline.com/berks>. These are updated as required and in 2013-2014 included:

- The Subgroup addressed recommendations identified by Tri.X and the Working Together 2013 Impact Checklist to achieve compliance with Working Together 2013.
- Hyperlinks for each authority's Threshold, Assessment and Learning & Improvement Framework documents were inserted at the relevant points within the procedures.
- The Subgroup began development of a new chapter relating to Child Sexual Exploitation utilising an example from Sheffield and incorporating learning from Thames Valley Police involvement in Operation Bullfinch.
- Revised procedures, documentation and a flowchart in relation to Hospital Discharge following concealed pregnancies were approved, incorporating learning from a SCR within Berkshire.
- Bruising in Immobile Infants multi-agency protocol

7.4.3 The "Contact Us" hyperlinks were removed from the procedure website following experience in other local authority areas where members of the public had attempted to use these to report concerns about children. The details of each local authority's Duty and Referral service are available on the procedure website so that referrals are correctly directed.

7.4.4 The Subgroup acknowledged variations between the six authorities regarding Threshold and Eligibility criteria, and the use of Single Assessments should be used as the report for Initial Child Protection Conferences. The development of a single CSE Indicator Tool across the six authorities has proved to be challenging, with a number of variations proposed. Slough LSCB and Thames Valley Police have worked closely together to develop a suggested draft for further consideration and decision. Issues such as these will be discussed further to establish whether greater commonality can be achieved but it was noted that some differences are driven by demographics and local priorities.

7.4.5 Key priorities for action during 2014-2015 include:

- Monitor and review publication by each local authority of documents required for Working Together 2013 compliance.
- Complete a comparative review of Threshold Guidance to examine potential for greater commonality across local authority areas.
- Work on procedures for Child Sexual Exploitation, Missing Children, Female Genital Mutilation, and Child Protection Conference Complaints.
- Consider redesign of the procedures proposed by Tri.X to better reflect the child's journey.
- Develop reporting mechanism for monitoring accessing of the procedures by practitioners across authorities and agencies to highlight good practice and any areas of vulnerability requiring training or other action.

8. Safeguarding performance

8.1 Early Help

8.1.1 Early Help is general and targeted support to children and families to deal with difficulties early to prevent them building into more serious problems. This may, for example, include support to children struggling at school or support for parents suffering domestic violence.

8.1.2 In May 2013, Windsor & Maidenhead LSCB held a workshop to consider the role for LSCBs in relation to Early Help, as introduced by Working Together, 2013. The following actions were agreed:

- Review the composition and structure of the Board to ensure it is fit for the purpose of implementing the requirements of Working Together about Early Help.
- The Board's enhanced role regarding Early Help to be embedded in the next Business Plan.
- LSCB subgroups consider their role and function in the light of the new requirements.
- Serious Case Review Panel should ensure that the early help 'stage' in a child's journey should be treated as a discrete phase in each review to ensure that the evaluation and analysis promotes learning about the effectiveness of early help on improving outcomes.
- The Training Subgroup should ensure that relevant training is provided to practitioners around the understanding of early help, the multi-agency responsibility for provision and its relationship to keeping children safe.
- A multi-agency Threshold and Priority Risk-Needs Matrix to be published to ensure that the Common Assessment Framework (now called an Early Help Assessment) is understood to be part of a wider safeguarding framework.

8.1.3 These actions were reinforced through the LSCB's Annual Conference 11th October 2013 entitled "The role of Early Intervention in safeguarding children," speakers giving perspectives from their own agency included:

GPs, Primary and Secondary Schools, Leisure Services, Family Nurse Partnership, Health Visitor Service, Mental Health Services, YOT, Police, Community Safety Partnership, Troubled Families Services and. This ensured that the Threshold and Priority Risk-Needs Matrix was widely disseminated to LSCB partners.

8.1.4 There were further LSCB Early Help events on 14th March and 16th April 2014 focusing on the Early Help Strategy, Early Help Threshold Matrix, and the LSCB Escalation Policy.

8.1.5 As a result of a range of initiatives, there was a significant increase during 2013-14 in the use of the Common Assessment Framework over previous years. At the end of September 2013, there were 258 Common Assessments open, increasing to 302 at the end of March 2014.

8.2 Referral, Strategy Discussions & Section 47 Enquiries

8.2.1 Effective child safeguarding depends on the wider children, families and adults workforce across all partner agencies recognising and acting on concerns about possible child abuse and neglect.

8.2.2 As required by Working Together 2013, the LSCB issued a Threshold and Priority Risk-Needs Matrix, launched through multi-agency workshops in March and April 2014. This provides a broad framework in which any agency dealing with a child's needs can respond. Where a child's needs are high, or require protection from the risk of abuse and neglect, agencies and the public should contact the Referral and Assessment Team in RBWM Children's Early Help and Safeguarding.

8.2.3 The Referral and Assessment Team received approximately 2826 calls or emails regarding children in 2014. Nearly two thirds of these, 1758 children, 62%, are categorised as 'Contacts'. They may be providing information about a child, or to discuss low level support or services. The rest, 1068, 38%, are considered as referrals to Children's Social Care for an assessment either for a Child in Need Plan or a S.47 Child Protection enquiry. 19% of the referrals were for children who had previously had involvement with Children's Social Care.

8.2.4 Local Authorities operate their access routes into Children's Safeguarding in different ways so comparison is difficult. However, the figures above may indicate a level of inappropriate referrals, or low risk situations where other action could be taken such as the referring agency initiating a CAF. However, Contacts may be for a variety of reasons other than possible referral, for example information on children's cases already open to Children's Social Care. The launch during 2013-14 of the Threshold and Priority Risk-Needs Matrix, with events at the end of that period, may be reflected in referral data for 2014-15.

8.2.5 Some referrals to Children's Social Care are considered to be Child in Need cases, where there is no significant risk of abuse, neglect or exploitation. Where there is concern about risk of significant harm, a S.47 investigation is coordinated between Children's Social Care and Police with information from any other agency involved.

8.2.6 The rate of Section 47 assessments in 2013-14 was 120.6 per 10,000 children, that is, 374 children. Where concerns about risk persist or are substantiated the S.47 investigation will lead to a Child Protection Case Conference. This occurred for 25% of the S.47s, 94 children, lower than the target figure of 39% and may reflect on the quality of information provided or gathered at the point of referral needing to improve. Again, the introduction of the Threshold and Priority Risk-Needs Matrix through the Early Help and Referral events may influence this in future.

8.3 Child Protection and Plans

8.3.1 A key mechanism for the protection of children is the multi-agency Child Protection Plan, put together through Child Protection Conferences following an assessment by Children’s Social Care. There were a total of 164 child protection conferences held this year, some considering siblings rather than single children, this is a 4.5% increase compared to 2012-2013. 46 were initial child protection conferences, 111 were review conferences, four were transfer in conferences where the child had a Child Protection Plan in another area and moved into the RBWM area, and three were joint conferences where an initial child protection conference was held at the same time as the review conference for siblings.

8.3.2 At the end of March 2014, there were 89 children, including four with a disability, subject to a Child Protection Plan, compared to 68 as at 31st March 2013. During 2012-2013 there were a maximum of 92 Child Protection Plans, and the average for the year was 79, and for 2013-2014 the maximum number of Child Protection Plans was 94 with an average of 85.

Table 3: Child Protection Plans

Child Protection Plans per 10,00 children	March 2013	March 2014
RBWM	20.9	26.9
Statistical neighbours	25.8	Not yet available
England	37.9	Not yet available

Table 4: Child Protection Plans, by category of abuse

Category of abuse	Emotional	Neglect	Physical	Sexual	Multiple
England 2013	32%	41%	12%	5%	11%
RBWM	36%	55%	4%	3%	1%

8.3.3 There is over-representation of children of Asian and mixed ethnicities; these are communities within the Borough that tend to be experiencing greater poverty, and also may have larger families. It is not uncommon for a referral to be made for concerns about one child leading to a Child Protection Plan, and for the siblings to also be made subject to a plan.

8.3.4 Child Protection Plans are closed when it is assessed that the risk to a child has diminished. However in some cases, concerns arise again resulting in repeat referrals and further CP Plans.

8.3.5 Whilst there was a significant rise in the figures for children subject to CP Plan for a second or subsequent time, only 5.6% of those were previously subject to a CP Plan within the last two years. This may indicate that RBWM has historically ‘stepped down’ children to Child In Need plans without sufficient safeguards being in place. If this is the case, the authority is currently redressing the results of historic poor planning and a historically poor process of stepping down to preventative and universal services. An audit is being carried out in 2014-15 by Early Help and Safeguarding Services to establish reasons for the increase in repeat CP Plans.

8.3.6 During 2013-14, Initial Child Protection Conferences were not routinely being held within 15 days of the commencement of S47 Enquiries. This has recently been rectified and Social Workers are now aware of the need to book Initial CP Conferences within the above timescale.

8.3.7 The LSCB has dealt with no complaints about Child Protection Conferences during 2013-14.

8.4 Multi-agency Risk Assessment Conference (MARAC)

8.4.1 In situations of domestic abuse, children may be better protected where adults are supported to deal with domestic abuse issues safely, or where support to the victim of domestic abuse enables them to continue to be an effective parent to their children. The MARAC is a procedure for coordinating the sharing of information and support for victims of domestic abuse.

8.4.2 Monthly MARAC meetings for RBWM are chaired by Thames Valley Police. During 2013-14, 78 cases were discussed (a steady increase over five years) involving 113 children, also an increase over five years, mostly referred by Police, 46%, and Independent Domestic Violence Advocates, 37%. MARAC reports a notable absence of referrals from both Health and Adults Safeguarding.

8.4.3 From April 2013, there was a national change in the definition of Domestic Abuse, taking the lower age limit down from 18 years old to 16 years old. However, there were no referrals to MARAC for young people aged 16 to 17 during 2013-14.

8.4.4 Independent Domestic Violence Advocate (IDVA) services for RBWM is provided by The DASH charity, who also operate a children's service delivering individual support, therapeutic work, group work and healthy relationships workshops for schools.

8.4.5 The RBWM MARAC is currently undertaking the CAADA (Coordinated Action against Domestic Abuse) Self-Assessment Programme, and this will generate an Action Plan that will be reported to the LSCB. Future issues for attention include:

- The need to increase the range of agencies referring, and therefore volume and diversity of referrals.
- Some further development of agencies in attendance, including Children's Centres.
- The capacity of IDVA to represent victims (and therefore their children) at MARAC, which would require more secure funding to resolve.
- MARAC monitors outcomes around the safety of victims and children.

8.5 Multi-agency Public Protection Arrangements (MAPPA)

8.5.1 MAPPA is an arrangement between Probation, Police, and the Prison Service with support of others such as Children Services for the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public including children.

8.5.2 Thames Valley MAPPA is a standing item on the LSCB Board Meeting agenda, and a verbal report is provided by the Member from the Probation Service. There is regular attendance at MAPPA from Children's Social Care, though on occasions their presence is not required as there are no offenders who are local to W&M on the agenda. There is some significant success through the MAPPA process in ensuring children are kept safe and license conditions are adhered to.

8.6 Private Fostering

8.6.1 The number of privately fostered children is constantly changing as new arrangements are referred and children move on - sometimes back to their parents - or when they reach 16 years (18 years if disabled). Identifying these children remains a challenge as the public - and to some extent professionals - are often unaware of the regulations. This means a significant number of these care arrangements are likely to remain hidden and this may leave some children vulnerable to abuse or neglect.

8.6.2 The local authority is required to check on the suitability of private foster carers, ensure that advice and support is made available when needed and make regular visits to the child to monitor the overall standard of care. The local authority commits to an annual programme of publicity events and initiatives to increase understanding about private fostering and the requirement for notifications to be made to Children's Social Care.

8.6.3 In the Royal Borough of Windsor and Maidenhead there has always been a very small number of children identified and registered as being privately Fostered. Since 2009, there have been six notifications, none of whom continued to be in placement by the end of March 2013. There were no notifications during 2013-14.

8.7 Management of Allegations against Adults who work with Children

8.7.1 The Local Authority Designated Officer (LADO) is responsible for having oversight of all allegations where a person who works with children has, in any connection with his/her employment or voluntary activity:

- Behaved in a way that has or may have harmed a child.
- Possibly committed a criminal offence against, or related to, a child.
- Behaved towards a child in a way which indicates they may pose a risk of harm to children.

8.7.2 These responsibilities are set out in *Working Together to Safeguard Children 2013 Chapter 2, Keeping Children Safe in Education* (DfE 2014), and *Berkshire's Local Safeguarding Children's Board Child Protection Procedures* (Chapter 31).

8.7.3 The total number of referrals to the LADO for April 2013 to March 2014 was 51 relating to 49 allegations. This number of referrals showed an increase of 89% compared to last year, and is the highest number of referrals received to LADO since 2009/10. There has been a significant and sustained increase in the number of referrals taken each month from October 2013 when a new LADO came into post. Prior to October 2013, there was no system in place for routinely capturing and recording all consultations with the LADO, so it is not possible to fully analyse whether different thresholds applied pre and post October 2013.

8.7.4 Referrals between October 2013 and March 2014 have been reviewed against the criteria and threshold for LADO, and the RBWM LADO policies and procedures will be updated to ensure that these accurately reflect the statutory guidance and Berkshire CP Procedures, and are being consistently applied. Regional LADO, so more detailed analysis is not possible for the period March to October 2013.

8.7.5 Approximately half of LADO referrals concern issues in the education sector, including maintained and non-maintained schools, and non-teaching staff. The next highest level of referrals came from Early Years and Child Minders, totalling nine. There were no issues reaching the referral threshold, rather than being consultations, received from voluntary organisations.

Table 5: Outcome of LADO referrals 2013-2014

Referral Outcomes	Definitions	Total	%
NFA after Initial Consideration	Did not meet the threshold for referral, treated as a consultation	2	4%
Malicious	Deliberate act to deceive, necessary to have evidence which proves this intention.	0	0%
False	Sufficient evidence to disprove the allegation.	0	0%
Unfounded	Person making the allegation misinterpreted the incident, was mistaken about what they saw or may not have been aware of all the circumstances. It is necessary to have evidence to disprove the allegation.	8	16%
Unsubstantiated	Insufficient identifiable evidence to prove or disprove the allegation so does not imply guilt or innocence.	26	50%
Substantiated	Supported or established by evidence or proof.	9	18%
Ongoing		6	12%
TOTAL		51	100%

Table 6: Outcome of LADO investigations 2013-14

Referral Outcomes	Total
Cessation of use	1
Police criminal investigation	11
Criminal prosecution or use of Police Caution	0
Deregistration	0
Disciplinary procedures	4
Dismissal	4
Individual learning needs/practice adjustment	16
No further action after Initial Evaluation	2
Organisational learning needs/practice adjustment	7
Referral to the DBS for barring consideration	3
Referral to regulatory body	4
Children Act 1989 S.47 child protection investigation	11
Suspension	11
Reinstatement following suspension/cessation of use	5

8.7.6 Although the allegation management procedure within Windsor & Maidenhead appears to be well embedded, there is more work to be done to raise the profile across all services and agencies particularly Health services, Police, and the voluntary sector. This reflects the trend nationally. RBWM LADO is working with Berkshire LADOs to provide bi-annual training regarding managing allegations in both East and West Berkshire to meet this need.

8.8 Licensing Act 2003

8.8.1 W&M LSCB is named as a 'responsible authority' in the local authority Licensing Policy. During the period March to December 2013 year 22 premises applications were assessed in terms of the licensing objective 'prevention of harm to children'. W&M LSCB submitted no representations and initiated no reviews during the period.

8.8.2 RBWM Licensing Team is also actively engaged in the Child Sexual Exploitation agenda, attend the CSE Operational Group, and raise awareness amongst licensed premises and taxi operators.

9. Conclusion and Challenges for 2014-15

9.1 This report has provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children. The LSCB's view is the core safeguarding activity is progressing well in the area and we have a clear consensus on the strategic priorities for the coming year.

9.2 The LSCB is aware of and working to fulfill its statutory functions under the revised Working Together to Safeguard Children, 2013. Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies. There is, however, much to do in consolidating on achievements and developing further, and continual improvement has to be constantly pursued.

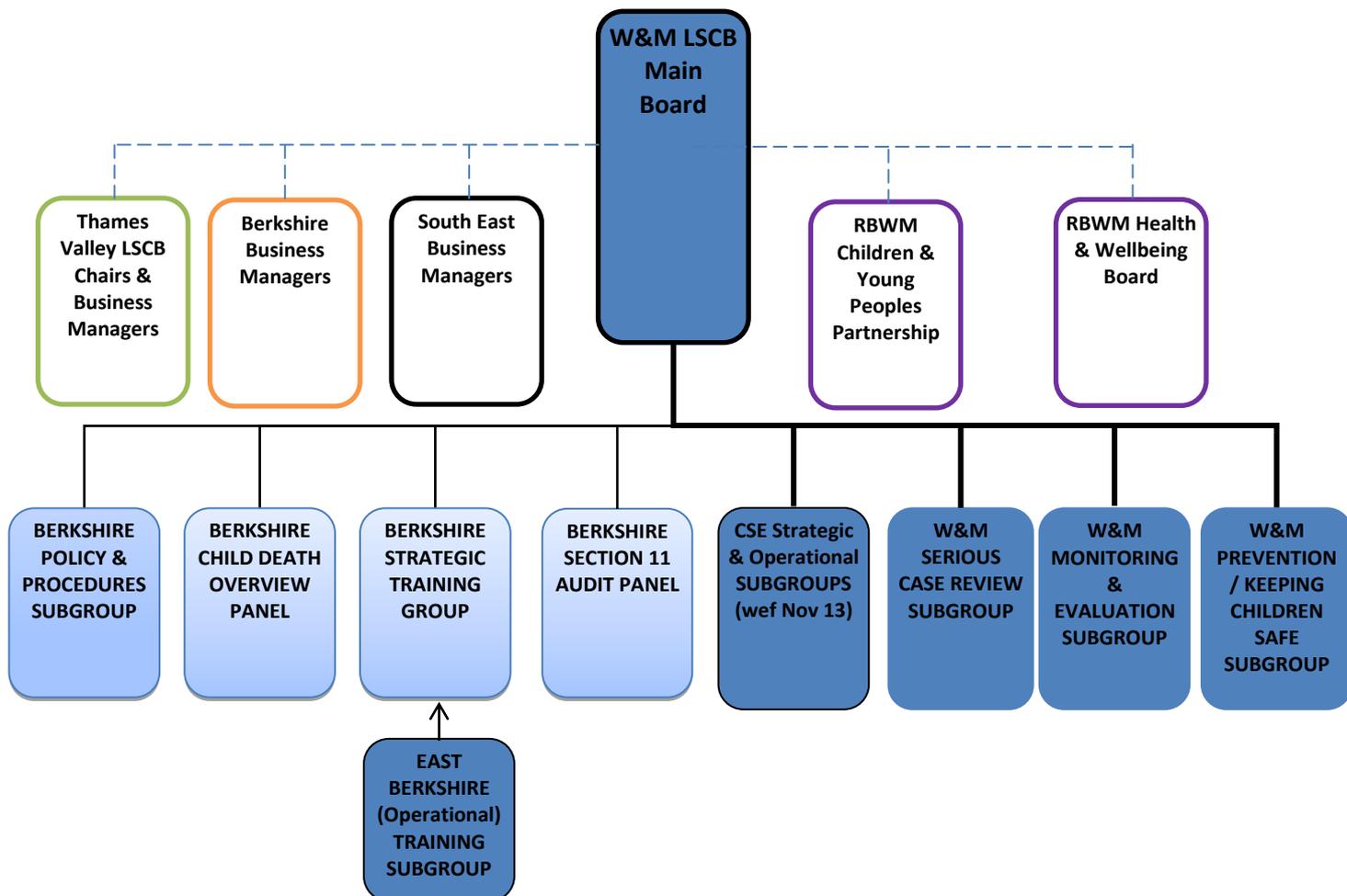
9.3 In April 2014 the LSCB held a Business Planning Meeting for Board members. This learning 'space' gave an opportunity for the Board to begin to reach a consensus on priorities over the next two years. This work was concluded at the LSCB Board meeting in July 2014.

9.4 We have also agreed that the key priorities should be realistic and addressing these will take time as not everything can be done with existing resources and within one year. The current Business Plan will cover the next two years and has five priority areas. See Appendix D for the LSCB Business Plan Priorities for 2014-16. The Subgroups will be the main drivers for ensuring the business plan is implemented. The plan will be reviewed at each LSCB meeting and kept under regular review by the Subgroups.

9.5 Finally, it is important to recognise the unfailing effort and dedication of staff at all levels, and across all agencies in the Royal Borough, in making safeguarding of children and young people an over-riding priority in all LSCB work.

APPENDIX A - Organisational structure of Windsor & Maidenhead LSCB

Windsor and Maidenhead
*LOCAL SAFEGUARDING
CHILDREN BOARD*



APPENDIX B - Local Safeguarding Children Board Membership 2013-14 (as at May 2013)

Donald McPhail (Independent Chair)
Angela Wellings, Interim Director of Children's Services, RBWM
Alison Penny, Head Teacher Woodlands Park School
Ania Hildray, Head Teacher, Manor Green School
Anne Entwistle, Berkshire College of Agriculture
Christine Etheridge, CYP and Maternity Lead, NHS South Central SHA
Claire Gomm, Manager, DAAT, RBWM
Eugene Jones, Locality Manager CAMHS (Windsor & Maidenhead)
Heather Andrews, Head of Specialist & Safeguarding Services, RBWM
John Ennis, Senior Probation Officer, Thames Valley Probation
Kathy Kelly, CAMHS Windsor & Maidenhead (Chair – Berkshire LSCBs Training Subgroup)
Kevin Gibbs, Head of Service, CAFCASS
Louise Hulse, Youth Offending Team Manager
Dr Louise Watson, Designated Doctor, BHFT
Lyn Baeza, W&M LSCB Lay Member
Madeleine McKeown, W&M LSCB Lay Member
Mahen Beechok, CAMHS
Michael Rosen, Interim Head of Education and Childcare Services, RBWM
Neil Harris, QA Service Manager RBWM (Chair – Monitoring & Evaluation Subgroup)
Rebecca Lacey, Head of Children's Services, BHFT
Sarah Bellars Director of Nursing, Berkshire NHS
Simon Bowen, LPA Commander, Thames Valley Police
CLLr Philip Bicknell, RBWM Lead Member for Children's Services
Dianne Cranmer, LSCB Business Manager
Shirley Bradbeer, Legal Advisor, Joint Legal Services, Reading

APPENDIX C – Windsor & Maidenhead LSCB Budget 2013-14

Income	
Agency	Contribution 2013-14
RBWM	£65,407
Berkshire PCT	£20,689
Thames Valley Police	£2,132
National Probation Service	£955
CAFCASS	£500
Other Income	£0
Adult Safeguarding	£0
TOTAL INCOME	£89,683
Under spend from previous year	£40,673
TOTAL BUDGET AVAILABILITY	£130,356
Expenditure	
Area of expenditure	Actual Spend 2013-14
LSCB Independent Chair	£28,000
LSCB Business Manager	£11,737 [1]
LSCB Support Officer	£23,525
Transport Costs/Mileage	£110
Lay Members Allowance	£400
External Consultants	£22,366
CDOP	£0 [2]
SCR & Partnership Reviews	£13,000
Promotional/Admin Costs	£11,055
TOTAL EXPENDITURE	£110,193
In-year underspend/carry forward	£20,163

Appendix D - Windsor & Maidenhead LSCB Business Plan 2014 – 2016

PRIORITY AREA 1: BOARD RESILIENCE

What do we want to have achieved by 2016 or earlier?

- 1.1 Board members confident of their roles and responsibilities.
- 1.2 Membership of the Board reviewed and strengthened.
- 1.3 Greater cooperation with W&M Adult Safeguarding Board (SAB).
- 1.4 Smarter working across Berkshire LSCBs to avoid duplication and ensure maximum learning.
- 1.4 The Board has an effective system for receiving and scrutinising statutory agencies through Section 11 audits (including agencies covering Berkshire).

PRIORITY AREA 2: SERVICE RESPONSES

What do we want to have achieved by 2015 or earlier?

- 2.1 The process for the early help assessment and the type and level of early help services to be provided is effective in meeting the needs of children and families (*links with Health & Wellbeing Board Strategy 2013-16, theme 2.4*).
- 2.2 All agencies are able to provide assurance that they have sufficient qualified and trained staff to meet demand and to manage need within approved thresholds.
- 2.3 Information sharing between agencies is effective to safeguard children's welfare (*links with C&YPP Outcomes Framework 2014-17, priority 4.7*).
- 2.4 All Child protection plans are reviewed within statutory timescales (*links with Health & Wellbeing Board Strategy 2013-16, theme 2.9*).
- 2.5 Schools are more aware of safeguarding risks and are held to account by the Board.

PRIORITY AREA 3: COMMUNITY ENGAGEMENT

What do we want to have achieved by 2015 or earlier?

- 3.1 The Board has an up to date profile of the community, including an understanding of cultural diversity and barriers to engagement in services by minority communities and how these can be overcome.
- 3.2 Community and faith groups are aware of child safeguarding and are engaged in supporting keeping children safe.
- 3.3 Increase public awareness of safeguarding across the diverse communities.

PRIORITY AREA 4: LEARNING & IMPROVEMENT

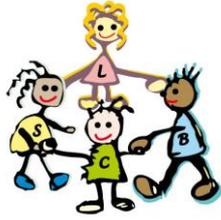
What do we want to have achieved by 2015 or earlier?

- 4.1 Learning through Serious Case Reviews, learning reviews and audit work impacts on frontline practice to ensure children are protected from harm.
- 4.2 The Board has good oversight of risks in the system and can assess the performance of multi-agency child protection work.
- 4.3 Training for professionals is focused on improving practice and its effect is regularly tested and quality assured.

PRIORITY AREA 5: RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS

What do we want to have achieved by 2015 or earlier?

- 5.1 A confident and skilled workforce in identifying (signs and symptoms) and responding to child neglect.
- 5.2 There is an increased awareness of emerging threats to children, for example through sexual exploitation, child trafficking and modern day slavery, child mental health and female genital mutilation and appropriate policies and strategies to address those threats.
- 5.2 Reduce the impact of domestic abuse (DA) on children and their caring adults (*links with C&YPP Outcomes Framework 2014-17, priority 4.5 and Health & Wellbeing Board Strategy 2013-16, theme 2.8*)
- 5.4 Reduction in hospital admissions for self harm by young people (*links with C&YPP Outcomes Framework 2014-17, priority 4.4*).
- 5.5 Assured and timely responses to bruising in immobile infants and concealed pregnancies (*links with C&YPP Outcomes Framework 2014-17, priority 4.6*).



Windsor and Maidenhead
**LOCAL SAFEGUARDING
CHILDREN BOARD**

Further Information & Contact Details

All key documents (including this publication) and other information are available on the Windsor & Maidenhead LSCB webpages: www.wamlscb.org

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