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Date of issue: Tuesday, 16 September 2014

MEETING	**SLOUGH WELLBEING BOARD** Councillor Rob Anderson, Leader Ruth Bagley, Chief Executive Superintendent Simon Bowden, Thames Valley Police Councillor Sabia Hussain, Health & Wellbeing Commissioner Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Colin Pill, Healthwatch Representative Dave Phillips, Royal Berkshire Fire and Rescue Service Matthew Tait, NHS Commissioning Board Jane Wood, Strategic Director of Wellbeing
DATE AND TIME:	WEDNESDAY, 24TH SEPTEMBER, 2014 AT 5.00 PM
VENUE:	SAPPHIRE SUITE 5, THE CENTRE, FARNHAM ROAD, SLOUGH, SL1 4UT
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APPENDICES PACK

The following papers include the appendices for the following items:-

PART 1

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Slough Safeguarding Adults Board

Annual Report

April 2013 to March 2014

Contents Pages

1) Introduction

This has been another year of change for the Safeguarding Board when we have seen some senior staff from the partner agencies on the board leave and organisational change. I am pleased that the new managers who took up post have all contributed positively to the board's work, and we have been able to work effectively through these changes.

At the beginning of the year with the introduction of the Slough NHS Clinical Commissioning Group we were fortunate to gain a more locally focused NHS body to work with, and this has proved a positive development.

A good deal of our work has been concerned to deliver the three year Safeguarding Adults Strategy 2013/16 initiated last year. This has operated as our business plan and we are establishing improved ways of working across the safeguarding partnership to deliver our priorities, though as always, there remains much to do.

An important development in this year has been the participation in the national "Making Safeguarding Personal" initiative with its focus on working closely with the person involving them in their safeguarding plans and the outcomes they want for themselves. This has proved very positive in developing more inclusive ways of working with people at risk. It is encouraging to see the enthusiasm now for taking this work forward, both at the local level within Slough and also by seeking to be involved in the second tranche of this work at national level.

During this year we have seen a number of consultation documents and reports issued following work initiated by the Francis Report into the care at the Mid-Staffordshire hospital. These have been a combination of Department of Health consultations, the Care Quality Commission's proposed new way of working and independent report such as the Cavendish Report. Each of them is important, directly or indirectly, in safeguarding work as they propose significant governance, legal, regulatory, qualification and practice changes to the work of all of us involved in safeguarding, including the independent sector. These changes are to be welcomed as is the anticipated enactment of the Care Act in May 2015, which among other significant changes will put Adult Safeguarding Boards onto a statutory footing.

Looking back the year has been one of gradual development, and now 2014/15 is a year of maintaining our development, continuing to deliver on our business plan, and working to be ready to meet the demands of new legislation.

I am grateful for the staff across the partner agencies that carry out this work day to day, often in stressful and pressurised circumstances. They do the hard job, and do it well.

Independent Chair
Nick Georgiou

2) National Developments 2012/2013

i) Care and Support Bill (became an Act 14th May 2014) – Safeguarding Adults

On 11th July 2012, the Government published the draft Care and Support Bill, setting out ambitious plans for transforming care and support. The aim of the Bill is that everyone in England can plan and prepare for their care needs, access high quality care when they need it, and exercise choice and control over the care they receive.

It creates a single law for adult care and support, replacing more than a dozen different pieces of legislation. It also provides a legal framework for putting into action some of the main principles of the White Paper, "Caring for our Future" (DOH, 2012)

In relation to Safeguarding Adults, although protecting adults from abuse and neglect has been a priority for local authorities for many years, there has never been a legal framework for adult safeguarding. This has led to an unclear picture with regard to roles and responsibilities of individuals and organisations working in adult safeguarding.

The Care Bill contains some important provisions by way of development in the law and practice concerning safeguarding adults in England. These will affect everyone providing professional and voluntary adult care services. The Bill proposes:-

Safeguarding Adults Boards – This proposed legislation requires local authorities to establish a Safeguarding Adults Board (SAB) in their area to develop shared strategies for safeguarding and report to their local communities on their progress. The Bill sets out proposals as to core membership but the boards will be able to determine their own action plan and they will be required to report annually on their progress towards meeting these plans.

Safeguarding Annual Reviews – These are also known as Serious Care Reviews. The Bill proposes that local Safeguarding Adults Boards must carry out formal case reviews if an adult at risk in their area dies in circumstances where abuse or neglect are known or suspected or if there is a concern about how one of the members of the Safeguarding Adults Board conducted the case.

Safeguarding Enquires by Local Authorities – Local Authorities will have a new legal duty to make enquires when they have a reasonable cause to suspect an adult in their area has a need for care and support, is at risk of abuse and neglect and is unable to protect him or herself. For the first time this includes financial abuse. The Bill does not however include Powers of Entry and a separate consultation has been carried out by the government to determine whether these

powers are needed, which the Safeguarding Adults Board responded to supporting the introduction of a properly authorised Power of Entry.

II) Stafford Hospital Enquiry – Francis Report- February 2013

More than a year after it finished sitting, the final report of the public inquiry into the Stafford Hospital was published on 6th February 2013. This is a very long report running to over 1,800 pages with over 290 recommendations, though there is no mention of the word safeguarding in the report. The report is clear that fault lies with the Hospital Board, as it was the board that decided to pursue a cost-cutting drive to achieve foundation trust status and it was the board that also refused to listen to the complaints from patients and staff.

The report also criticised a whole range of agencies not just the hospital, including the government, the regulator and the whole of the health service. One of the main concerns was the constant upheaval that the National Health Service is under and the inquiry Chairman Francis said that the constant change had got to stop. He made some overarching recommendations including the need for better regulation and a cultural change. He also recommends that there should be a criminal offence to withhold information about poor care or to provide care that results in serious harm.

There have been a number of recent consultation documents issued by the Department of Health emanating from the Francis Report extending responsibilities to service providers wider than the National Health Service which was the essential focus of the Francis Report. These include the introduction of a Duty of Candour for service providers, of a Fit and Proper Person test for directors and other senior appointments to independent sector businesses. Additionally a consultation document was also issued on extending the concept of Wilful Neglect to people who have mental capacity.

These are all very welcome consultations and contain positive proposals that, if implemented, will strengthen safeguarding for people in receipt of services provided by the independent sector. These included:-

- Department of Health, introducing the statutory Duty of Candour, A consultation on proposals to introduce a new CQC registration regulation, March 2014.
- Department of Health, Strengthening corporate accountability in health and social care: Consultation on the fit and proper person regulations, March 2014,
- Francis Report February 2013
- Wilful Neglect

- Care Quality Commission Fresh start for the regulation and inspection of Adult Social Care, October 2013

III) Winterbourne View Hospital – Department of Health Review and Response June 2013

The Department of Health has published its final report into the events at Winterbourne View hospital and has set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice. The programme includes:

- By spring 2013, the department will set out proposals to strengthen accountability of boards of directors and senior managers for the safety and quality of care which their organisation providers.
- By June 2013, all current placements will be reviewed, everyone in hospital inappropriately placed will move to community-based support as qualify as possible no later than June 2014.
- By April 2014, each area will have a joint plan to ensure high quality of care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with their best interest.

The Minister for State, Department of Health, Norman Lamb, reported on the 16th December 2013 and said that progress had been made on a variety of fronts, including:-

- The new learning disability census
- A stock take of progress by Joint improvement programme at a local level
- An enhanced quality assurance programme to support delivery against the June 2014 milestone.
- A new approach by Care Quality Commission to the inspection of health and learning disability services from 2014 lead by Professor Sir Mike Richards.
- New fundamental standards which deliver corporate accountability
- Steps to secure adult safeguarding boards through the Care Bill.

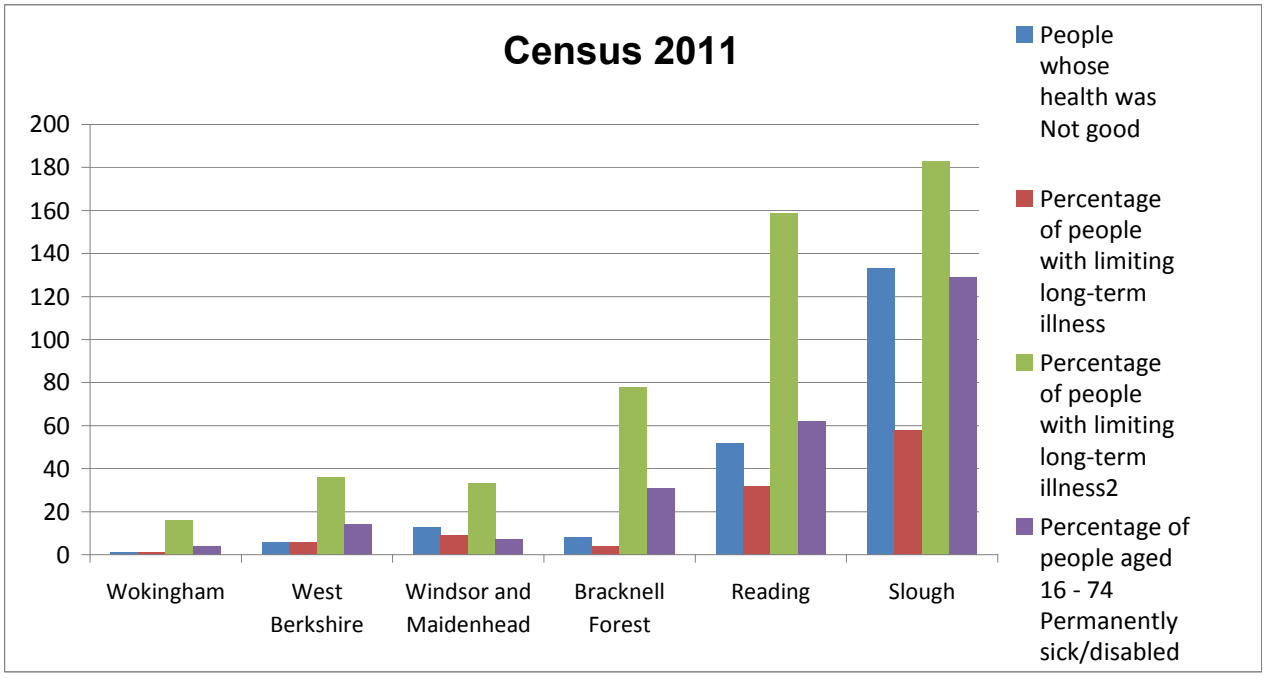
Good progress has been made in this area in Slough; we have only one person who placed in an out of county hospital. This person has been reviewed and assessed as being appropriately placed to undergo treatment and support, the placement is being monitored and alternative accommodation and support will be found when treatment is completed. There are also plans in place within CTPLD (Community Team for People with a Learning Disability), in the form of the transformation agenda, with plans to bring all clients with a Learning Disability back to Slough where it is appropriate to do so.

3) Local Context

Slough is a predominantly urban area situated in the east of Berkshire which developed as a result of the Old London Road (now the A4), connecting Bath to London. The town now straddles the Great West Road and the Great Western Mainline, 35 kilometres (22 miles), west of Central London and covers an area of 32.5 square kilometres (or 12.6 square miles).

From the first data release for Census 2011, Slough is estimated to have a total population estimate of 140, 2003, an increase of 17.7% from 2001 (the population of Slough was 119,070). At the time of the 2001 Census, the borough area was the most ethnically diverse local authority area outside of London in the United Kingdom, with the highest proportion of religious adherents in England.

Gender is split evenly between men and women (50%). The borough has a younger than average population structure, with the highest proportion of 0-4 year olds, 5-9 year olds, 30-34 and 35-39 year olds amongst any of the South East local authorities. The Census results also show that Slough has the lowest proportion within the South East of total residents in all age bands from age 60 and above. However, it also has one of the highest levels of people who have a long term illness in Berkshire. The focus here is firstly (red) on long-lasting conditions which the person is likely to have for the remainder of their lives, and is likely to require some level of supervision and treatment over a long period of time such as diabetes which have limited their life. The second percentage (green) is for those people whose long-lasting conditions but which have limited their life significantly.



These figures show that Slough has a population with potentially high care needs and thus as illustrated by Research (Action on Elder Abuse), reliance on care puts people at higher risk of Abuse.

4) Slough Safeguarding Adults Board and subgroups

i) Safeguarding Board

Following on from the Annual Report 2012/2013 and Peer Review Challenge in August 2012, it was decided to develop a three year Strategic Business plan for the Board, which would allow the board to ensure that Safeguarding arrangements in Slough were effective, of high quality and person centred. This plan has been shared and approved by the Safer Slough Partnership Board in July 2013 and the Slough Wellbeing Board in September 2013. The Board also produced a Board Audit tool which all its members have had to complete and submit by March 2014.

Strategic Objective One

Quality recording will enable details of concerns and actions to be seen clearly. All agencies will have an audit process which will identify good practice and areas for improvement.

- A Multi-agency audit was undertaken regarding Adult Safeguarding cases in November 2013 with Health, Mental Health, Adult services and Domestic Abuse service providers; this was seen to be a positive process as it enabled agencies to gain a greater understanding of the safeguarding process. It was agreed that these audits would fall within the remit of the Performance and Quality Subgroup.

- Monthly audits are still being carried out within Adult Social care and the findings of these are fed back to individual staff, into training and to the Care Governance group.

The Board developed and signed up to a "Multi-Agency Risk Framework" policy, in March 2014, which focuses on positive risk taking on a multi-agency basis with the person remaining central to the process. Positive risk-taking is weighing up the potential benefits and harms of exercising one choice of action over another. This means identifying the potential risks involved, and developing plans and actions that reflect the positive potentials and stated priorities of the service user. It involves using available resources and support to achieve desired outcomes, and to minimise potential harmful outcomes.

www.**slough**.gov.uk/.../**slough-safeguarding-adults**...**board**.aspx

- Individual agencies have all reviewed their policies to ensure that they are in line with the Berkshire Safeguarding Adults Policy and Procedures.

Strategic Objective Two

All Agencies will have a clear process for managing safeguarding cases. All agencies will have a working knowledge of safeguarding adults.

- The main focus this year was on the Emergency Services and a session was held in March 2014 to look at the role of the Emergency Services in Safeguarding. Berkshire Fire and Rescue Service and South Central Ambulance Service (SCAS) gave a brief presentation on the work that they had been undertaking in regard to Adult Safeguarding. It is clear that both agencies had robust policies in place and where starting to make appropriate safeguarding referrals.

- South Central Ambulance Service is moving towards electronic record keeping and this will assist in the quality and speed of safeguarding referrals. They also have in place robust safeguarding training and are looking at developing safeguarding champions within the local areas.

- Berkshire Fire and Rescue Service were still using paper referral systems and had developed training programme to train its entire staff in relation to Adult Safeguarding. It was agreed that they would work with South Central Ambulance Service to try and share learning and knowledge regarding working across safeguarding boards.

- Thames Valley Police had agreed to provide a report twice a year to the board addressing how their agency was working in regard to safeguarding and this continued throughout 2013/2014. They are also looking at developing a local Multi Agency Safeguarding Hub (MASH) which is where the police, social care and other agencies sit together to protect vulnerable children and in some areas vulnerable adults, and they have agreed to keep the Board aware of how this develops during 2014/2015 and how this will work with local authorities around safeguarding.

- Heatherwood and Wexham Park Hospitals NHS Foundation Trust – have been focusing on safe discharges. They have reviewed their discharge policy and set up a new discharge group to address issues that arise with discharge.

Strategic Objective Three

All agencies will ensure that there is a joined up approach to safeguarding children and adults.

On July 10th 2013 the board held a Joint Business Development event the Slough Local Safeguarding Children's Board. The purpose of this event was to consider:-

Areas of common interest for children and adults that is relevant to all partners
How we can improve safeguarding outcomes and services through greater collaboration across children and adult services. How we might collectively develop and share infrastructure and business support

Common areas of service focus that are shared by the two Boards and the proposed actions that could be taken to address these; Areas of joint infrastructure and business support that could be developed and ideas about how these could be progressed. The key common areas of service identified at the event are:-

1. **Domestic violence**
2. **Drug and Alcohol Misuse**
3. **Mental Health**
4. **Transitions**
5. **E-safety**

In addition to these common areas of service a number of other, more generic, issues were identified that we could address together to improve performance, impact and outcomes. These are:-

- The need for strategic co-ordination across partnership boards that clarifies respective roles, responsibilities and accountabilities. Although there are currently leads for all of the above areas, work needs to be on how these will link with the Adult Safeguarding Board.

- Clear identification of lead responsibility and accountability for key strands of partnership and individual service activity e.g. troubled families, again work has been done within Children's services in this area but this needs to be shared with the Adult Safeguarding Board to look at further joint working.

- Securing consistent commitment to partnership meetings from people that have the authority to make commitments and secure action from their organisation;

- Developing collective agreement to coherent, co-ordinated thresholds for access to service that enable a 'Think Family model of delivery to be achieved. "Think Family" is well developed in children's services within Slough but again needs to be taken into Adult Social Care via the Safeguarding Adult's Board.

- A collective workforce development strategy that secures a 'culture of responsibility and ownership' and supports a 'Think Family' approach to service delivery

- The creation of a combined workforce development strategy

It has not been possible to take these entire issues jointly forward, at this point in time due to the re-organisation of Children's Services within Slough. They will be followed up as the organisational arrangements for Children's Services are finalised in this course of 2014.

Safer Slough Partnership On 23rd July 2013 the Independent Chairs of both the children and adult safeguarding boards attended a meeting of the Safer Slough Partnership. The key purpose of this exercise was to start to build a stronger relationship between the safeguarding boards and the Safer Slough Partnership and to secure clarification of the respective roles, responsibilities and accountabilities of these partnerships, within the context of the protocol with the Health and Well-Being Board.

At the meeting the Business Plan was presented for 2013/16 and the Annual Report for 2012/13 for the Slough Safeguarding Adult's Board. The Independent Chair of the Slough Safeguarding Adult's Board presented the Business Plan 2013/16 and will present this Annual Report in November 2014.

This process enabled the safeguarding boards to raise the awareness of the Safer Slough Partnership of the key safeguarding priorities for the next three years. It also enabled discussion and identification of areas of joint concern – a discussion informed by the work undertaken in our joint development session referred to above – with a view to securing greater clarity about the respective roles and responsibilities of the Boards.

There was general consensus in the Safer Slough Partnership meeting that key areas of joint interest matched those identified in the Slough Safeguarding Adult's Board and Slough Local Safeguarding Children's Board Joint Business Development event i.e. domestic violence, drug and alcohol misuse, mental health and e-safety. It has also been agreed that further work will now be undertaken to clarify the respective roles of the Boards in these areas – addressing the sort of questions that are set out in the attached report from the Joint Business Development event.

The Board will continue to work to strengthen relations with other strategic partnerships, and will work to:-

- improve our interface with the Slough Local Safeguarding Children's Board and Safer Slough Partnership;

- Agree the further work that is to be undertaken with Safer Slough Partnership and the Slough Well-Being Board

Strategic Objective Four

All agencies will ensure that there is a consistence compliance we with the Mental Capacity Act, Including Deprivation of Liberty Safeguards where relevant.

This can be seen in the Mental Capacity and deprivation of Liberty sections of this report (section 11 and 12). As part of the Board's Audit tool, all board members had to provide details of training in all aspects of safeguarding including Mental Capacity and Deprivation of Liberty Safeguards. In the Training Section (5) the number of courses and those who have attended training on Mental Capacity and Deprivation of Liberty Safeguards are also discussed in more detail. Clearly from the House of Lords Scrutiny (Parliament UK (2014) more work will need to be done on this area in 2014/2015.

Strategic Objective Five

All relevant staff have appropriate training and effectiveness of that training is evidenced.

This can be seen in Training Section (5), although as part of the Boards Audit all agencies have had to report on the Safeguarding Training that Board members have had to undergo. These audits have now been completed and will be fed back to the Safeguarding Adults Board in June 2014.

Strategic Objective Six

The board will ensure that public awareness is raised around adult safeguarding. Specific safeguarding initiatives will target hard to reach groups.

- The Communication Subgroup of the board was refreshed to develop relevant publications and the delivery of this material to different communities within Slough.

- One of the first outcomes of this group was the development of a concertina card explaining Adult Safeguarding and providing phone numbers regarding safeguarding. This card was republished in March 2014 and will be available for distribution in 2014/2015.

Strategic Objective Seven

Governance arrangements regarding adult safeguarding will be clear within single agencies and across agencies.

- The Board's Audit Tool asked each agency to provide information regarding its governance arrangements around Adult Safeguarding. All members of the Board completed this tool and sent in their returns, these will be discussed at the Board in June 2014.

- Included in this objective was the governance of the care providers within Slough, this formed part of the work of the Slough's Care Governance group (see section 6v).

Strategic Objective Eight

Effective commissioning will ensure services are able to meet the dignity agenda. Services will be monitored to ensure that they are providing quality and value for money.

During the last twelve months Slough Borough Council's Contracts Team together with Commissioning and Safeguarding has reviewed the Quality Management Framework which has now been approved by Senior Management Team within Slough Borough Council.

The Contracts Team reviewed and implemented an improved Quality Monitoring Toolkit utilising the ASCOT (Adult Social Care Outcomes Toolkit) including Dignity and in January 2014 introduced the collection of monthly performance data across Slough Borough Council Care Homes and Domiciliary Care Services. Combined Monthly reports with Safeguarding are also presented and services discussed in detail at Slough Borough Council monthly Care Governance Meetings. The Care Quality Commission and the Clinical Commissioning group also attend these meetings to ensure the effective sharing of information across agencies.

Strategic Objective Nine

There will be a clear vision about the scope for Safeguarding Activity.

- Slough Safeguarding Adult's Board has signed up to the Berkshire Safeguarding Adult Policy and Procedures and will remain part of the group leading on monitoring and maintaining the Policies to ensure they remain up to date.

- Slough Borough Council has a Chaotic Lifestyles Scheme which provides a multi-agency framework for managing risk for those people who do not meet specific agency eligibility criteria but do present a risk to themselves and if left may result in harm to themselves and others. (See section 6 iii).

Strategic Objective Ten

All agencies will have in place systems to monitor performance which relates to the work of safeguarding adults.

During 2013/2014 work has been done across Berkshire to come to an agreement of a regional score card to enable local authorities to compare statistics across the region. This work will continue into 2014/2015 moving away from the development of a score card to developing a common understanding of thresholds and definitions

Strategic Objective Eleven

Board Development

- The Board has further developed the Subgroups. The first of which was the Executive group with the main purpose of driving the business plan and ensuring that progress was made on each of the Strategic Objectives above. The other groups have been formed during the year and are now in place to take forward the actions from the plan in 2014/2015.

- During 2013/2014 there have been significant discussions and developments in relation to the new organisations including the Clinical Commissioning Group (CCG). The board has therefore had to form new working relationships with the Clinical Commissioning Group in place of the Primary Care Trust. The board decided to host a development session on the role of Clinical Commissioning Group which went well and involved Clinical Commissioning Group board members and general practitioners.

- The Board has welcomed a new partner agency, Health Watch to the board as well as personnel changes in the members of the board but not their agencies.

- The Board continues to take part in national consultations and responded to two Department of Health consultations, on Power of Entry and Wilful Neglect.

- The Board received financial contributions from board partners Heatherwood and Wexham Park Hospital, Thames Valley Police, Thames Valley Probation, and Berkshire Healthcare Trust. This money will be utilised in 2014/2015 to develop the work of the Board's Business Plan and any future costs incurred with serious case reviews and learning events.

Strategic Objective Twelve

The board will ensure implementation of recommendations from the Serious Case Review DD published in June 2013.

- A Serious Case Review was carried out in 2012/2013 and the report was published in June 2013. The report included a multi-agency action plan to

enable lessons to be learnt from the Serious Case Review and this was included into the Strategic Business Plan.

- One of the actions from the plan was to look at hospital discharge processes. As part of this a new Hospital Discharge group was set up to oversee hospital discharges and to ensure safe hospital discharges. This group has now been running since February 2014 and has initiated an early discharge process, looking to discharge patients before lunch, to ensure that services are in place before people return home.

- A second outcome from the Serious Case Review was to develop a dementia awareness pathway and training on this is going to take place in 2014/2015.

- The final action from 2013/2014 was to look at developing a risk tool/policy and to put this in place with Slough Borough Council Social Care staff. The risk tool and policy have been developed and it is anticipated that training sessions will take place in June 2014 with staff to put this policy into practice.

The March 2014 Board reviewed progress on the DD Serious Case Review Action Plan to ensure that momentum to achieve and maintain improvements is sustained.

Priorities for the coming year:-

The Strategic objectives outlined above arose out of a Peer review of Adult Safeguarding in Slough (August 2012) and from a Serious Case Review (May 2012). In order to take the work of the Board forward, Slough Safeguarding Adults Board has identified eleven priority areas for the coming year 2014/2015. These priorities build on the work of the board over the last twelve month and will enable the board and its partner agencies to move forward to meet the changing climate of Adult Social Care and the needs of the residents of Slough. :-

1) Managing Risk
2) Managing Safeguarding Cases
3) Safe Transfer of Care from hospital (See Section 7iii)
4) Training Strategy (See Section 5)
5) Raising Awareness

6) Understanding the scope of Safeguarding in Slough (including all agencies prompting a joined up approach with Children's services, Community Safety etc)

7) "Making Safeguarding Personal" (See Section 6 i)

8) Compliance with the Mental Capacity Act including Deprivation of Liberty Safeguards (See Section 11)

9) Implementation of the Care Act 2014

10) Governance of Health and Social Care Services within Slough

11) Ongoing development of Safeguarding Board

Details regarding each area of work identified above can be seen in the Slough Safeguarding Adults Strategic Plan 2014/2015. This plan describes in detail the work that the board will be carrying out with its partner agencies in the above areas. This plan can be found on Slough Safeguarding Adult's Board website and is updated every quarter. A large percentage of this work will be carried out by the newly formed subgroups, see reports below.

ii) Subgroups Report

Over the last twelve months the Safeguarding Board has reviewed and developed its subgroups in order to carry out the work of the board. These groups are at different stages in their development but all have the active participation of members from a cross-section of staff representative from the Board's partner agencies. It is within the subgroups that the majority of the boards work takes place. The contribution of individual staff to the subgroups is invaluable to the board.

Each of the subgroups activities during the year are described in more detail below:-

1) **The Executive Subgroup**

This newly established group first met on the 4th November 2013; the primary purpose of this group is to act as an engine to ensure that the work of the board is managed and delivered. The group will meet quarterly, is chaired by the Assistant Director of Adult Social Care in Slough and reports regularly to the Slough Safeguarding Adults Board and through other appropriate governance routes of its members.

The first meeting focused on reviewing Slough Adults Board Strategic Business plan and how the group could be effective in improving quality, by developing stronger links with other monitoring groups such as Slough's internal Care Governance and the external Quality Surveillance Group.

A second meeting occurred in February 2014, which continued the earlier work stream by reviewing the Business plan and then looking at the work of the other subgroups, how their work plans should be developed and how in turn they should feed into the Executive group and Board including ensuring that the outcomes of the recent Serious Case Review continue to be implemented by all partner agencies.

2) Communication Subgroup

The Communication Subgroup is a newly formed group and met once during the last year. The group decided that they needed to work in three areas as detailed below:-

- Develop a strategy to effectively deliver safeguarding messages too `hard to reach` communities` in Slough.
- Review the existing publicity materials for safeguarding adults.
- Review current materials for delivering wider safety messages to Slough residents.

The group decided that the first task was to start to update the materials that we currently use across the agencies, so that we can then look at using them in campaign's over the coming year in line with Board objectives. This has resulted in a new Safeguarding Card which can be used by professionals and service users and will be launched by agencies in early April 2014.

The group also agreed that a lot of work can be done by electronic methods so saving time and resources. The plan is for the group to develop a stronger communications strategy over 2014 and this will be taken to the Board for approval in September 2014.

3) Workforce Development Subgroup

This group covers the East of Berkshire which includes Slough. The East Berkshire Multi-Agency Safeguarding Adults Workforce Development Strategy is due for refresh in April 2014. In 2012 this was a desk based exercise and it has been decided that this now needs to be refreshed with multi-agency input. On the 12th February a consultation event was held with representation from:-

- Local authorities Safeguarding and Training representatives
- Thames Valley Police
- Clinical Commissioning Group
- Berkshire Health Foundation Trust
- Provider Services Representatives
- Probation Service
- Berkshire East and South Bucks Women's Aid.

This event focused on the following questions:-

1) What are our workforce skill gaps?
2) What learning interventions do we need to meet current and future needs?
3) How do we embed learning in our organisations?
4) How do we encourage shared learning between our agencies?

The session also concluded that the policy needs to encourage Preventing/Multi-Agency working by getting workforces to think of the wider impact of a situation. As well as developing case studies and questions which can be adapted and shared with other agencies for them to adopt as appropriate.

In 2014/2015 the emphasis will be on producing a new training strategy for three years which will be signed off by all agencies and the various boards. This can then be monitored by the subgroup.

4) Implementation of the Care Act Subgroup

This is a new group which will start working in 2014/2015 to look at how the Safeguarding Board will take on the new roles and responsibilities both as a board and across agencies of the Care Act. The Care Act is due to be implemented in 2015 and this group's purpose is to prepare for these new changes, particularly those in relation to Adult Safeguarding.

5) Performance and Quality Subgroup

This is a new group which will start working in 2014/2015 and will look at ensuring the quality of Safeguarding work across agencies. It is anticipated that this group will look at ensuring that any learning from Serious Case Reviews etc. effect practice. Part of the developing work plan for this group is to carry out multi-agency Safeguarding Audits of cases to ensure good practice but also to develop understanding of Adult Safeguarding amongst partner agencies.

6) Safeguarding Adults Review Panel

This is a newly formed group which will receive any requests for Serious Case Reviews on behalf of the Safeguarding Board, as well as ensuring that any learning from Serious Case Reviews national and local are adopted by partner agencies and inform practice.

It is anticipated that these groups will take on the strategic objectives of the board and thus will enable more agencies and groups, including our providers, voluntary agencies, service users and carers to be involved in developing safeguarding practice within Slough.

5) Safeguarding Training

Overview of Training activity 2013-2014:-

Safeguarding Adults Level One training:

Forty courses were provided, which was a slight increase on 2012-13, with the balance on more bespoke training than generic, of these 15 were open courses for mixed audiences and 25 were Bespoke training for targeted groups (both social and non-social care).

An average of 700 places were made available, of which approximately

- 32% attendance was Slough Borough Council
- 68% from the private and voluntary sector.

Bespoke training was delivered to:-

- Thames Valley Police Domestic Abuse Officers x 3 sessions
- Citizens Advice Bureau x 2 sessions
- Human Resources Slough Borough Council x 1 session
- Slough Council for Voluntary Services x 2 sessions (for voluntary sector groups)
- Community Skills and Learning x 3 sessions
- WAVE - Slough Volunteer Centre training for volunteers x 3
- Library and Home Library Service x 4 sessions
- P3 Residents x 1 session
- Parvaaz Project x 1 session
- Slough Young People Services x 1 session
- Neighbourhood Enforcement Team x 2 sessions
- Sure Start x 2 sessions
- Age Concern volunteers x 1 session

New organisations or services to our training included:-

- Home Library Service
- Residents of P3 (part of their training day)
- Slough Young Peoples service
- Broken Acre - A Dental Surgery
- Home Start
- Raggy Road Allotments
- Somali Children Education and Elders Welfare
- St Andrews Church
- Thames Valley Vasectomy Services
- Slough Food bank

In order to accommodate these organisations bespoke training needs, for example the home library service and Saturday staff at Slough library, training for volunteers

at WAVE, the sessions were delivered over the different times and days of the week.

Safeguarding Adults Level 2 and 3

Following a review of the Social Workers and management training needs in 2012-13, Slough Borough Council along with Bracknell Forest Council decided to bring this level of training in-house, and to combine the training for Level 2 and 3 assessors/chairs. The aim of this was to make the training much more localised, applicable to local procedures and inline with the East Berks Safeguarding Policy and Procedures.

Both local authorities designed the training jointly, and Slough Borough Council delivered one session. The session was well regarded, especially in relation to the practical element of the training, which was more relevant to Slough practices and procedures.

Safeguarding Adults Refresher – all levels of staff

A high number of staff were due refresher training during 2012-13, and the approach Slough Borough Council took was to combine the training for the Safeguarding Administrators, Level 2 Assessors/Investigators and Level 3 Chair and Decision Makers.

The aim of the four workshops arranged was for staff to understand each others' roles in the Safeguarding process. The refresher included "Making Safeguarding Personal", and was delivered in-house via a case study based approach.

Safeguarding Adults – Provider Managers

Slough Borough Council and the Royal Berkshire of Windsor and Maidenhead jointly commissioned Matrix Training to deliver 2 sessions of the Level 3 for Managers of Care Provider Services.

Of the 30 places available, 19 were taken up from a mixture of Private, Statutory and Voluntary care provider services, residential and home care.

Although the training covered key issues for managers, on review of the training, Slough Borough Council have decided to bring this training in-house, again to make the training more relevant to Care Providers in Slough, linking to our Quality Monitoring frameworks.

Safeguarding Adults Best Practice Seminars

We continued to bring internal and external services to our Safeguarding seminars, with the aim of refreshing Social Worker's knowledge on what services are

available in Slough. Subjects were based on what Social Work teams asked for, as well as a result from serious case review learning. Sessions were also opened to Children services and Commissioning teams. Topics included:-

- Domestic Abuse – update by East Berkshire and South Bucks Women's Aid and Stonham
- Update from the Community Safety teams: Anti-Social Behaviour, Drug and Alcohol Team, Family Intervention Project
- Domestic Abuse Investigation Unit
- Royal Berkshire Fire and Rescue
- Domestic Violence Intervention Project
- Housing: Fraud and Safeguarding
- Older Peoples Mental Health Services / Dementia Update

There was an additional focus on social workers directly involved to showcase their learning from cases they had worked on, including the use of case studies. Social Workers will be encouraged to continue this practice in 2014-15.

E-Learning

ELearning provision continued this year, with Provider access to Log on to care and internal staff via Learning Pool. 125 staff within Slough Borough Council accessed refresher training via eLearning.

Additional Training related to the Safeguarding Agenda:

To support the Safeguarding agenda, Slough Borough Council arranged the following courses:

- All statutory Health and Safety training
- Autism Awareness
- Bereavement and Loss
- Dementia Awareness for Social Care, Carers and Local Organisations
- Dementia: Communication and Behaviour
- Dementia Activities
- Dementia: Nutrition
- Dignity and Respect
- Deprivation of Liberty Safeguards: Introduction
- Deprivation of Liberty Safeguards Briefing for Registered Provider services
- End of Life Awareness
- The Mental Health / Mental Capacity Act Interface (for social workers and legal teams)
- Mental Capacity Act: Introduction
- Mental Capacity Act Master classes (an update 5 years after the Mental Capacity Act legislation was implemented)
- Proactive Approach to Conflict (Slough Borough Council Provider Services)

Staff have also accessed training external agency training:-

- Introduction to Domestic Violence
- Multi-Agency Risk Assessment Conference
- DVIP (Domestic Violence Intervention Project)
- Police and Criminal Evidence Act
- Drug and Alcohol training
- Action on Elder Abuse conferences

CHANNEL: Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services), the police and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

Member Development

Five Members attended an update on Safeguarding Adults, which included information about the upcoming Care Act and its impact on Safeguarding, as well as Members role within the Safeguarding Agenda at the Council, in the previous twelve months 27 members had received this training.

In 2014/2015 we will have e-learning available for members after the Council elections in May 2014.

Qualifications

To continue meeting our need for Best Interest Assessors (BIA), two staff gained the BIA qualification, and three staff commenced training in January 2014.

The Safeguarding Adults Co-ordinator completed a module on Safeguarding Adults Intervention in the MA in Safeguarding Adults: Law, Policy and Practice. Amongst other updates, the course provided current knowledge on the role of serious case reviews and how these should be used for learning in practice.

Plans for coming year include:-

- Evaluate the impact of Safeguarding training during 2013-14 in Slough.
- Adopt the suggestions from the Workforce Strategy Consultation event.
- Safeguarding Refresher training for all social work groups including Safeguarding administrators to include:
- Learning from Serious Case Reviews
- Implement the Risk Policy and Tool
- Embedding "Making Safeguarding Personal" within Adult Safeguarding in Slough.

- Continue to provide Best Practice Seminars with a focus on shared learning between staff.
- Bring Provider Manager training in-house.
- Design eLearning training specifically for Council Members

It is of note that the recent issues identified in the Care Quality Commission consultation document in April 2014 relating to changes in the way they regulate and inspect services lays a heavy emphasis on the importance of good quality training, as did the Cavendish Report, July 2013 in relation to the critical importance of good quality and certified training for health and social care assistants.

6) Slough Borough Council

Slough Borough Council has the lead role in Adult Safeguarding as laid down in "No Secrets" (2000) and soon to be confirmed by the Care Act. As the lead authority Slough Borough Council has joined with the other five unitary authorities across Berkshire with one Adult Safeguarding Policy and Procedure, which works well for all agencies but particularly those that work across the unitary authorities such as Berkshire Fire and Rescue, South Central Ambulance Service etc.

In Slough Safeguarding Alerts are received at three points, these are the Hospital Team at Wexham Park Hospital for allegations of abuse in the hospital, the Mental Health Team for allegations relating to vulnerable adults with Mental Health problems and at the main duty team for all other vulnerable adults. These alerts are then triaged to determine which would be the most appropriate way of dealing with the issue/s raised in the Alert, so it may be that the issue can be dealt with as a complaint, or through care management or as a contract compliance issue.

Nationally only 50% of Alerts meet the threshold of a Safeguarding Referral and the rest are dealt with by other methods as suggested above ("Abuse of Vulnerable Adults in England ,2014). In Slough there is currently no way to differentiate between an alert and referral except retrospectively by looking at the cases that lead to a strategy meeting, this will be addressed by the new electronic safeguarding recording system which is being introduced in 2014.

In Slough Borough Council once a case has progressed to a referral it will be allocated to a Designated Safeguarding Manager (DSM) who will then work with a suitably experienced worker to determine the best way to investigate the allegation. Up until now it was often possible for the person to whom the referral related, to be unaware of the allegation or at best to be on the periphery of the case. Over the last few years, Slough like most council's has been moving towards Person Centred care and over the last few months this has now been the direction for Safeguarding as well, with the new pilot of "Making Safeguarding Personal". The new recording system which is being implemented in 2014/15 will ensure that this

new way of working with people is not only recorded but is also embedded in practice.

i) "Making Safeguarding Personal"

Following the consultation in regard to reviewing the "No Secrets" guidance the Local Government Association and Association Directors of Adult Social Services decided to develop a project to take on board the views of service users that were expressed during the process. They said that they wanted to be more involved in how they were safeguarded. This project started in 2009 with a literature review regarding information on Service Users involvement in adult safeguarding.

In February 2012 councils were invited to participate in the "Making Safeguarding Personal" as test bed sites, testing out an outcomes focus and person-centred response to safeguarding adults. Five councils were identified, through a selection process. The project was broadened in September 2012 to include other councils with learning to share, who were exploring similar areas and had relevant experience.

Slough Borough Council with the support of the Adult Safeguarding Board took part in the second part of the project in September 2012 and the project concluded in February 2014. In Slough we decided to become involved at the Bronze level which meant working on one area of Safeguarding practice and changing that practice to involve the service user. We decided to look at the initial part of the Safeguarding process to ensure that the vulnerable adult was involved from the very beginning in their safeguarding, with workers from the hospital team, mental health, learning disability and older people's teams we managed to work with 12 people using this new approach.

The outcomes were significant and although some people chose not to go through the safeguarding process the outcomes for them was that they were able to address the risks they faced and there was clear evidence that they were safer. For those who chose to go down the safeguarding process the outcomes they wanted were identified from the outset and these often changed as the process went on. It involved greater sharing of concerns by professionals with the service user but also involved them thinking of their own ways to protect themselves.

The results of the Project both nationally for those local authorities that were involved, and for Slough are that we feel that this is the way we want to work with service users. In Slough we are looking to roll this out across all our safeguarding work and with our partners. We are looking at new ways of recording so we can measure the outcomes that service users want as well as the more traditional outcomes. We aim to make this part of our Board business plan.

Case Study

Miss Smith (name changed) was a white female client with moderate learning disabilities living in shared living with minimal support. She had been married twice, and had one child with whom she had no contact. She had subsequently had a series of relationships. As a child she was part of a dysfunctional family, and there were historic concerns of grooming and sexual abuse from older males within the family. She had learnt to tolerate unwanted sexual relationships and violence.

There had been repeated Safeguarding referrals regarding Sexual abuse but no police action as Miss Smith had never been willing to take the case forward. A whole range of agencies had been involved in the Safeguarding process.

When another Safeguarding referral was received in 2013 regarding domestic abuse it was decided to use some of the ideas in “Making Safeguarding Personal”, and the allocated worker had a long conversation with her regarding what she wanted. Her initial outcomes were that she wanted her boyfriend to practice safer sex and to treat her differently and to move accommodation. Her Social Worker worked with her to understand that it was not realistic for anyone to change her boyfriend’s behaviour but they could work with her on changing the way she dealt with relationships and look at other ways in which she could improve her situation.

It was decided to divide the Safeguarding meetings into two parts, the first part for the professional and the second involving the service user; this allowed all parties to free able to share their concerns but also to ensure that the wishes of Miss Smith remained central to the process. The whole Safeguarding process then focused on the outcomes she identified that would keep her safe.

The outcome was that Miss Smith moved away from her boyfriend and at least for the time being is living safely on her own and is developing skills in protecting herself against further abuse.

ii) Slough Safeguarding Adults Team

Slough Borough Council has a small Adult Safeguarding Team, led by Head of Adult Safeguarding and Learning Disabilities, with a Safeguarding Development Manager, and two Safeguarding Co-ordinator's working with internal partners and external agencies, an Appointeeship Officer, and a Safeguarding administrator.

This team carries out a variety of functions but primarily provides advice and guidance regarding Adult Safeguarding, manages the Adult Safeguarding Work, producing reports for various bodies. The team also manage the Deprivation of Liberty Safeguards Service in Slough.

The Safeguarding Team's role is one primarily of advice and over sight; however the team does provide an additional safety net for vulnerable adults through the "Chaotic Lifestyles" Scheme and through its audit process.

iii) Slough's Chaotic Lifestyles Scheme

In Slough like in many towns throughout the United Kingdom there are people who are vulnerable but who fall through the gaps in terms of service provision. These people often lead chaotic lifestyles and come to the attention of various services, though fail to meet the eligibility criteria for services from their local authorities.

In response to these issues, it was decided in Slough we would develop a Chaotic Lifestyles process which would provide a forum to begin to address these issues. . This scheme enables agencies who are concerned about a vulnerable person that they are working with to request a multi-agency meeting, led by the Adult Safeguarding Team to look at developing an action plan with the vulnerable person. This plan is devised with the vulnerable person to ensure that it is person centred and it is then signed up to by the all the relevant agencies. This can then if necessary be reviewed, though the reality is that often one meeting is enough to ensure that the right agencies are working with the service user and that they feel supported.

This scheme has been running since October 2012. Since that time we have had eleven cases referred to the scheme, both men and women. The cases range from those whose life style is so chaotic that it is causing issues to themselves and others, and other cases were people are so vulnerable that they are being exploited by a range of people.

One of the interesting aspects of this scheme is that although there are not many cases, those that have come through have often been very complex and time consuming for the agencies involved, but by involving the service user they have had some success and the fact that they have not come back through the

safeguarding system indicates that the service does have a positive impact this can be seen by some of the feedback we have had from service users who have been involved in the process. (Terms of reference and a referral form can be accessed via Slough Borough Council website)

Case Study

Robert (name changed) has mild learning disabilities and lives in supported housing service. The housing provider was worried about elements of Robert's behaviour which put him and others at risk. He was at risk of losing his tenancy and was increasingly in debt because he was not able to manage his money.

The Support provider felt isolated and so decided to refer the case with Robert's permission into Chaotic Lifestyles. A multi-disciplinary meeting was held and led by the Safeguarding team, Robert chose not to attend, but housing, adult social care and the support provider attended. A series of actions where agreed at the meeting. This included asking Robert's GP for support with his medication and access to counselling services for Robert. Police and housing agreed to speak to Robert about the consequences of his actions. The Support provider agreed to be clear about boundaries with him. The tenant participation officer to visit Robert to talk to him about his behaviour and the risk he was facing in regard to his tenancy.

This plan was reviewed in six weeks. At this point he had been seen by his GP who had reviewed his medication and arranged counselling services. The police and housing had been out to see him. The Support provider had given him some clear boundaries and the tenant participation officer had visited him. Robert understood that everyone was trying to help him. Although not all the issues were addressed Robert and the Support provider felt that Robert was more settled and the immediate risks had been reduced.

iv) Safeguarding Audits

The Safeguarding Adult's Team carry out monthly audits of 25% of all Safeguarding cases that have been undertaken via Slough Borough Council's safeguarding process; this includes those carried out in the Hospital and Mental Health Teams. These audits are carried out by a worker from the Safeguarding Adults team alongside a Designated Safeguarding Manager from the team involved. This enables a useful insight into the level and quality of the work carried out by both Designated Safeguarding Managers and Level Two workers.

The results of the Audits have been used to improve individual practice as well as feeding into the training needs, for instance although the audit indicates a good standard of Safeguarding work in Slough there is still a need for additional training regarding the use of the Mental Capacity Act and in particular the use of Best Interest decision making and therefore additional training was organised and an

external trainer was brought in to provide master classes on the Mental Capacity Act and Best Interest Decisions.

During the last year there have also continued to be multi-agency audits of cases where board members from different agencies were invited to take part in auditing cases which proved very useful and enabled agencies to gain a greater clarity regarding the Adult Safeguarding Process and to understand the outcomes that were achieved.

Plans for coming year include:-

- Developing the learning and approach from "Making Safeguarding Personal" with the aim of rolling out to all Safeguarding work.
- Utilising an Electronic record keeping system, to provide more effective process and recording system (IAS) in Slough Borough Council.
- To develop Slough Borough Council's website in relation to Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards.
- To develop a new audit tool to meet the new challenges of person centred safeguarding.
- To develop a way of capturing the Outcomes that vulnerable adults want to achieve through the Safeguarding Process.
- Providing more effective literature regarding Adult Safeguarding, both about the process but also about what is expected of people throughout the process.
- To develop updated materials to raise awareness regarding Adult Safeguarding in line with the Safeguarding Adult's Board work plan.

v) Slough's Care Governance Board

Within Slough Borough Council there is a Care Governance Board which meets monthly to provide scrutiny of Adult Safeguarding work and an overview of service provision to vulnerable adults to improve the quality of both Safeguarding work and Service provision within Slough.

Over the last twelve months the main focus of these meetings has been on improving the quality of the provision of Residential and Nursing Services within Slough. This has involved close working between various departments within the Council including the Safeguarding Team, Contracts Team, Commissioning Team, Health and Safety and Care Management. The group also involves external agencies including NHS Slough Clinical Commissioning Group, who have been able to provide additional support to care homes within the borough to improve the level of service that they provide.

Plans for coming year include:-

- To do more joint working with partner agencies and service providers.

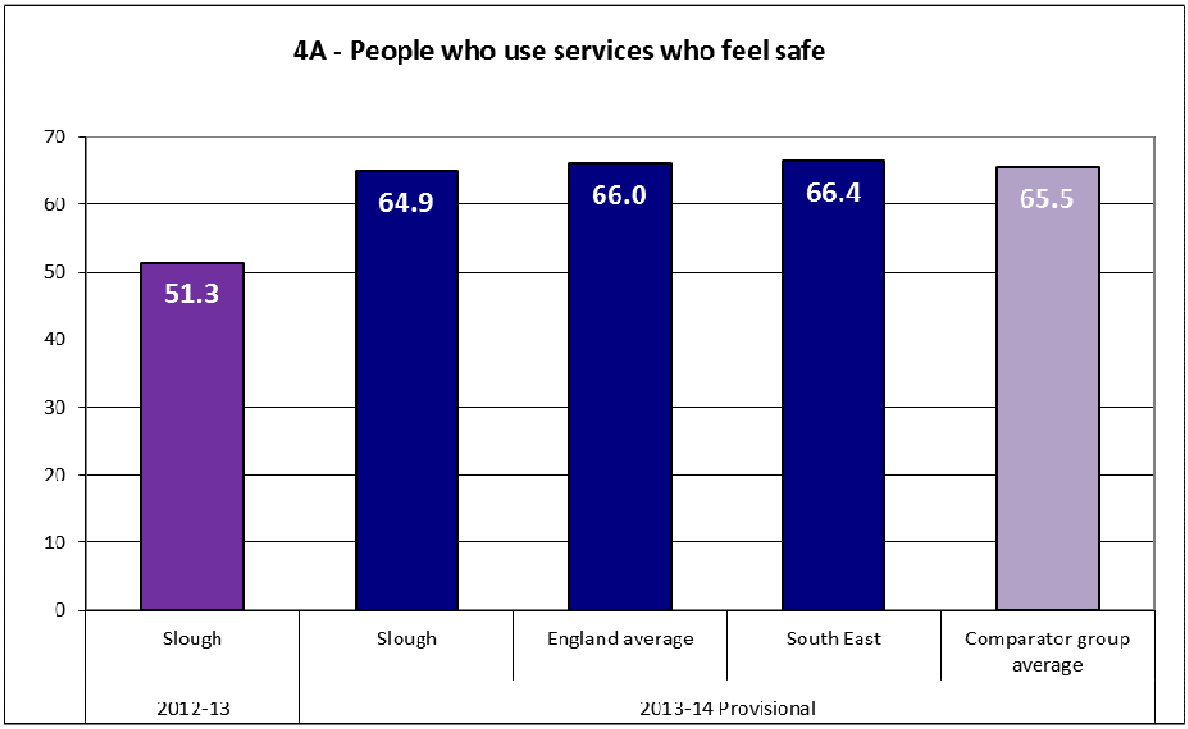
- To encourage service providers to work together to provide a high level of care to vulnerable adults in Slough.

- To develop home care services within Slough to provide good quality care and a range of provides across the borough to enable the development of Personalisation of care in the area.

vi) Adult Social Care Survey - England, 2012-13

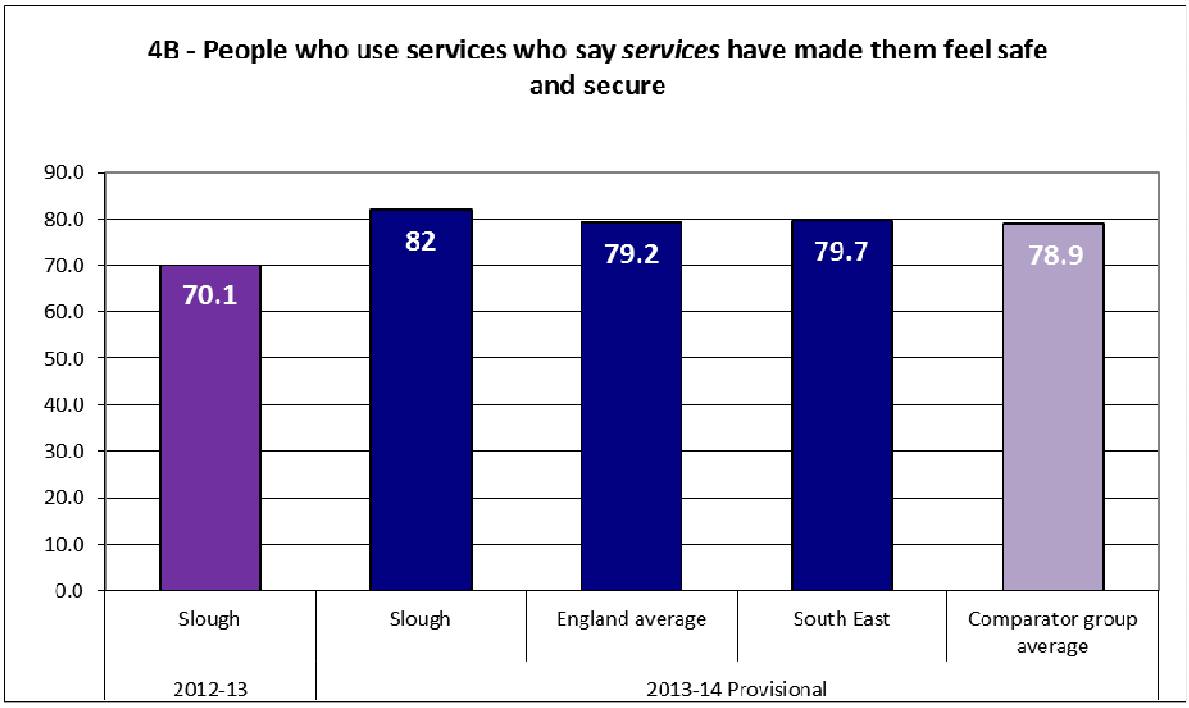
The Adult Social Care Survey (ASCS) for England is an annual survey which asks service users of Adult Social Care to evaluate the care that they are receiving in regard to how it has affected their lives. Service users were sent questionnaires during January to March 2013 to seek their opinions over a range of outcome areas to gain an understanding of service users' views and experience rather than measuring quantities of care delivered.

It is designed to cover all service users aged 18 and over receiving services funded wholly or in part by Adult Social Care during 2011-12, and aims to learn more about whether or not the services are helping them to live safely and independently in their own home and the impact on their quality of life. The survey is also used to populate some of the measures in the Adult Social Care Outcomes Framework (ASCOF). There are two sections which particularly relate to Adult Safeguarding, the results of which are below and relate to the period 2012/13.



This measure is based on responses to the Adult Social Care Survey and is of the number of people in receipt of local authority funded social care who report that they feel 'as safe as I want'.

Slough comments:
This measure gives an overall indication of a reported outcome for an individual - it does not, at present, identify the specific contribution of a local authority's adult social care services towards someone feeling safe. Only a sample of users of social care in each authority has been surveyed for this measure. The confidence intervals on the bar chart indicate the highest and lowest likely score for the local authority for the whole population. This measure is a percentage. A higher score represents a better outcome.



This measure is based on responses to the Adult Social Care Survey and reflects the extent to which users of local authority funded care services feel that their care and support has contributed to making them feel safe and secure. Whilst the overarching measure (4A) indicates a higher level individual perspective on feeling safe, this measure complements this with a specific response on the impact of services on this outcome.

Only a sample of users of social care in each authority has been surveyed for this measure. The confidence intervals on the bar chart indicate the highest and lowest likely score for the local authority for the whole population. This measure is a percentage. A higher score represents a better outcome

Slough comments:-
2013/14 was a much improve result for Slough, and is above last year's comparator averages. Despite the relatively low number of surveyed users who *feel* safe (previous indicator), a large majority of users say the *services they*

receive help them to feel safer and more secure. It was a priority for improvement in 2013/14 and a priority in the 2013/14 Local Account. A number of other sources point to relatively high levels of 'fear of crime' amongst Slough's residents, where residents' perceptions exceed the actual levels of crime and disorder.

vii) Slough - Community Safety

Older people, and people with mental illness or learning disability, can be particularly affected by Anti-social behaviour (ASB) or hate crime, or the fear of such behaviour and crime.

Slough has procedures for addressing identified anti-social behaviour in partnership so that we can:

- Establish clearly defined routes for engaging victims and perpetrators with any support services needed to address behaviour and affect lasting solutions;
- Use available enforcement tools in a way that is effective, creative and appropriate on a case by case basis;
- Co-operate more effectively to tackle anti-social behaviour issues when they arise in a timely and efficient manner;
- Increase public confidence in all partner agencies' ability to tackle anti-social behaviour, and consequently increase public confidence in reporting incidents of anti-social behaviour;
- Monitor all referrals and interventions in respect of age, gender, ethnicity, nature, duration, action taken, offender profile, victim profile, contributory factors and level of successful resolution.

Risk assessments are carried out for each case and multiagency case conferences are held where required. At these meetings, the case is carefully considered along with the recorded evidence and an action plan is put together. This may include home visits by a housing officer, police officer and/or Anti Social Behaviour officer and will be followed up with ongoing support along with the offer of mediation. Slough holds monthly Anti Social Behaviour Case Review meetings to review all ongoing cases and manage new ones.

Slough also has Anti Social Behaviour service standards, which set out the service that residents, can expect, including timescales for contact.

Slough's Careline

Careline is considered as a life safety system. On many occasions Careline staff have acted quickly to summon professional medical or emergency assistance which has resulted in the rapid attendance of the ambulance service.

Careline alarms provide clients with the means to summon assistance should they require it. It allows them a high degree of independence; confident that the help they may need is close by 24 hours a day, every day. Most of the alarms that Careline monitored in the past were "hard-wired" into residential accommodation provided by the Housing Service. Funding for these alarm systems was mainly

through Supporting People. Other alarms called 'dispersed alarms' (or personal alarms) are available and are installed by Careline mostly into private dwellings supporting people to continue to live independently; the alternatives being either a hospital or residential care home.

Careline services have been developed over the past few years to include elderly or vulnerable “victims of crime” alarms, mainly following a distraction type burglary or other criminal event. These clients are notified to Careline by Police and a Careline system is normally installed the following day (or same day if possible). The reassurance that this provides helps clients remain confident and reassured in their own home following such a traumatic incident.

There were a total of 2,463 service users connected to the Careline system at the start of 2013; they included sheltered and non-sheltered housing (private or Registered Social Landlord) residents. Our Careline alarms serve many of the Borough's most needy people; primarily the elderly and vulnerable, and provide a key service to help people retain their independence and confidence to live in their own home.

6) Partner Agency Work Over the Past Year

Berkshire Healthcare NHS Foundation Trust

In 2012/13 Berkshire Healthcare Foundation Trust continued to work closely with Slough Borough Council and other external agencies to improve and develop Safeguarding Adult Practices. The Safeguarding teams meet regularly to review all alerts and Berkshire Healthcare National Health Service Foundation Trust to Slough Borough Council to ensure that processes where followed referrals made from and to identify any leaning or barriers that may have an impact on the safeguarding Adult procedures. This is important partnership work involving effective information sharing.

Berkshire Healthcare National Health Service Foundation Trust Safeguarding Adult Team continues to raise awareness of Safeguarding Adults policies and procedures across the trust through attendance at team meetings and the delivery of service specific Safeguarding Adult Workshops.

Berkshire Healthcare National Health Service Foundation Trust has continued to be represented at Slough’s Safeguarding Adults Board by the Locality Manager/Director. The Safeguarding Adult’s team represent Berkshire Healthcare National Health Service Foundation Trust at the various East Berkshire Subgroups.

Berkshire Healthcare National Health Service Foundation Trust completed the commissioner audit this year and also an audit for the Slough Safeguarding Adults Board. There are plans to develop internal audits over the coming year.

Safeguarding Adult Level One training has continued to be delivered as part of the induction of all staff working in clinical services and compliancy figures for Slough are 90%. Safeguarding Adults level one continues to be refreshed every 3 years across the trust. Berkshire Healthcare National Health Service Foundation Trust now has over 300 Senior Clinicians trained at level 2. Overall the Trust is 6% above the target set for Safeguarding Adult's compliance of 85% for 2013/14. In this training Berkshire Healthcare National Health Service Foundation Trust has also involved patient participation and involvement and has carried this training over to Mental Health Services.

Berkshire Healthcare National Health Service Foundation Trust are also working on renewing and updating their Safeguarding work plan in 2014/15 as well as reviewing its internal policy which once renewed will be available on the intranet.

Plans for coming year include:-

- Continue to work closely with Slough Borough Council and other external agencies to improve and develop Safeguarding Adult practices
- Continue to raise awareness of Safeguarding Adults Policies and procedures across the trust through attendance at team meetings.
- Ensure Berkshire Healthcare National Health Service Foundation Trust have appropriate membership on the Safeguarding Adults Board and subgroups.
- Work with Berkshire Healthcare National Health Service Foundation Trust audit team to develop internal Safeguarding Audits to ensure best practice is being used.
- To monitor training delivery and ensure that all staff are trained at an appropriate level across services.
- Explore strategies to increase service user involvement and participation in Safeguarding Adults Policies and Procedures.
- Develop a Mental Health Safeguarding Adults champions group across the trust.
- Review Current Safeguarding Adults reports to identify areas for improvement
- Ensure the internal Safeguarding policy is updated to reflect any local or national changes.
- Support the delivery of the Mental Capacity Act and Deprivation of Liberty Safeguards training across the trust
- Continue to deliver the Health/Wellness Recovery Action Plan to identify staff groups who need this training.
- Continue to chair the Berkshire Wide Safeguarding Adults group

Crossroads – Slough

Crossroads Care Slough is a charity which provides care and care-related services for people in Slough and their carer's. They had been working in Slough for over 20

years and are proud of their reputation for providing high quality care to people from many different backgrounds and with differing needs.

Over the last twelve months they had been working hard to ensure that they are reporting all their safeguarding alerts. They have raised three safeguarding alerts in the period 2013/2014. All of their staff have received level one safeguarding training and 5% of their staff have received level two training.

Plans for coming year include:-

To continue the internal implementation of Safeguarding Adults work include
To continue with training and to keep a more comprehensive record of any safeguarding issues.

Health Watch

The aim of Healthwatch is to give people a powerful voice locally and nationally. Healthwatch Slough helps local people to get the best out of their local health and social care services and to give voice to their concerns. One aspect of this is to ensure that the consumer voice is represented in the design, delivery and oversight of local services.

http://www.healthwatchslough.co.uk/

As a relatively new organisation Healthwatch is a new member of the Slough Safeguarding Adults board and is looking forward to working with other partner agencies to protect and promote the voices of Slough's residents.

Heatherwood and Wexham Park Hospitals National Health Service Foundation Trust

Over the last twelve months 37 safeguarding alerts have been made from Wexham Park Hospital to Slough Borough Council, this compares to 35 alerts over the previous 12 months, this illustrates a slight increase in referrals due to the effectiveness of the training that staff have been receiving over the last year.

The Key strategic targets for the Trust over 2013/14 were as follows:

- Greater awareness of the Safeguarding Adults framework through a Trust wide training and awareness programme.
- Good quality data to identify trends and areas related to Safeguarding Alerts; enabling the Trust to respond with action plans, training or through other investigatory frameworks e.g. Trust Clinical and major incident reporting policies.

- To provide specialist skilled staff to work with people with a learning disability who access acute care.
- Victims of domestic abuse to be offered a range of specialist service to support them when accessing an acute care setting.
- Developing further our multi-agency relationships with our health and social care partners.
- Safeguarding alerts to be raised through the Trusts electronic incident reporting system.

During the last year there has continued to be an improvement in the implementation of the Safeguarding Adults framework within the Trust, facilitated by a corporate Safeguarding Lead who reports to the Director of Nursing, the Executive Lead.

A new Safeguarding Adults Group was formed at the end of the year with an additional sub-group called the Safeguarding Operational Oversight Group (SOOG). The Safeguarding Operational Oversight Group includes the Trust Safeguarding Lead, Slough Local Authority Safeguarding Co-ordinator and, Safe Guarding Lead for the three local Clinical Commissioning Group's and the Practice Lead for the Hospital Social Work Team. This group meets monthly and discuss themes, trends and training identified from operational implementation of the Safeguarding Framework within the Trust. Minutes of these meetings are provided to the Trust Safeguarding Adults Group.

One of the key themes raised at the Trust Safeguarding Adults Group has been the number of alerts raised in relation to discharges. To address this issue the Trust agreed to form a Hospital Discharge group which commenced work in May 2014. All safeguarding matters and clinical incidents relating to discharge are now being reported to this group, which provides a governance structure specifically relating to discharges. The work of this group and issues in regard to safe discharges will be regularly reported to the Safeguarding Board.

Plans for coming year include:-

- Continue to develop our multi-agency relationships with our health and social care partners
- Ensure that our staff have the required training for their specific roles
- Further develop and embed the framework provided by the Mental Capacity Act and Deprivation of Liberty Safeguards throughout the Trust.
- Develop our work with patients who may need to have restrictions and restrains on their behaviours following the necessary assessment of their mental capacity and in their Best Interests.
- Develop work with our health and social care partners to achieve consistency in understanding and working to Safeguarding thresholds particularly in relation to care concerns and in effective discharge

- Improve the contents of the intranet and internet pages for the Trust around Safeguarding
- Review the Trusts internal Safeguarding Adults Quality Assurance process to ensure the organisation can audit compliance matched to our Safeguarding Adults Policies and Procedures.

NHS Slough Clinical Commissioning Group

The Clinical Commissioning Group (CCG) has its own internal Safeguarding policy which covers both adults and children's but is in line with the regional Berkshire Safeguarding Adults Procedures.

As the Clinical Commissioning Group is a newly formed organisation, the focus on Safeguarding over the last year has been about embedding Safeguarding in its core business. The Clinical Commissioning Group has also appointed a Nurse Director who is the executive for Safeguarding in the CCG.

The Central Southern Commissioning Support Unit was commissioned to support and assist the Clinical Commissioning Group's in discharging their duties for Safeguarding Vulnerable Adults during 2013/2014. In addition the Clinical Commissioning Group appointed a Head of Safeguarding in September 2013 to ensure that Adult Safeguarding was fully supported. The Clinical Commissioning Group has an active member who sits on the Adult Safeguarding Board in Slough, on the board and the Executive group as well as heading one of the boards' subgroups.

Over the last year the Clinical Commissioning Group has worked with primary care practices to improve awareness and participation in the Safeguarding agenda which has resulted in General Practitioners raising Alerts with Slough Borough Council. They have also worked on developing practical systems and processes that will ensure appropriate support to the Clinical Commissioning Groups as well as continuing to participate in the work around Winterbourne View.

Plans for coming year include:-

- Increased training around Prevent and Female Genital Mutilation.
- Updating polices on Mental Capacity Act, Deprivation of Liberty and Prevent Policy.
- Maintaining Adult Safeguarding Training at 90% of all staff
- Developing a Safeguarding Page on the Intranet providing updated information on Safeguarding Adult activity and policy
- Continuing to work with Slough Safeguarding Adult Board and subgroups.
- Extend and recruit to Safeguarding team to support the Safeguarding lead
- Continue to support Safeguarding Adult updates are part of Primary Care Training.
- Safeguarding lead to become joint chair of new subgroup of the board on Serious Case Reviews etc.

Royal Berkshire Fire and Rescue Service

In the previous year a safeguarding working group has been developing Royal Berkshire Fire and Rescue Service (RBFRS) safeguarding work and this will continue into the current year. This year there has been 9 referrals to Slough Safeguarding Service from Royal Berkshire Fire and Rescue Service and one area that was identified as a particular area of concern was in regard to hoarding and this is an area that Royal Berkshire Fire and Rescue Service wishes to develop working on. Royal Berkshire Fire and Rescue Service also continue to offer free fire Safety checks to the residents of Slough which are actively promoted by the Board and through Community Care Assessments.

Plans for coming year include:-

- Raising awareness of Royal Berkshire Fire and Rescue Service services so that partners are aware of services it can provide to support vulnerable adults. This can lead to, for example, Royal Berkshire Fire and Rescue Service being involved in discharge plans so that a timely home fire safety check can take place to ensure the fire risk at home is minimised.

- Royal Berkshire Fire and Rescue Service wishes to ensure that the full range of safety features can be considered to ensure that people can live independent lives at homes and to avoid or minimise admissions to hospital or into care due to accidents, including fire. This would include the use of sprinklers, as an example.

- Royal Berkshire Fire and Rescue Service can pass on referrals to other agencies when carrying out home fire safety checks including alerts in referrals for trips, slips falls interventions as well as safeguarding alerts.

- Improving information sharing (both internally and externally) through the implementation of a memorandum of understanding linked to the information sharing protocol which clarifies the type of information Royal Berkshire Fire and Rescue Service would receive and the type of information it would pass on.

- Improving partnership working with Safeguarding Adult Partnership Boards through the most effective means to support Royal Berkshire Fire and Rescue Service' pan Berkshire work.

- Royal Berkshire Fire and Rescue Service is seeking pan Berkshire routes to ensure it can work in partnership with adult safeguarding boards most effectively and efficiently.

- Royal Berkshire Fire and Rescue Service is working to raise awareness of the type of services provided, how these services can support those regarded as vulnerable by other services and ensuring that it receives

referrals from other agencies to support their work and the prevention work of Royal Berkshire Fire and Rescue Service.

- Royal Berkshire Fire and Rescue Service can support adult social care and public health targets such as promoting independence, reducing permanent admissions to care, increasing proportion of older people still at home after discharge from hospital and reducing mortality rates.

South Central Ambulance Service

South Central Ambulance Service (SCAS) work across the South Central Ambulance area with all their partner agencies to assure best practice in adult safeguarding. Slough Safeguarding Adults Board has a very good working relationship with South Central Ambulance Service and as partners they are constantly working to improve the quality of all our safeguarding alerts submitted. Over the last year South Central Ambulance Service submitted 365 issues of concern and these have led to four safeguarding investigations. South Central Ambulance Service are able to identify some of the most vulnerable people in the community and although many of the referrals do not lead to safeguarding investigations they do lead to people receiving help from other services including Health and Adult Social Care.

Plans for coming year include:-

South Central Ambulance Service and Berkshire Fire and Rescue services are going to be working more closely to train staff in safeguarding and sharing of information around fire risk. Along with this both South Central Ambulance Service and Slough safeguarding team will be working together to share information more closely around vulnerable individual's to ensure that all possible measures are in place to protect these people.

There are also plans ahead to implement an electronic recording system for ambulance crews which will enable them to electronically send safeguarding alerts to the safeguarding team, thus ensuring a faster response for service users.

Thames Valley Probation

This is a year of major change for the Probation Service on both a National and Local level. Therefore the focus for the Service has been to ensure that all staff receive Safeguarding Adults and Children's Training at point of entry and subsequent refresher points.

Plans for coming year include:-

- Nationally the Probation Service is dividing into two organisations from the 1st June 2014, the National probation Service and Community Rehabilitation Companies (1 for Thames Valley).
- Both organisations will have a strong focus on public protection, including Safeguarding Children and Vulnerable Adults.
- Both will be represented at Local Safeguarding Children and Adult's Boards.
- Appropriate Training will continue to be a high priority for both, as will auditing the quality of the case work undertaken.

Thames Valley Police

Safeguarding is a key principle which underpins the approach taken when dealing with those affected by crime be they victims, witnesses or offenders. This is reflected in the key Delivery Plan objectives which this year is:-

1. Cut crimes that are of most concern to the community
2. Increase the visible presence of the police
3. Protect our communities from the most serious harm
4. Improve communication and use of technology to build community confidence and cut crime
5. Increase the professionalism and capability of our people
6. Reduce costs and protect the front line

The Delivery Plan measures are:-

- Reduce the level of total violence against the person compared to 2013/14
- Increase the percentage of domestic abuse related violence with injury prosecution files submitted to the Crown Prosecution Service assessed as trial ready
- Maintain the outcome rate for violence against the person with injury at the level achieved in March 2014
- Reduce the level of domestic burglary compared to 2013/14
- Maintain the outcome rate for rape at the same levels achieved in 2013/14
- Increase the percentage of rape prosecution files submitted to the Crown Prosecution Services assessed as trial ready
- Obtain 168 cash detention orders
- Increase the hours of active duty worked by Special Constables

Plans for the coming year include:-

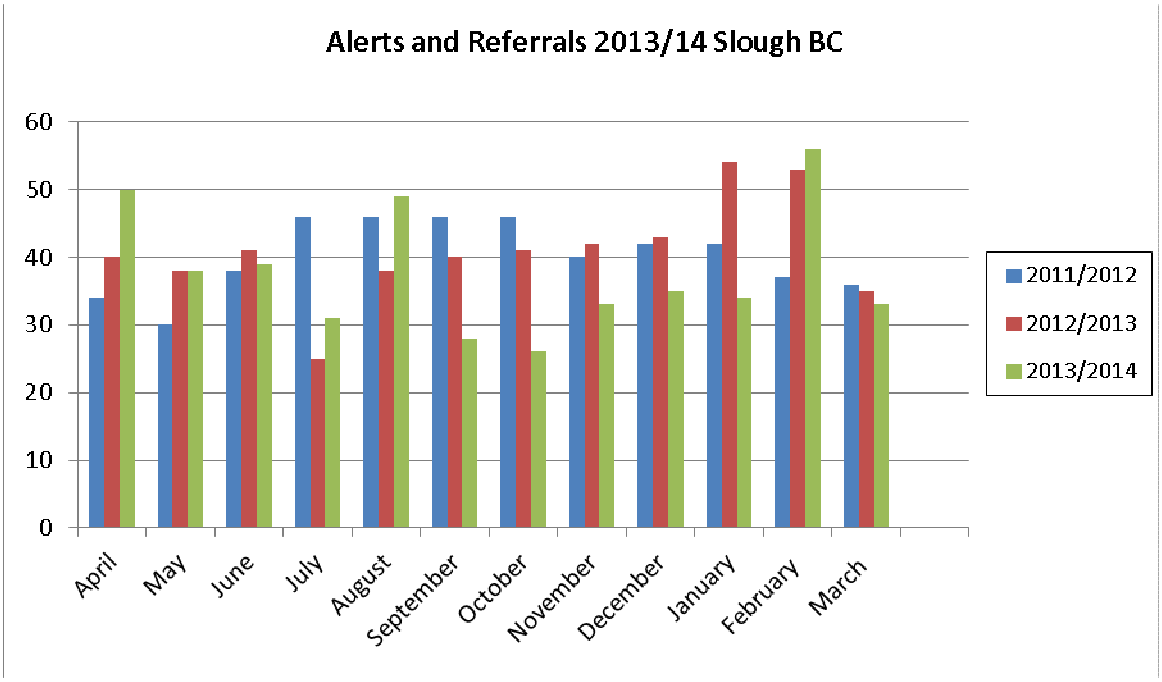
A Multi-Agency Safeguarding Hub (MASH) programme board has been created with a view to identify how to implement Multi-Agency Safeguarding Hub facilities across Berkshire. The aim is to increase multi agency decision making within the safeguarding arena for children and adults. A Multi-Agency Safeguarding Hub is a team of people who continue to be employed by their individual agencies (local authority, police and health services) but who are co-located in one office. This will improve the quality of information sharing between agencies in order that decision-making can be both quicker and better.

8) Key Patterns in Adult Safeguarding 2013/2014

i) Safeguarding Trends - Alerts and Referrals

Since April 2011 the Department of Health (Health Social Care Information Centre, 2014) has collected data from local authorities regarding Adult Safeguarding activities. One of the problems that this data collection has highlighted is the different terminology that each local authority uses, for instance some authorities have both alerts and referrals and others such as Slough only count alerts. Therefore it is hard to compare the statistics produced.

The latest Department of Health data set came out in 2014 and related to the period 2012/2013 (HSCIC, 2014), which showed a 20% increase in Alerts across 78% of councils. Looking at the alerts in Slough there was a similar increase in alerts in 2012/2013 16 on the previous year. However this year there was a slight decrease in alerts with 452 alerts compared to 499 in 2012/2013.



There are several reasons for this year's decrease in alerts in Slough compared to the national trend of increasing figures. One reason is due to the composition of the population of Slough which is much younger than most other authorities; therefore we are not seeing the increase in dementia cases which is happening in most other parts of the country, which would in turn increase the safeguarding alerts both in terms of issues in the community and in care homes.

In 2013/2014 we saw locally the move of the Mental Health inpatient resource moving to Reading and therefore any issues of abuse within the hospital have moved from Wexham Park and Upton Hospital to Reading which would be reflected in lower alerts to Slough Borough Council.

A more proactive reason for the decrease in alerts is due to the work of the Care Governance Board which has been working closely with care homes in Slough to improve the quality of care that is given to residents. A good example of this can be seen in pressure ulcers in care homes. Prior to the work undertaken by the Care Governance Board there was discrepancy in the way in which pressure ulcers where reported. So that prior to 2013/2014 care homes and district nurses would report all pressure ulcers that were level 3 or 4, those that are considered to be serious. However, not all of these pressure ulcers were due to abuse, it could be that the person was living on their own and had not asked for help, or that they had refused support or that their health was such that they would have developed pressure ulcers even with support. In 2014 work was done with both care homes and the district nurses to ensure that only those pressure ulcers which were likely to have been caused by abuse were reported. This has significantly reduced the number of inappropriate alerts regarding pressure ulcers

In 2013/2104 the Care Governance Board worked with the local care homes ensuring a closer working with the care homes, contracts and the safeguarding team. This again has led to more effective working practices and many of the alerts that would have previously been made under safeguarding have now been dealt with under contractual compliance. This has enabled the contracts team to work with the care homes on a whole range of issues improving quality across the homes rather than in just one area which often would have been the case if the matter had come in through safeguarding.

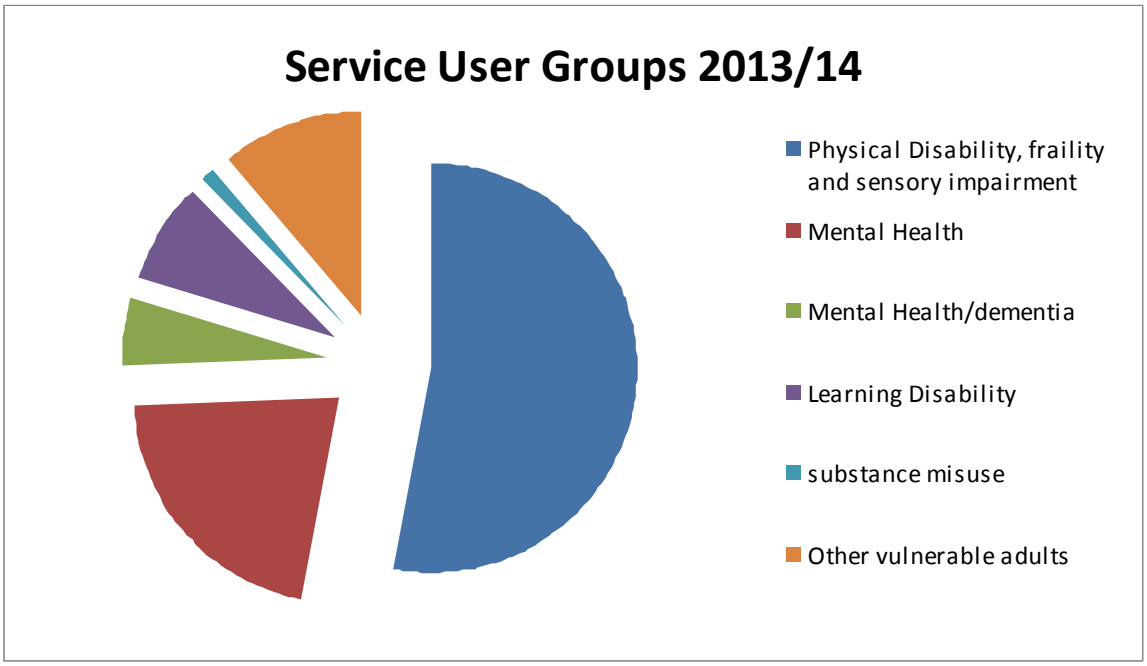
Plans for the coming year include:-

Over 2014/2015 there is plans to move to an electronic system of recording adult safeguarding which will enable reporting on both alerts and referrals. We are also planning on more events with our care providers in 2014/2015 to continue to develop the quality of care with both our care homes but also our home care providers.

ii) Service User Trends

Slough has a young population in relation to other local authorities within the surrounding area. If we look at the service users who are referred to adult safeguarding in Slough, we still have a higher number of people with physical disability, frailty and sensory impairment compared to other client groups. In the previous 2012-13 year, the highest proportion was for Physical Disability, Frail or Temporary Illness (55%) followed by Mental Health (16%), Vulnerable Adult

(Other) (9%), Learning Disability and Mental Health Dementia (both at 8%) and smaller values of sensory impairment and substance misuse.

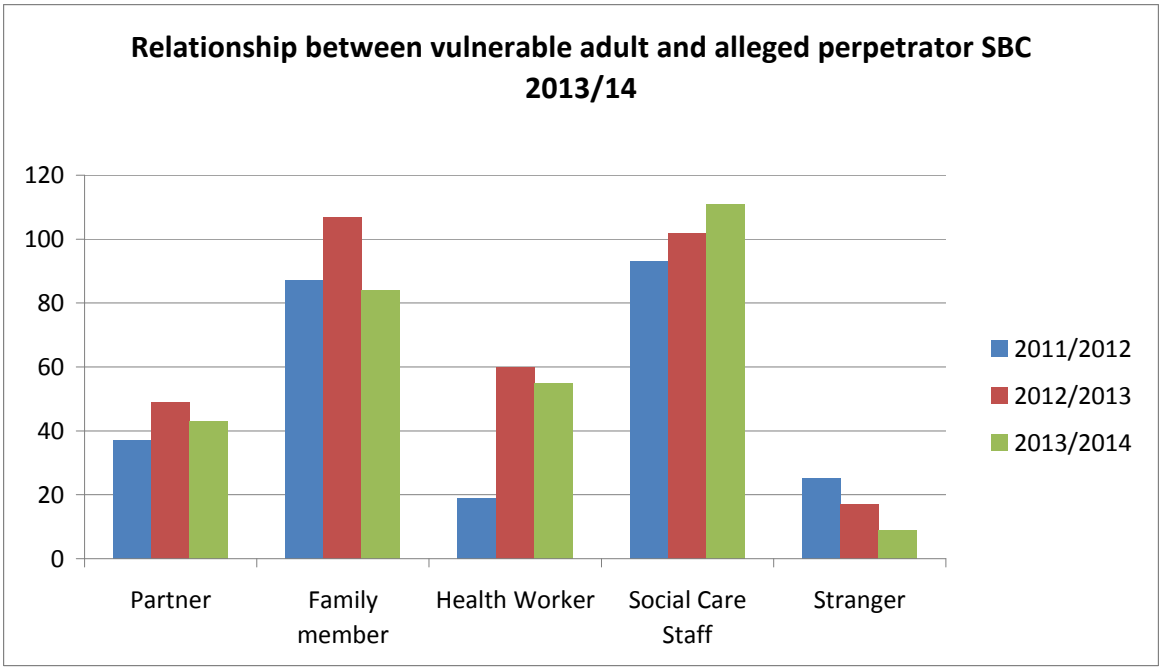


However, as mentioned in the earlier section there is a relatively low number of people with dementia living in Slough compared to nationally, this is due to the composition of the population and this is reflected in the safeguarding figures.

Plans for the coming year include:-

One area that would appear to be under reported in Slough are people with a substance misuse, we know from our figures of those people who use these services and those clients with a dual diagnosis of mental health and substance abuse that there is a high number of these people in Slough and that these people are vulnerable, but they tend not to be referred to Adult safeguarding. In 2014/2015 we plan to do more work on publishing our Chaotic Lifestyles Scheme to try and ensure that these service users are supported to remain safe as these people represent some of our most vulnerable residents.

In terms of the relationship between who the vulnerable adult is and who their alleged perpetrator is, we can see that this relationship has remained the same for the last three years.



Vulnerable adults would appear from our statistics to be abused more often by Social Care workers than any other group; however, this could be more to do with reporting of abuse than actual incidents of abuse. In that referrals tend to come in about those clients who are already receiving care from Social Care staff rather than those whose care arrangements are reliant on family or informal care.

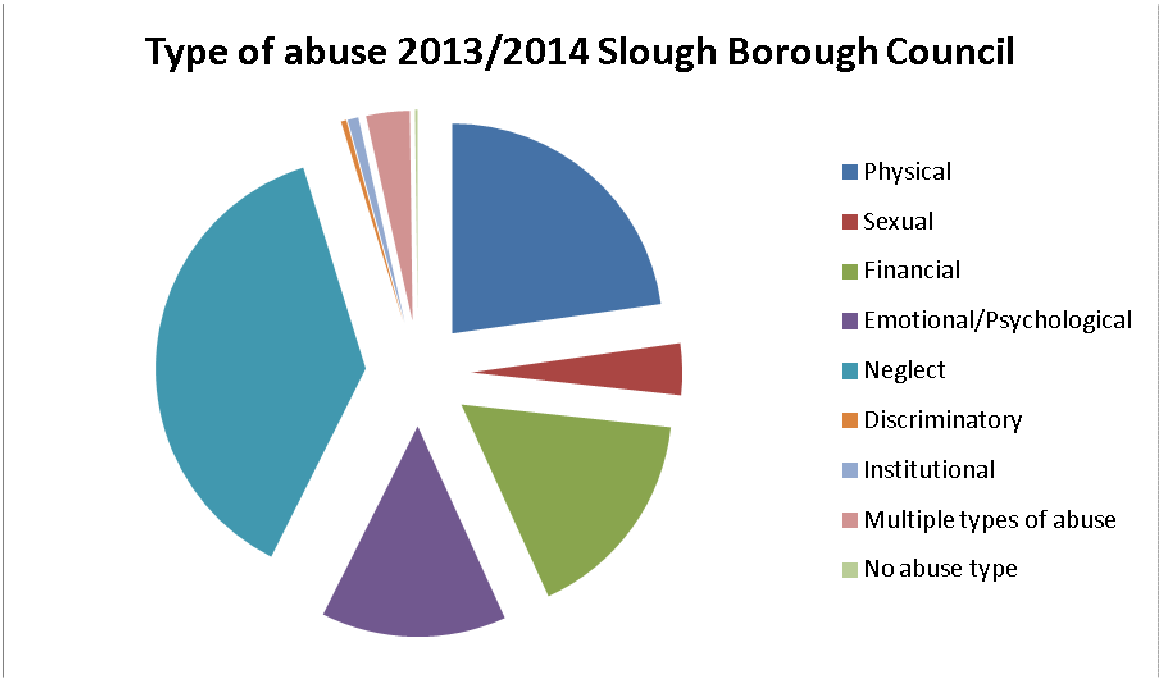
Plans for the coming year include:-

We are aware that there is a high level of domestic abuse within Slough. Thames Valley police said that they had received 3,786 reports of domestic abuse in 2013/2014 compared to 3,500 in previous reporting period. We would therefore expect an equally high level of domestic abuse amongst vulnerable adults. Although we are getting slightly less alerts regarding domestic abuse in 2013/2014 the cases that we have had, have been far more complex and have resulted in several repeat safeguarding alerts and applications to the Court of Protection. Therefore we will be working more closely with Community Safety and their new domestic abuse coordinator to raise awareness of domestic abuse amongst vulnerable adults and work with our service providers to support these victims.

iii) Nature of abuse

There are seven categories of abuse that we record; these are laid out in the chart below. This chart only shows the type of abuse reported which is not necessarily the same as the type of abuse that actually occurred. For instance there is clearly an under reporting of discriminatory abuse, for most abuse of a vulnerable adult could be seen as discriminator as often the reason a vulnerable adult is abused is because of their race, age, disability etc. This relates to the previous year when

the highest proportion then related to neglect, at 42.3% of referrals received, and followed by physical abuse at 25.7%.



The most common type of abuse reported in Slough is neglect, which mirrors the national picture (HSCIC, 2014). This is closely followed by physical abuse. One of the reasons for the high level of reported neglect cases could be due to the national scandals that we have seen over the last few years with Winterbourne View and Stafford Hospital and therefore people are more aware of abuse in care homes and are more willing to report abuse in these institutions.

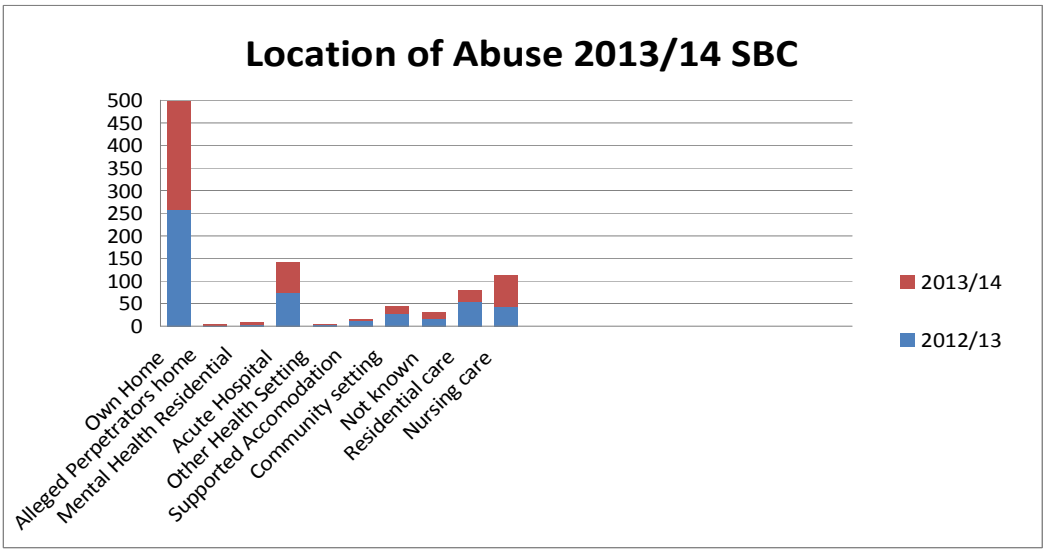
In Slough we have done a lot of work with Heatherwood and Wexham Park hospital (see section 7 (ii)) to raise awareness of abuse but also to raise the standard of care within the hospital, we have done this by developing a multi-agency monitoring group to look at individual cases of abuse to see if any lesson can be learnt and the results of which are fed back to wards and individual staff.

Plans for the coming year:-

One area that we intend to continue to work on is financial abuse. In 2013/2014 we only received 10 alerts regarding financial abuse. This is a very low number and if we look at the research done by Help the Aged (2006) we should expect more cases of financial abuse. We have been working with our partners in Community Safety looking at Scams and electronic fraud and there is clear evidence that this is a problem in Slough, were we need to continue this work as well as raising awareness amongst our population about financial abuse and ways to protect themselves. This work will be undertaken primarily by the Safeguarding Adult's Board Communication subgroup.

Iv) Location of abuse

Since we have started to collect data regarding adult safeguarding it has always been the case that vulnerable adults are more likely to be abused in their own home, particularly when they are isolated. This continues to be the case and in 2013/2014 we had over 240 alerts regarding vulnerable adults being abused in their own home which reflect 54% of all alerts. Bearing in mind what was said earlier about the increased reporting of abuse by care providers, it shows that being in care is not as dangerous as the media (BBC Panorama Programme 2014) would like to portray and that isolation is more likely to lead to abuse than being in care.



Plans for coming year include:-

We are planning on targeting resources in 2014/2015 on raising awareness of abuse in people's own homes by working closely together with our colleagues in Community Safety, in particular with Domestic abuse services. Our contracts and commissioning teams will also be focusing on care agencies, looking at developing the range of agencies we have in Slough as well as the quality of these services.

v) Repeat Alerts/Referrals

A repeat Alert/Referral is where a vulnerable adult has been involved in more than one safeguarding incident within the same reporting period, i.e. in twelve months. So for instance, an older person who is financial abused and then is physically abused.

Nationally, Health and Social Care Information Centre (2014) report that there were over 19,000 repeat alerts/referrals in 2014 and the groups of people more likely to be victims of repeat alerts/referrals are women 61% and people aged between 18 and 64, 46%.

In Slough, 17% of our cases are repeat alerts/referrals, which represent a slight decrease from 2012/2013 with 18%. During 2013/2014 an audit of all repeat referrals was undertaken to try and understand the nature of repeat abuse. The audit highlighted three areas where abuse was reoccurring:-

1) Those adults who were vulnerable due to their poor health. Those people who were terminally ill, or had poor general health or who had challenging behaviour. These clients were more likely to be abused in different settings and at different times.

2) The second group were those who were at home and were experiencing domestic abuse. This was often due to the fact that multiple alerts were made to safeguarding regarding these adults but often they would refuse the support we offered them.

3) Finally there were some vulnerable adults for whom there seems to be no discernable pattern as to why they suffer two or more incidents of abuse, other than their reliance on others to support them.

Plans for coming year include:-

In order to address the issues raised by repeat alert/referrals we will continue to work with our colleagues in health to ensure that people's health needs are met; this is particularly the case when it comes to pressure ulcers.

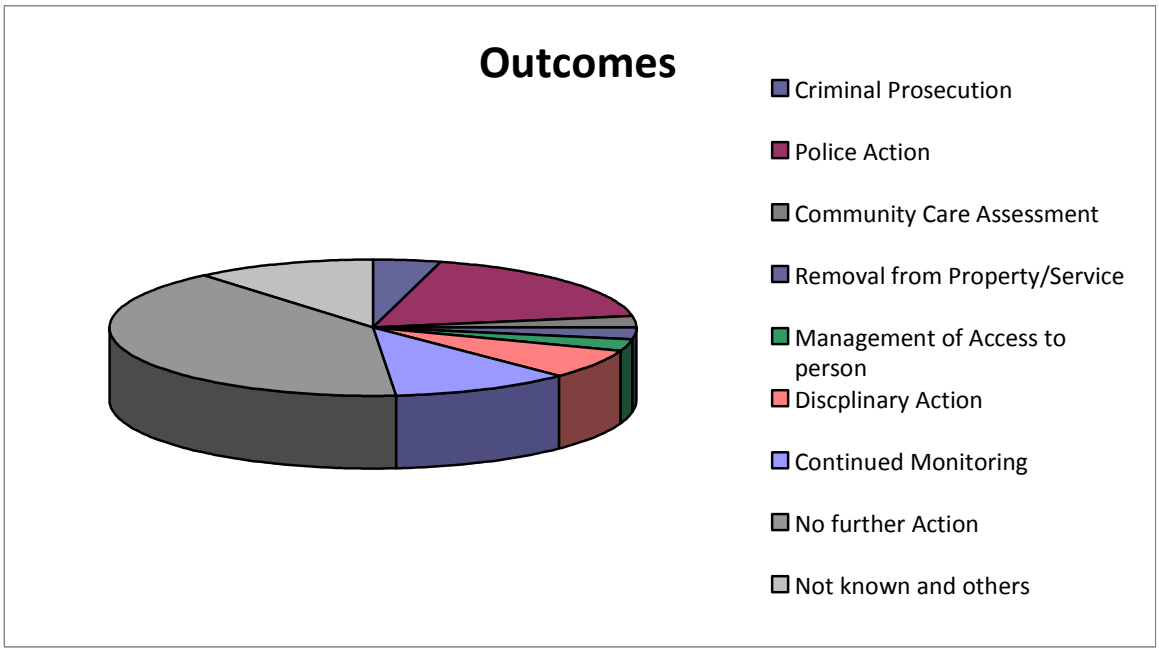
Secondly, in relation to those vulnerable adults who are abused at home, we will be adopting the "Making Safeguarding Personal" model which starts by asking people what they want from adult safeguarding and it is hoped by using this model that we will work alongside people and try and achieve the outcome they want rather than traditional outcomes that we have worked towards, so reduction of harm rather than necessarily removing all risks. This again will involve us working more closely with our colleagues in Community Safety and Domestic abuse services.

vi) Outcomes

There are national outcomes that the Department of Health requires us to report on. These are the outcomes for the alleged perpetrator and not for the victim. A single completed Alert/Referral may result in more than one type of outcome.

Nationally the most frequently reported outcome is No further Action at 35% (Health and Social Care Information Centre, 2014) and in Slough it is also our highest reported outcome at 40%. Our second highest outcome was Continued

Monitoring at 11%. However the Care Governance Board undertook some work in this area and found out that staff were using “Continued Monitoring” incorrectly where they should have been using “No Further Action” and this has now been addressed through raising awareness of this amongst our staff group and it is anticipated that this will affect the statistics in 2014/2015.



One area that we have seen an improvement in, is regarding Police Action which is now 18% compared to 6% in 2012/2013. Although the figures are still low this does represent a significant improvement and illustrates the success of joint working with Thames Valley Police and Slough Borough Council. However, there are still very few successful prosecutions and this is clearly an area that the Board needs to further work on.

Plans for coming year include:-

In 2013/14 Slough took part in the “Making Safeguarding Personal” pilot and the Safeguarding Adults Board has agreed that this pilot can now be expanded. In 2014/2015 we will be taking part in the next stage in the project as well as rolling out the methods put forward in the model. The model means that the person being abused is involved in the safeguarding process from the outset and their views and wishes are recorded throughout the safeguarding process. These will be reported on in the next Annual Report. It is hoped that by focusing on what the vulnerable adult wants that we will reduce the number of repeat referrals and that people will feel safer and in charge of their own lives.

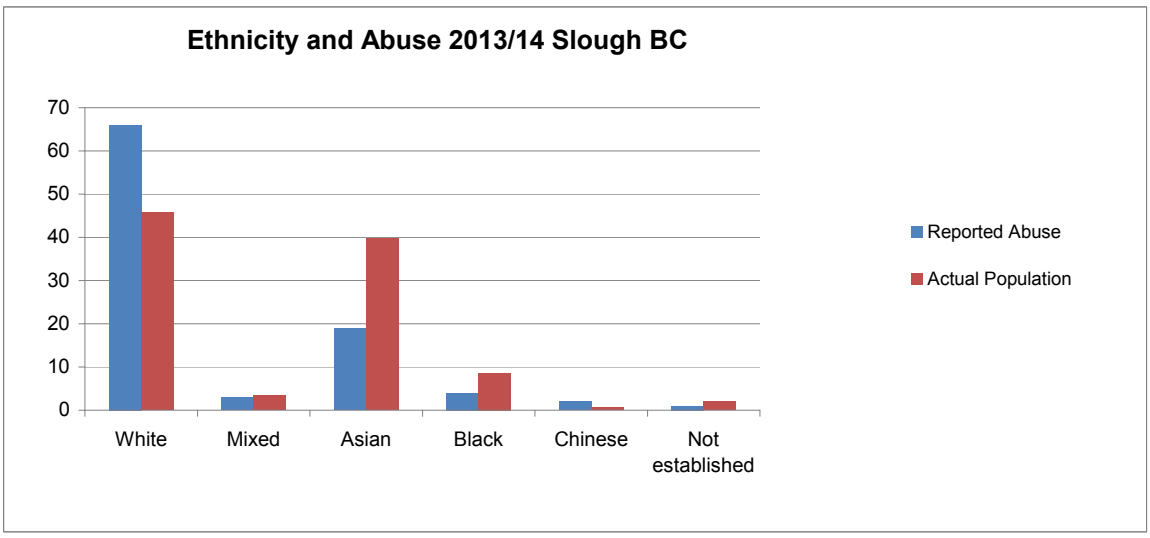
vii) Ethnicity of victims

Slough is a diverse town. According to 2011 Census data, 34.5% (Office National Statistics, 2011) of residents in Slough are of White 'British' ethnicity. The Pakistani and Indian communities continue to be the two largest ethnic groups in the town with 17.7% of residents being Pakistani, the second highest proportion for this ethnic group across England and Wales and 15.6% of residents being Indian. 56.2% of households have all household members of the same ethnic group.

Languages
There are a wide range of languages spoken in Slough. Whilst many households have at least one member who speaks English as a main language, the 2011 Census revealed that 15.5% of households do not include anyone for whom English is the main language.

Religion and belief
Slough is also a religiously diverse town. The vast majority of Slough residents follow a religion, with the town having one of the lowest recordings of people declaring "no religion" in the 2011 Census. Slough has the largest proportion of Sikh residents in the country (at 10.6%). Nearly one quarter of residents are Muslim (23.3%). 41.2% of residents are Christian.

The low number of Alerts from our minority communities may reflect the double isolation of victims of abuse in the minority communities. If we look at the HSCIC data for 2012/2013 88% of referrals where from white vulnerable adults compared to only 6% from ethnic groups. This is not as significant as it is in Slough with its predominately ethnic minority clients.



Plans for coming year include:-

It is clear that we have an under reporting of abuse amongst certain parts of our community and therefore one of the tasks of the Communication subgroup is to look at how to reach these parts of our community. It will also remain part of the Safeguarding Adults Board Strategic business plan.

9) Multi-Agency Safeguarding Forums.

I) Multi-Agency Risk Assessment Conference (MARAC)

A Multi-Agency Risk Assessment Conference (MARAC) is convened on a monthly basis and is chaired and administered by Thames Valley Police. A range of statutory and voluntary partners attend the meeting including adult safeguarding, children's social care, housing, Berkshire Healthcare Foundation Trust, Thames Valley Probation, Berkshire East & South Bucks Women's Aid (BESBWA) and Slough Domestic Abuse Services (SDAS) The role of the IDVA(independent domestic violence advisor)is key. The Independent Domestic Violence Advisor who attends the meeting to represent the views of the victim and they provide short term independent advice, information and support to domestic abuse victims identified as being at high risk of harm.

The Multi-Agency Risk Assessment Conference is focused on supporting identified high risk victims of domestic abuse, through sharing information to increase the safety, health and well-being of victims (adults and children. A multi-agency safety plan is agreed to reduce the risk of harm, reduce repeat victimisation, improve agency accountability, and improve support for staff involved in high risk domestic abuse cases. The Multi-Agency Risk Assessment Conference follows guidance set out by Coordinated Action against Domestic Abuse (CAADA).

Slough data - all figures relate to the 12 month period 1st October 2012 – 30th September 2013)

	East Berkshire (Slough)	CAADA's recommendation[1]	Thames Valley	Most Similar Force group[2]	National data
Number of MARACs sending in data	1	-	12	54	270
1. Number of cases discussed	189	210	1,272	12,015	62,319
2. Cases per 10,000 of the adult female population	35.2	40	14.6	25.1	26.4
3. Number of children	281	-	1,936	16,013	80,265
4. Referrals from partner agencies	51%	25-40%	45%	36%	40%
5. Referrals from police (%)	49%	60-75%	55%	64%	60%
6. Repeat referrals (%)	19%	28-40%	15%	25%	24%

[1] For a full explanation of CAADA's recommendations and points to consider please see our website.

In response to the change to the government definition of domestic abuse earlier this year, Multi-Agency Risk Assessment Conference's are now collecting additional data on young people aged 16 and over. An analysis of this will be available in March 2014.

ii) Multi-Agency Public Protection Arrangements (MAPPA)

Multi Agency Public Protection Arrangements are established by statute and have clearly defined responsibilities. The Multi Agency Public Protection Arrangements focus is on the management of registered sex offenders, violent and offenders who pose a serious risk of harm to the public. Adult Safeguarding is represented at the

Multi Agency Public Protection Arrangements to ensure that where appropriate offenders who may pose a risk to vulnerable members of our community are identified and management plans put in place.

All statutory agencies signed up to the Multi Agency Public Protection Arrangements process attend on a regular basis. Detailed information from prison staff has proved invaluable in understanding prisoners attitudes and progress prior to them being released and has contributed to the multi agency public protection.

iv) Domestic Abuse Agencies

Berkshire East and South Bucks Women's Aid

Over the period 2013/14 Berkshire East and South Buck's Women's Aid made 4 Alerts to Slough Borough Council compared to 2 in the period 2012/13, which illustrates the impact of training on staff within Women's Aid on Safeguarding.

The key Strategic Targets for Berkshire East and South Bucks Women's Aid for 2013/14 were:-

- Prevention of domestic abuse
- Early Intervention of domestic abuse
- Provision of Services to support women who are being abused
- Reducing Risk of further abuse

Plans for coming year include:-

- Training of staff on safeguarding and related matters
- Review of Service Standards
- Case Reviews are monthly
- Policy Reviews in particular of Safeguarding Policies and Procedures. .

Slough Domestic Abuse Services

Over 2012/2013 Slough Domestic Abuse services have been working on replacing their Adult Protection policy with a new "Safeguarding Adults who are at risk of abuse" policy. This version addresses changes in staffing structures, broadens out the scope of safeguarding work beyond the narrow domain of protection and is a positive response to the revised Quality Assessment Framework, April 2009. This version makes reference to new bodies such as the Independent Safeguarding Authority and the Care Quality Commission and is informed by the report on the review of "No Secrets" published in July 2009. They have also been working on ensuring that they are training all their staff on Adult Safeguarding and ensuring that they have support for their staff when they make a referral.

Plans for coming year include:-

- In House Refresher Training for all staff, following the promotion of Safeguarding Adults Training in Slough
- Our Multi-Agency Working protocols are planned to formalize partnership work with key partners in Slough.

10) Mental Capacity Act

The Mental Capacity Act came into force in 2007 and set out processes by which an assessment of capacity must be undertaken to be legally valid. The associated Code of Practice:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf

In Section Eight of this report discusses the training that has been commissioned by Slough Borough Council around Mental Capacity and Deprivation of Liberty Safeguards. It was decided that the staff in the Wellbeing directorate of Slough Borough Council had a basic understanding around the Mental Capacity Act but now needed support in understanding how it worked in practice. Therefore specialist Master Classes where arranged to look at case studies around Mental Capacity and Best Interest decisions. The impact of this training will be measured though ongoing audits of safeguarding work within Slough Borough Council.

In March 2014 the House of Lords produced a report on the national implementation of the Mental Capacity Act and as can be seen below concluded that this was patchy and that there was still a lack of consistent understanding amongst workers and professionals around the Act. This paper was presented to the Safeguarding Board inn March 2014 and will form part of the board's ongoing action plan and part of the work programmes of the training subgroup and performance and quality subgroup.

Mental Capacity Act 2005: Post-legislative scrutiny, 13 March 2014

The House of Lords Select Committee was appointed to carry out a scrutiny of the Mental Capacity Act 2005. The results lead to a report of over 143 pages and highlighting a whole host of failings related to the Act and its implementation. However the Committee were unanimous in being in favour of the Act and its potential to change people's lives.

The report makes it clear that in the Committee's view the Act is not working mainly because people don't know about the Act and when they do know about it they don't understand it. The strongest criticisms where made about the Deprivation of Liberty Safeguards, stating that they are not used widely enough and when they are used they are used to oppress individuals rather than empower them which is the philosophy of the Act.

The Committee's recommendations relate to improved clarity, publicity and understanding; promoting improved training for all professions likely to need to apply the provisions of the Act; more resourcing in regard to the Court of Protection and engagement by members of the public with the standards in the Act and possible deprivation of liberty.

11) Deprivation of Liberty Safeguards in Slough

The Mental Capacity Act Deprivation of Liberty Safeguards (DOLs) was introduced in April 2009. They provide for the lawful deprivation of liberty of those people who lack capacity to consent to arrangements for their care or treatment in either hospitals or care homes and who need to be deprived of their liberty in their own best interests. Hospitals and care homes have been responsible for applying to the relevant Primary Care Trust or Local Authority respectively who has been responsible for either authorising or declining the application following a robust assessment. In April 2013 the responsibility for all assessments was transferred to Slough Borough Council with the dissolution of the Primary Care Trusts.

In Slough the Deprivation of Liberty Team sits within the Adult Safeguarding Team who manages the service with the support of Best Interest Assessors from a range of Social Care teams within Slough Borough Council, in both Adult Care and Mental Health Teams. This allows for a range of Best Interest Assessors to be available which enables the right assessor with the necessary skill base to work with a certain Service user group to be appointed (Department Of Health (2009) Code of Practice, 4.14).

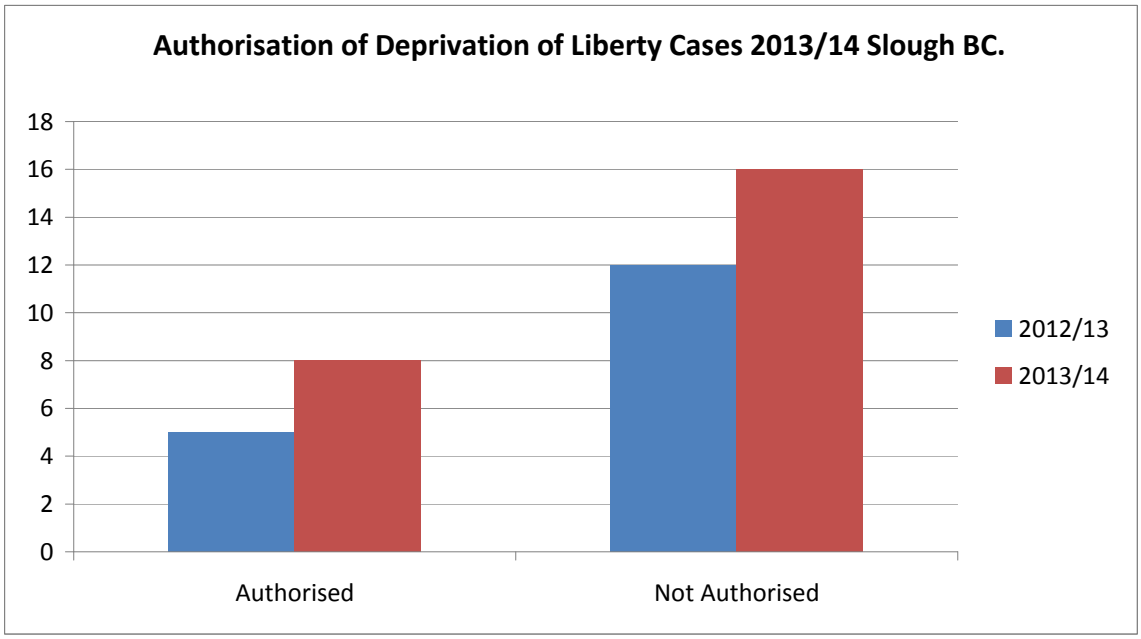
There are now ten Best Interest Assessors working for Slough Borough Council, and we currently have three Best Interest Assessors going through the Best Interest Assessors training programme provided by Bournemouth University. This ensures that we have the necessary number of Best Interest Assessors to meet the needs of the Service. We have also recently introduced a re-approval panel to ensure ourselves that our Best Interest Assessors remain competent to practice and are up to date in their knowledge base. This is supported by Best Interest Forums which are open to all Best Interest Assessors to provide support, information and a vehicle to enable case discussion and to share good practice.

Slough Borough Council runs an annual training day for Managing authorities this year it was held on the 10th October 2013 and was attended by 22 Home Managers from provider organisations.

i) Deprivation of Liberty Safeguard cases

During 2013/2014 Slough Borough Council received 24 Deprivation of Liberty Safeguard applications, of these 24; six came from hospitals and 18 from care homes. This compares to 15 applications in the same period 2012/2013. The

largest group of applications this year were from clients with a physical disability, followed by those with a learning disability. Below is a chart showing the number of applications that were authorised by Slough Borough Council.



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It is difficult to make comparisons nationally or with other authorities as again there are discrepancies in the way in which data is collected and reported. The amount of applications is also affected by how many care homes are in an area, particularly in relation to self-funding applications. The increase in applications again can be related to an increase in public awareness through Winterbourne View, Stafford hospital, or more specifically to the high profile case of Stephen Neary (Re Steven Neary; LB Hillingdon v Steven Neary (2011) EWHC 1377 (COP)).

It is anticipated the impact of the recent appeal case of P v Cheshire West and Chester Council and, P and Q v Surrey County Council (2014) UKSC 19 is that we will have a rush of applications due to what now appears to be a lowering of the threshold of what constitutes a DOLs, the so called "Acid Test". As the judge said "A gilded cage is still a cage".

Plans for coming year:-

In order to ensure that Slough Borough Council is able to meet the anticipated increase in demand, an action plan will be created. This will include plans to train more Best Interest Assessors and to provide additional training both internally and externally.

Case Study

Deprivation of Liberty Safeguards

Mr Joshi (name changed) was born in Spain and came to England with his wife in the 1960's where he raised his family, of two sons. He suffered an injury at work which meant that at the age of 45 he was no longer able to work and was cared for at home by his wife.

In the last few years Mr Joshi started to experience memory problems and was diagnosed with dementia in 2010. His started to become paranoid and would follow his wife around the home it got to such a stage that his wife could no longer cope with him at home and he was moved into a care home.

Within days of being in the care home, Mr Joshi tried to escape climbing out of an open window. He was stopped by carers and as a result became quite aggressive and hit out at the care staff. Over the next two days the situation deteriorated and the manager of the home put in an urgent Deprivation and a request to the Supervisory body, Slough Borough Council for a standard authorisation.

The Best Interest Assessor visited Mr Joshi to carry out the assessment and spend time with Mr Joshi, his wife and the care staff finding out about Mr Joshi and the care and treatment that was being provided to him at the care home.

The Best Interest Assessor concluded that Mr Joshi needed a high level of care and treatment but felt that the care home was not the best place for him to receive that treatment. They felt that he needed to be in a more secure environment with staff more experienced in dealing with challenging behaviour. Therefore although he was being deprived of his Liberty, this was not in his Best Interest. They recommended that he may need to go into a Psychiatric Hospital. At the same time the Mental Health Assessor, Dr Jones also concluded that Mr Joshi' care needs meant that he would be ineligible for Deprivation of Liberty Safeguards but eligible for the Mental Health Act and arranged for a Mental Health Assessment to take place.

Mr Joshi was assessed by an Approved Social Worker and placed under Section 2 of the Mental Health Act, in the local Psychiatric hospital. Since being in the hospital his mental health has stabilised and he is more settled and the staff are looking with him and his wife for a longer term placement.

iii) Independent Mental Capacity Advocacy

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for them.

The Act sets out core principles and methods for making decisions and carrying out actions in relation to personal welfare, healthcare and financial matters affecting people who may lack capacity to make specific decisions about these issues for themselves.

The Act introduces several new roles, bodies and powers, all of which support the Act's provisions. One of the new services created by the Act is the Independent Mental Capacity Advocacy (IMCA) Service, which introduces the new role of the Independent Mental Capacity Advocate (IMCA).

Independent Mental Capacity Advocate (IMCA)

The purpose of the Independent Mental Capacity Advocacy Service is to help particularly vulnerable people who lack the capacity to make important decisions about serious medical treatment and changes of accommodation, and who have no family or friends that it would be appropriate to consult about those decisions. The role of the Independent Mental Capacity Advocate (IMCA) is to work with and support people who lack capacity, and represent their views to those who are working out their best interests.

In Berkshire we have a contract across all six counties with POhWER and their annual report for Slough is provided below:-

In Quarter four we received 4 new referrals with 4 issues. From September 2013 to year end we have received 16 new referrals with 17 issues. Three cases with three issues were closed in quarter four with 12 cases with 13 issues over the full 6 month reporting period.

Of the two people whose client group/s were defined by the decision maker the client group most often supported are those with dementia . Change of Accommodation and Care review are the only issue types supported and closed in quarter four.

Plans for coming year include:-

The current contract for IMCA's is due for renewal in the next financial year and will need to be re-evaluated in light of the increase need for IMCA's due to the development's within the legislation around Deprivation of Liberty Safeguards.

Appendix One

Membership of Slough's Adult Safeguarding Board 2013/2014:-

- Independent Chair
- Director of Wellbeing, Slough Borough Council
- Assistant Director of Adult Social Care, Commissioning and Partnership Slough Borough Council
- Commissioner for Health & Wellbeing, Slough Borough Council
- Councillor, Slough Borough Council
- Head of Safeguarding and Learning Disabilities Slough Borough Council
- Safeguarding Development Manager, Slough Borough Council
- Safeguarding Co-ordinator, Slough Borough Council
- Community Safety Manager, Slough Borough Council
- Locality Director for Slough, Berkshire Health Foundation Trust
- Director of Nursing, Berkshire East Clinical Commissioning Group
- Associate Director of Nursing Wexham Park Hospital NHS
- Chief Executive, Slough Mencap
- Local Area Manager, Care Quality Commission
- Scheme Manager, Slough Crossroads Care
- Area Manager Prevention and Protection -Royal Berkshire Fire and Rescue Service
- Clinical Manager, Named Professional for Safeguarding and Prevent Lead South Central Ambulance Service
- Healthwatch
- Chief Officer, Slough Community Voluntary Services
- Head of Operations, Berkshire and Buck's Women's Aid

Appendix Two

Slough Safeguarding Adults Partnership Board

Terms of Reference and Board Membership

Background

The Department of Health document "No Secrets" (March 2000) recommended the establishment of Adult Protection Committees to oversee multi-agency scrutiny of the protection of vulnerable adults from abuse. Until 2008 Windsor & Maidenhead, Slough and Bracknell have operated an East Berkshire wide Safeguarding Adults Board.

On-going developments and work with government regulators reinforce that the statutory lead for Safeguarding remains with each local authority. To meet this requirement and be responsive to its local population, Slough along with the other unitary authorities, will have its own Safeguarding Adults Board from 2009.

PRINCIPLES AND AIMS OF THE BOARD

All adults:

- Have the right to live their life free from violence, fear and abuse.
- Have the right to be protected from harm and exploitation
- Have the right to independence, which involves a degree of risk.
- Have the right to be listened to, treated with respect and taken seriously.

The role of all statutory agencies, their partners, carers and users of services within the Borough of Slough have a duty to ensure that these principles are upheld and take action where these rights are infringed.

The Safeguarding Adults Partnership Board (The Board) recognises and adopts the approach to adult protection as specified under "No Secrets", the Mental Capacity Act and other related legislation and policy. In line with the key principles set out in the Berkshire Policy and Procedures (p12), member organisations of The Board will:

- Reaffirm their commitment to a policy of zero tolerance of abuse within each of their member organisations.
- Take seriously the duty placed on public agencies under Human Rights
- Legislation to intervene proportionately to protect the rights of citizens.
- Act on the principle that any adult at risk of abuse or neglect should be able to access public organisations for advice, support and appropriate protection and care interventions, which enable them to live without fear and in safety.
- Recognise that except where the rights of others would be compromised, citizens have a right to make their own choices in relation to safety from

abuse and neglect. Interventions will be based on the presumption of mental capacity unless it is determined that an adult does not have the ability to understand and make decisions about his or her own personal well-being and safety.

- Recognise the right to privacy. Information about an adult who may be at risk of abuse and neglect will only be shared within the framework of the Safeguarding Adults Information – Sharing Protocol.
- Recognise their public duty to protect the human rights of all citizens including those who are subject of concern but who are not covered by the Safeguarding Adults Procedures. This duty falls on each of the Board's member organisations who will offer signposting, advice and support, as appropriate to their organizations.

The Board is positively committed to opposing discrimination against people on the grounds of race, religion, gender, age, disability, marital status or sexual orientation.

The role of The Board will be to work as a multi-agency group that has:

- Strategic and operational leadership and stewardship in maintaining these principles, working as a multi-agency group.
- Effective strategic governance of safeguarding at senior management level across partner organisations
- Public accountability for safeguarding arrangements and outcomes.
- Informs and support East Berkshire and cross boundary safeguarding arrangements.
- Addresses poor practice, robustly acting in ensuring these principles are maintained, taking actions wherever and whenever necessary.

OBJECTIVES

As a multi-agency Board of senior representatives, the Board will carry out the following key functions:

- Oversee the development of effective interagency policies & procedures for safeguarding and promoting the welfare of these adults within the Slough Borough.
- Provide support and guidance to communities and organisations to ensure that in Slough we are actively identifying and preventing the circumstances in which neglect and abuse occurs, promoting the welfare and interests of vulnerable adults.
- Develop a robust overarching strategy for Safeguarding in Slough, within which all agencies set their own strategy and operational policy.
- Raise awareness, knowledge and understanding of abuse and neglect in order that communities and organisations know how to respond effectively and coherently where issues arise.
- Engage and encourage dialogue with Borough Partnerships (within Slough and where appropriate across Berkshire) with responsibilities for the safety

and welfare of all adults so that we are all able to respond effectively to vulnerable adults.
- Ensure that vulnerable adults who use services we provide or commission are safe and their care and treatment is appropriate to their needs.

Ensure that each organisation has systems in place that evidence that they discharge their functions in ways that safeguard vulnerable adults.

- Become a Board that together learns and shares lessons from national and local experience and research.
- Develop systems to audit and evaluate the impact and quality of safeguarding work that enables for continuous improvement of interagency practice, including lessons learned from practice.
- Develop and maintain a strong and evolving network of stakeholders including vulnerable adults, their carers and advocates.
- Promote best practice in prevention and investigation by learning from and contributing to national research and policy development, ensuring that this is acted upon.
- Undertake joint serious case reviews where a vulnerable adult when it is confirmed or there is strong evidence to suggest that an adult has died, been significantly harmed or put at risk as a result of abuse or neglect.
- Ensure coordinated and timely operational processes, for identifying and investigating any incidents of abuse and protect vulnerable people.

In order to achieve these objectives, organisations and agencies agree to:

- Work together on the prevention, identification, investigation and treatment of alleged suspected or confirmed abuse of vulnerable adults.
- Ensure that vulnerable adults have the same rights as others in the prosecution of criminal offences and pursuit of civil remedies.
- Develop and implement policies and procedures within a multi agency framework to protect vulnerable adults.

Appendix Three
Membership of Slough Adult Safeguarding Board Subgroups

Membership of the Executive Subgroup included the following:-

Slough Borough Council	Assistant Director Adult Social Care - Chair
Slough Borough Council	Head of Adult Safeguarding and Learning Disabilities
Clinical Commissioning Group	Head of Operations
Clinical Commissioning Group	Director of Nursing, Berkshire East Clinical Commissioning Group
Independent Chair	
Heatherwood and Wexham NHS	Interim Director of Nursing
Thames Valley Police	Detective Chief Inspector – Domestic Abuse
Berkshire Healthcare Trust	Safeguarding Adults Lead

Membership of the Safeguarding Adults Review Panel Subgroup included the following:-

Berkshire East Clinical Commissioning Group	Safeguarding Lead - Chair
Slough Borough Council	Safeguarding Co-ordinator
Wexham and Heatherwood Hospital NHS	Lead Nurse (Older Person)
Berkshire Health Foundation Trust	Safeguarding Adults Lead
Slough Borough Council/Berkshire Health Foundation Trust	Deputy Locality Director

Thames Valley Police	Detective Chief Inspector – Domestic Abuse

Membership of the Workforce Development Subgroup included the following:-

Slough Borough Council	Training Officer - Chair
Slough Borough Council	Safeguarding Co-ordinator
Slough Borough Council	Safeguarding Development Manager
Royal Borough Windsor and Maidenhead	Social Care Training Manager
Royal Borough Windsor and Maidenhead	Safeguarding Lead
Bracknell Forest Council	Learning and Development
Bracknell Forest Council	Learning and Development Manager
Berkshire Healthcare NHS Foundation Trust	Safeguarding Adults Team Leader

Membership of the Implementation of the Care Act Subgroup included the following:

Slough Borough Council	Head of Adult Safeguarding and Learning Disabilities - Chair
Slough Borough Council	Safeguarding Development Manager
Slough Borough Council	Safeguarding Co-ordinator
Berkshire East Clinical Commissioning Group	Safeguarding Lead
Crossroads Care	Scheme Manager
Slough Borough Council	Access Services Manager – Mental Health

Oak House – Care Home	Manager
Supported living Provider	Manager
Oxford House – Care Home	Manager

Membership of the Communications Subgroup included the following:-

Slough Borough Council	Safeguarding Development Manager - Chair.
Women's Aid	Head of Operations
Thames Valley Police	Communications Officer
NHS Clinical Commissioning Group	Communications Officer
Slough Community Voluntary Services	Chief Officer
Slough Borough Council	Communications Officer
Slough Borough Council	Equality and Diversity Manager

Membership of the Performance and Quality Subgroup included the following:

Slough Borough Council	Safeguarding Development Manager –Chair
Slough Borough Council	Safeguarding Co-ordinator
Slough Borough Council	Performance Manager
Slough Borough Council	Assistant Research and Information Analyst

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Annual Report

of the

Slough Local Safeguarding Children Board

2013/14

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1. Foreword from Independent Chair

I am pleased to present my third Annual Report of the Slough Local Safeguarding Children Board (SLSCB) for 2013/14.

Publication of an annual report has been a requirement of LSCBs since 2009 and this is the fifth such report to be published in Slough. Working Together 2013 sets out a revised framework for Annual Reports and this has been followed in formulating this report.

The key purpose of the Annual Report is to assess the impact of our work to safeguard and promote the well-being of children and young people in Slough. Specifically it is intended to report on our performance in delivering the objectives set out in the SLSCB Business Plan for the year. It highlights the successes and identifies continuing challenges and development needs that now form the focus of our Business Plan for 2014-15, the priorities for which are covered in the final section of this annual report.

Our Business Plan priorities for 2013/14 drew on the:

- Safeguarding Improvement Plan put in place after the Ofsted inspection of April 2011 and overseen by the Safeguarding Improvement Board;
- outcomes of the Peer Review undertaken in November 2012;
- areas identified as key risks to the safeguarding and welfare of children and young people that arose from our needs analysis undertaken before agreeing our priorities for action in 2013/14.

Our priorities for 2013/14 were:

STRATEGIC OBJECTIVE 1:

To be assured of the effectiveness and co-ordination of safeguarding practice in Slough through

1A Effective early help that reduces the proportion of children requiring formal child protection interventions

1B Quality support to children that require formal child protection or local authority care

1C Responding to the new Working Together Framework 2013

STRATEGIC OBJECTIVE 2

To target areas of particular safeguarding risk in Slough which have been identified as:

- CSE and Child Trafficking
- Domestic Violence
- Homelessness (16-19 year olds)
- Neglect
- Mental Health – both children and parents
- E-Safety
- Drug and Alcohol Abuse

STRATEGIC OBJECTIVE 3

To improve the effectiveness of the Slough Local Safeguarding Children Board

STRATEGIC OBJECTIVE 4

To improve communication and engagement between the SLSCB and children and young people, wider communities, front-line practitioners and partner agencies

STRATEGIC OBJECTIVE 5

To develop our workforce to enable it to deliver the improvements and outcomes sought.

Our performance against each of these priorities is set out in detail in this report.

In November 2013 Slough was the subject of an Ofsted inspection under the new framework entitled 'Inspection of services for children in need of help and protection, children looked after and Care Leavers'. This new framework includes a formal 'Review of the effectiveness of the Local Safeguarding Children Board'. The inspection took place between19 November – 11 December 2013 and was published in February 2014. Whilst the inspectors recognised improvements had been secured since the previous inspection these were not deemed sufficient to secure an improved grade judgement and the SLSCB therefore remains 'inadequate' in Ofsted terms. Clearly this was a significant disappointment to the Board particularly given the positive findings of the Peer Review process undertaken in the previous year and reported in last year's annual report. The areas for immediate action and for development that were identified in the Ofsted review of the LSCB were incorporated into our Business Plan for 2013/14 with immediate effect and feature prominently in our Business Plan for 2014/15.

Our work to transform the SLSCB and its effectiveness has taken place at a time of significant change for many constituent partner agencies. All those engaged in the

work of the Board have faced significant financial challenge during the period covered by this annual report. Others, in particular the health sector, have moved through a major change process with the transition from PCTs to CCGs.

I would like to thank all members of the SLSCB and its sub-groups for their continued commitment to the Board and their sustained motivation and enthusiasm in driving forward improvement, particularly given the major challenges each has faced across the past year. Together we have put in place the foundations of what I believe has become a more effective and efficient Board that is beginning to secure effective safeguarding of the children and young people of Slough and contributes to effective co-ordination between the agencies that form part of the SLSCB. These are our key purposes and we are determined to ensure that we positively impact on both.

In addition I would also wish to thank staff across the partnership for the work that they have done to improve the effectiveness of safeguarding in Slough and to secure improved outcomes for the children and young people of the Borough.

I trust that this report will enable you to recognise the success that we have achieved during 2013/14 and to understand the continuing significant challenges that will form the core of our Business Plan for 2013-16.

Paul Burnett

Independent Chair, Slough Local Safeguarding Children Board

2. BOARD MEMBERSHIP 2012/13

Name	Title	Organisation
Paul Burnett*	Independent Chair	
Louise Asby	Community Safety Manager	Slough Borough Council
Neil Aves/Hamid Khan	Assistant Director, Housing/Head of Place Shaping, Housing and Environment	Slough Borough Council
Damodara Baliga	Lay Member	Community Representative
Nancy Barber* (Left the Board September 2013)	Director of Nursing	Berkshire Healthcare Foundation Trust
Jill Barker/Susannah Yeoman*	Director of Slough Locality	Berkshire Healthcare Foundation Trust
Virginia Barrett	Deputy Principal	East Berkshire College
Sarah Bellars	Director of Nursing	Slough CCG
Simon Broad	Head of Adult Safeguarding and Learning Difficulties	Slough Borough Council
Jesal Dhokia	Children and Young People's Development Worker	Slough CVS
Caroline Dulon*	Headteacher	Ryvers Primary School
Janine Edwards	Scheme Manager	Home Start, Slough (CVS)
Kitty Ferris*	Assistant Director, Children, Young People and Families	Slough Borough Council
Helen Huntley*	Headteacher	Haybrook College
Julie Kerry	Assistant Director of Nursing	NHS England (Thames Valley Area Team)
Shelley LaRose	Head of Service, Slough YOT	Slough Borough Council
Councillor Pavitar Mann* (Observer status)	Cabinet Commissioner Education and Children	Slough Borough Council
Mansfield, Margaret/Ann Owen	Named Nurse for Safeguarding Children/Interim Director of Nursing	Heatherwood and Wexham Park Hospitals Trust
Colin Pill	HealthWatch Officer	HealthWatch
Julie Penney/Nicola Carty*	Service Manager	CAFCASS
Jim Reeves*	Detective Chief Inspector	Thames Valley Police
Harish Rutti	Lay Member	Community Representative

Jenny Selim/Debbie Hartrick	Designated Nurse	Slough CCG
Louise Watson	Designated Doctor	Slough CCG
Debra White/Caroline MacGowan	Senior Probation Officer	Thames Valley Probation Service
Jane Wood*	Corporate Director for Well-Being (DCS)	Slough Borough Council

*denotes Members that are also a member of the SLSCB Executive

Where dual memberships are listed in this table it reflects an in-year change in personnel during the year covered by this report. It is important to note the significant number of changes of membership the Board has experienced during this period. In some cases this has also affected attendance levels recorded by the agency concerned particularly where posts were not filled immediately and the agency did not provide substitute membership.

3. ASSURANCE OF THE EFFECTIVENESS AND CO-ORDINATION OF SAFEGUARDING PRACTICE IN SLOUGH

This part of the Annual Report focuses on Objective 1 in our Business Plan 2013-14. This was to secure assurance of the effectiveness in safeguarding practice across Slough in three key areas:

1A Effective early help that reduces the proportion of children requiring formal child protection interventions

1B Quality support to children that require formal child protection or local authority care

1C Responding to the new Working Together Framework 2013

The scope of this objective was intended to cover 'the child's journey', a concept drawn from the Munro Review of child protection published in May 2011. It also responded to the identified need to improve service performance across the continuum of safeguarding provision as identified in both the Ofsted inspection of 2011, the Safeguarding Improvement Plan and the review of the SLSCB undertaken by C4EO. The outcome of the Ofsted inspection of 2013 further underlined the importance of these areas of work.

Priority 1a: To be assured of the effectiveness of Early Help in reducing the number of children and young people requiring formal child protection interventions

What was planned?

In April 2013 Slough was in the process of reviewing and revising its Early Help Strategy and supporting Early Help Action Plan. The purpose of the review was to address improvements that the SLSCB and Children and Young People's Partnership Board (CYPPB) had deemed essential to secure greater effectiveness in early intervention work most importantly to secure greater synergy between early help and children's social care interventions for children in need, children in need of child protection and children that needed to be looked after. A key part of this new strategy was the introduction of a single 'front door' for access to services.

The specific objectives set by the SLSCB were to secure assurance that there was a clear and effective early help framework that:

- was shared and signed up to by all partner agencies
- incorporated appropriate safeguarding arrangements
- was appropriately resourced across the partnership;
- was understood by all partner agencies, front-line staff and service users – including shared understanding of relevant thresholds for access to service interventions in the Early Help offer;
- was monitored and evaluated to test the effectiveness of cross-agency working and enables impact on outcomes for children and young people to be effectively gauged including impacts on referrals into formal child protection arrangements and the effectiveness of CAF in securing improved outcomes for children, young people and families;
- coherent with the 'Troubled Families' programme.

To achieve this the SLSCB requested quarterly reports from the CYPPB that included:

- Quantitative data reporting on the agreed Early Help scorecard;
- Qualitative performance reporting based on multi-agency auditing of early help co-ordination and effectiveness;
- The views of children, young people and families about the quality, effectiveness and impact of early help;
- The views of staff in relation to their understanding of early help arrangements, their capacity and ability to operate within the early help arrangements, the effectiveness of co-ordination between agencies and the impact of the early help arrangements on both service users and on achievement of individual agency and shared service objectives and priorities.

This reporting arrangement reflected the 'four quadrant' quality assurance and performance framework that had been agreed by the SLSCB and that was similarly to be adopted by the CYPPB during 2013/14.

What action did the Board take?

The Board actively engaged in the development of the new Early Help Strategy and Action Plan and the establishment of the one 'front door' arrangement. The SLSCB adopted a scrutiny and challenge role given the lead role of the CYPPB in formulating the strategy and action plan and then commissioning its implementation. The key focus for the SLSCB was to assure itself that safeguarding arrangements were core to the new arrangements and that the strategy would secure the intended outcomes in terms of addressing need before risk reached levels that required formal child protection interventions. It was recognised, however, that in the initial stages the implementation of the Early Help Strategy and the new contact and referral arrangements could increase the number of child protection and care proceedings and this indeed turned out to be the case.

Key actions taken by the Board during 2013/14 included:

- engaging in the formulation of the Early Help Strategy and supporting action plan;
- agreeing the Early Help Strategy and action plan;
- funding programmes of multi-agency training relating to the implementation of the Early Help Strategy through the Munro training monies;
- agreeing with the CYPPB an Early Help scorecard based on the 'four quadrant' approach adopted by the SLSCB and the core indicators that would be reported on a quarterly basis to the SLSCB;
- receiving regular reports on Early Help performance as part of the Business Plan and Quality Assurance and Performance Management arrangements;
- monitoring agency engagement with the Early Help strategy and action plan.

Reports on the Early Help Strategy and Action Plan to the SLSCB have been highlight reports focusing on the 9 key strands in the Early Help Action Plan as set out in last years' Annual Report namely:

1. The implementation of the new multi-agency Early Help Strategic Plan for Slough;
2. The creation of a Head of Service (Early Help) post;
3. The further development of an Integrated Early Help modal – Early Help Collective (0-19);
4. The creation of 'One Front Door' to social work and Targeted Family Support Services;
5. The development of a Family Support Service (0-18);
6. The re-launch of CAF as the Slough Early Help Assessment and Plan;
7. Improving links through the Head of Service to commissioning;
8. Addressing both resource and workforce investment required to enable this approach to be successfully implemented;
9. Ensuring appropriate consultation and communication across the partnership and with children, young people and families themselves.

The lead body in this work will be the Children and Young People's Partnership Board (through the Early Help Strategic Board). The CYPPB established an Early Help Sub-Group to lead this work and the chair of that group is a member of the SLSCB and its Executive which has assisted cohesion. The role of the SLSCB has focused on securing assurance of the intended impact on both service quality and effectiveness together with improved outcomes for children, young people and families.

What has been the impact?

- The new Early Help Strategy and Action Plan was agreed and in place with a partnership launch on November 29th 2014;

- Workforce development and training was provided through LSCB and Munro training monies on a multi-agency basis to support the implementation of the strategy and action plan including co-hosting of the Early Help partnership launch held in November 2014;
- The SLSCB challenged and secured some resolutions to concerns expressed by partner agencies in terms of thresholds and the new Early Help Assessment process;
- The LSCB ensured that in formulating its new Threshold Protocol, as required by Working Together 2013, that concerns expressed by partners about the clarity of early help thresholds were addressed;
- The SLSCB scorecard monitored the number of CAFs/Early Help Assessments being undertaken though the rate of initiation remained inconsistent as commented on below;
- There has been little evidence of the impact of CAF/Early Help interventions on the number of referrals received by Children's Social Care. Indeed the overall number of referrals has risen and the increased identification of children assessed as requiring early help may have led to more children being referred into formal child protection processes. This is being further tested in the roll out of the Early Help Action Plan.

As set out above a key concern of the SLSCB during 2013/14 has been the fluctuation in the rate of Early Help referrals and assessments across the year. In the Annual Report 2012/13 we had reported positively on the on-going increase in the number of referrals and assessments carried out. This trend did not continue and during the summer and autumn of 2013 reductions in the rates of Early Help referral and assessment were reported. Clearly this was partly due to the review of Early Help being undertaken and some under-reporting within the information systems. Nonetheless it caused significant concern. The downturn in the number of Early Help referrals coincided with the period immediately preceding and covering the Ofsted inspection with the result that this was a key cause for concern.

Concerns about the effectiveness of Early Help resulted in two priority and immediate actions for the LSCB in the Ofsted inspection that took place in November 2013. Whilst it was recognised in the Ofsted review of the LSCB that partnership working was becoming more effective in some areas the inspectors stated that 'increasing the impact of its challenge to partner agencies, so that they co-operate fully in the improvement of early help, is the single most important area for the board to develop'. This judgement resulted in two priority and immediate actions for the LSCB notably:

- Ensure all partner agencies are engaged in the delivery of the early help strategy so that children and families have equal access to the services they need as early as possible;

- Ensure that agencies take full responsibility for their roles as set out in Working Together to Safeguard Children (Department of Education 2013) and that they commit to multi-agency strategies and working groups, including sharing responsibility and resources where necessary.

Clearly, the SLSCB Business Plan was immediately updated to address these priorities for action.

What developments and improvements are required in the future?

The new Business Plan sets out the actions required toaddress both the SLSCB assessment of performance complemented by the findings and actions required of the Board as a result of the Ofsted review of the SLSCB.

Key priorities for 2014/14 are as follows:

Assurance that there is effective and co-ordinated early help in place that secures:

- equality of access to support services and an increase in the number of CAFs/TACs;
- early intervention in response to need;
- avoids children's social care involvement.

Specifically we want to be assured by the CYPPB/Early Help Board that:

- thresholds for access to early help and referral processes are understood and effectively implemented by all;
- all partners are engaged in the delivery of early help, co-operating in the delivery of the early help interventions and actively supporting integrated service provision at the point of delivery.
- early help provision incorporates appropriate safeguarding arrangements
- quality assurance and performance management arrangements are in place to test the effectiveness of cross-agency working and impact on outcomes for children and young people, including impact on referrals into formal child protection arrangements and the effectiveness of CAF in securing improved outcomes for children, young people and families;
- Assures coherence between Early Help and the 'Troubled Families' programme.

During 2014/15 the SLSCB will look to be assured specifically on the impact of early help on 'Children in Need' so that we are confident that those most at risk of child protection referral benefit from early help and avoid referral into formal child protection arrangements

Priority 1b: Quality support to children that require formal child protection or local authority care

What was planned?

For the majority of the year 2013/14 the SLSCB aligned its activity under this priority with the work of the Safeguarding Improvement Board. Indeed the intention of the SLSCB had been to ready itself to assume the role of the Safeguarding Improvement Board when Ofsted assessed safeguarding provision in Slough to have improved to a level that no longer required intervention.

The key objectives set out in the Business Plan 2013-14 were:

To be assured that arrangements for child protection and looked after children in Children's Social Care (CSC), in other individual services across the partnership and in multi-agency working are effective.

To be assured that the improvement priorities for CSC in the safeguarding improvement plan are secured and specifically that:

- Children and young people are safe and feel safe and feel safe as a result of improved social care practice;
- Outcomes for children are improved through management oversight and good planning;
- The children's socal care workforce are able to carry out high quality work with children, young people and families, leading to improved outcomes;
- Recruitment, induction, training and management of social work staff results in a workforce capable of carrying out the required standards of work and retention of skilled staff.

Specifically to be assured that there is:

- efficient and effective safeguarding practice when children are in the child protection and care services both in terms of adherence to working together requirements, timeliness of action and quality of provision
- quality partner contributions to services/support to children who have a child protection plan or are in the care of the local authority.
- effective partner contributions in securing improved outcomes

What action did the Board take?

The SLSCB has 'shadowed' the Safeguarding Improvement Board in scrutinising and challenging the performance of Children's Social Care against the five key improvement strands set out in the Safeguarding Improvement Plan:

- Identification, contact and referral
- The child's journey in the children's social care system

- A confident and competent workforce
- Quality and Performance
- Partner engagement and working together

In addition the SLSCB has extended this work to include wider partnership arrangements to support effective child protection and children in care services, their co-ordination and their impact on safeguarding outcomes.

A variety of means has been adopted to address these pieces of work as follows:

- Implementing a new Quality Assurance and Performance Management framework that has combined quantitative and qualitative information to test the effectiveness and impact of child protection and children in care services;
- Delegating detailed quality assurance and performance management monitoring to the Quality and Performance Sub-Group and raising issues of concern through a RAG rated performance system to both Executive Group and Board level as appropriate;
- In relation to quantitative information, adopting the children's social care scorecard adopted by the Safeguarding Improvement Board to ensure consistency of data reporting and coherent focus on key improvement areas;
- Developing a wider multi-agency audit arrangement planned to test key stages in the child's journey through the safeguarding pathway.
- Consideration of the outcomes of our Section 11 audit
- Receiving the annual report of the IRO service (on child protection and looked after children) and on private fostering;
- Receiving presentations from officers on issues causing concern. This included presentations on: the quality of referrals from key agencies most notably Thames Valley police referrals; the timeliness of initial assessments; the effectiveness of core and strategy group arrangements.
- Keeping under review policies and procedures through the Pan-Berkshire Policy and Procedures Sub-Group (see report in Chapter 5).

Clearly, the outcomes of the Ofsted inspection provided an important external judgement of performance within the year covered by this Annual Report and the findings of this were considered and acted upon immediately by the LSCB even prior to formal publication of the final report in February 2014.

The SLSCB has played a role in the introduction and implementation of the 'Strengthening Families' approach – often referred to as 'Signs of Safety'. The LSCB will want to scrutinise the implementation of these changes, consider feedback from children, families and professionals and evaluate whether the changed approach is contributing to keeping children safe. However, as of March 2014 the SLSCB has not received sufficient information to judge whether this new approach has secured improved outcomes in service delivery and outcomes for children and young people.

What has been the impact?

As the outcome of the Ofsted inspection would suggest performance overall has been disappointing and the Ofsted team judged performance in relation to child protection to be 'inadequate'.

A full report of the performance of Children's Social Care is presented at Appendix 4. As can be seen from that report there are areas of performance in relation to Child Protection that have improved including increases in the number of contacts and referrals which was a development sought by both the Board and the Safeguarding Improvement Board. However, a greater number of indicators are judged to be 'red' on the RAG rating system that were so rated last year.

Quantitative data monitoring for the year 2012/14 has illustrated a number of performance improvements against key indicators:

- Increases in the number of contacts and referrals that brought the authority closer to the average for our statistical neighbour group;
- De-registration of children from child protection plans is occurring at a faster rate than benchmark comparator areas;

With regard to Looked After Children;

- All looked after children have an allocated social worker
- Performance on statutory visits has improved
- The % of children placed for adoption has continued to increase;

As stated above a copy of the full Performance Scorecard for children's social care is attached at appendix 4.

It is important to note some of the positive comments made in the Ofsted inspection in relation to children in need of help and protection. These included:

- The out-of-hours service has offered a good level of support for children and families;
- When child protection concerns are identified decisions are made in a timely manner and case records are accompanied by a clear rationale and initial action plan;
- Decisions for children who no longer need a child protection plan are timely;
- There is clear commitment by social workers and managers to work in partnership with parents;
- Multi-agency meetings are mostly well attended;

- Core groups take place regularly;
- Information sharing at MARAC and MAPPA reflect a clear understanding of the dangers posed to children living in circumstances where domestic abuse is a factor;
- There are clear systems for establishing the whereabouts of children missing from education;
- Good progress has been made in developing co-ordinated multi-agency approaches to the identification and protection of young people at risk of CSE.

Overall the judgement of the Ofsted inspection was that performance was 'inadequate'. Of particular relevance to the SLSCB were concerns expressed by inspectors in relation to the contribution of partner agencies to child protection arrangements notably:

- The quality of referral information which is often insufficient and leads to delay in decisions and actions taken by social workers – there is particular criticism of the Police in this respect in relation to domestic violence incidents;
- Thresholds not being universally understood and embedded across partner agencies

What developments and improvements are required in the future?

The new Business Plan has set out a range of priorities for 2014/15 as follows:

To be assured that arrangements for child protection and looked after children in Children's Social Care, in other individual services across the partnership and in multi-agency working are effective.

To be assured that the improvement priorities for CSC in the safeguarding improvement plan are secured and specifically that:

- Children and young people are safe and feel safe and feel safe as a result of improved social care practice;
- Outcomes for children are improved through management oversight and good planning;
- The children's socal care workforce are able to carry out high quality work with children, young people and families, leading to improved outcomes;
- Recruitment, induction, training and management of social work staff results in a workforce capable of carrying out the required standards of work and retention of skilled staff.

Specifically to be assured that there is:

- efficient and effective safeguarding practice when children are in the child protection and care services both in terms of adherence to working together requirements, timeliness of action and quality of provision
- quality assure partner contributions to services/support to children who have a child protection plan or are in the care of the local authority.
- effective partner contributions in securing improved outcomes

To be assured that contact, referral and initial assessment arrangements through the 'One Front Door' are understood and are effective.

To be assured that the engagement of Police personnel on the 'Front Door' improve both the quality of referrals and secure effective triage of cases.

Annual Report from the IRO Service

An important part of the SLSCBs work in relation to both child protection and children looked after is to consider reports from the Reviewing Service (Independent Reviewing Officers for children in care, and Child Protections Conferencing Chairs). Following a review by C4EO after the Ofsted inspection of April 2011 the relationship between the Reviewing Service and the SLSCB was reviewed and formalised.

The SLSCB now receives formal reports from the Reviewing Service and some of the headlines from 2013/14 are set out below.

What has happened?

Additional resources have been invested in the service and a number of changes were made to the management and structure of the Slough Child Protection Conferencing Service during 2013/14.

An Independent Reviewing Manager has been in post since 1 October 2013. This is a new post with responsibility for managing the team of Independent Reviewing Officers. A permanent Head of Service for the Unit took up post in April 2014. The 2 posts of the Quality Assurance Manager and the Local Authority Designated Officer (LADO)/Safeguarding in Education Manager remain vacant but covered by agency staff within the team.

A significant change to the Independent Reviewing and Conference team since last year's report has been the separation of the roles of Independent Reviewing Officers and Child Protection Chairs. This was a key recommendation of an independent, sector led review of the service undertaken in 2012. This has now been implemented with the aim to further develop practice and performance in these respective areas and to strengthen the scrutiny and challenge function of the team to take on the full scope of their responsibilities.

There is an establishment of three FTE Child Protection Chairs, currently covered by 2.6 FTE staff (1 of whom is an agency worker). One of the Conference Chairs (alongside the Head of Service) covers the LADO role for part of their hours. Difficulty in recruiting to all posts on a permanent basis has led to the need to provide cover through agency staff, which in turn has left the service unable to fully cover all vacant posts because of the additional cost of agency staff. Set alongside the rise in numbers of children subject to a child protection plan (covered later in this report), this has created a capacity issue within the unit and restricts the role of the conference chairs, specifically around mid-way monitoring and on occasions in consultation with social workers and managers before conferences.

The new work flow arrangements in the social work teams which now follow the child's journey, giving a focus to assessment and the alignment of child protection work with care proceedings and the 'raising of the bar' in terms of the quality of social workers employed in Slough is beginning to show improving practice, particularly in the last 3 months of 2013/14. However, recurring issues include the lateness of social work reports for conference, problems with the Integrated Children's System (ICS) which have created blockages in the process and a delay in progressing recommendations.

Conference Chairs have increased their use of the 'Issue Resolution Process' whereby concerns are raised with managers when procedures are not followed or where practice falls short of expected standards.

Most 'Issues Resolution' notices are resolved by first line managers or Heads of Service. Very few have needed to be escalated to the Assistant Director. Positive outcomes from the issue resolution process include care proceedings initiated, permanency plans being progressed and inadequate social workers identified.

Caseloads have reduced as is shown in the following table

	April 2011	March 2012	March 2013	March 2014
LAC children	186	184	182	192
CP children	144	209	146	254
Total	330	393	328	446
Average caseload	82.5	72.8	65.6	

The caseloads for IROs have remained relatively stable and are well within the recommendations outlined in the IRO handbook. The average caseload for an IRO is between 60 and 65 in Slough. The caseload for each IRO takes into consideration that the number of children placed outside of the area as of 31 March 2014 was 134 (71 %) with the average distance from St Martins place of 24.4 miles, 34 children are placed 50 to under 100 miles and 7 are placed 100 miles or more.

Team members have begun to specialise in either the chairing of child protection conferences or Looked After Children reviews.

Child Protection and Conference work

The number of children subject to a child protection plan at the end of March 2014 was 254. This was an increase of 108 over the previous year.

Numbers of Initial Conferences

There were 403 ICPCs (Initial Child Protection Case Conferences) held between April 2013 and March 2014 an increase of 60% from the previous reporting year, when concerns were flagged in the 2012/13 Annual Report about the low numbers of children made subject to CP Plans. The increase in activity resulted from work within children's social care to ensure that thresholds into children's social care and throughout the children's social care system were applied appropriately and consistently. This work has led to increased rates of referral to children's social care and rates of children subject to CP plans. In November Ofsted commented that thresholds were now applied appropriately. Rates of children subject to CP Plans are now above the average for statistical neighbours and whilst we would expect a 'lag' effect from the work described above, a close watch will be kept on this part of the system

Children subject to a plan for 2 years or more:

The percentage of children subject to a plan for 2 years or more has fallen compared to a year ago (5.4%) and now stand at 0.8%.

The reduction of children subject to plans for 2 years or more is likely to be due to the robust Slough protocol put in place where at the 9 months stage (2nd review conference) the plans for children who are deemed to continue to be at risk of significant harm and remain subject to a child protection plan are subjected to increased scrutiny. A Practice Manager will attend this conference so that decisions can be made about whether the Public Law Outline (PLO) process is required to reduce harm to children. The aim is to ensure decisions for children are timely and all measures to prevent them from remaining at risk of significant harm are in place. The conference process is instrumental in ensuring that where risk is not reducing under a child protection plan, alternative action (usually through the PLO process) is taken to ensure that risk is reduced.

Only 11% of children were subject to a plan for more than a year, a decrease from the previous year when 22% had been subject to a plan for more than a year.

Both measures above suggest an improvement in timely decision making which reduces drift and reduces risk.

Children subject to repeat plans

369 children were made subject to a child protection plan in Slough during this reporting year and 69 of those had previously been subject to plans. This means that 18.7% were repeat plans (compared to 15% for statistical neighbours and England average)

A themed audit is planned to understand why children are returning to conferences and are being made subject to repeat child protection plans. The themed audit should pay particular attention as a priority to the repeat plans that were made within a year.

The timeliness of child protection conferences was as follows:

	March 2011 to April 2012 and	March 2012 to April 2013.	March 2013 to April 2014
The percentage of initial child protection conferences that were held within 15 working days of the strategy discussion	83.5%	74.3%	74.2%
The percentage of child protection plans that were reviewed within expected timescales	94.1%	100%	100%

The percentage of ICPCs held within the statutory timescales has remained static at just over 74%, which is slightly above statistical neighbour and national average. Given the rise in the number of initial conferences it is positive that performance has been maintained. The IRO admin service works with vigour to ensure conferences are held within the required timescales. When they are not it is almost always due to late notification from the operational teams. Next reporting year should see an improvement in these figures.

Review child protection conferences were all held within the expected timescales, meaning within 3 months of the ICPC and within 6 months after that.

Categories of abuse

In the last 12 months 362 children have become subject to a child protection plan. Of these, 163 (44.8%) have become subject under the category of Neglect. The national average is 41%

As at 31 March 2014

Abuse Category	Total
Neglect	162 (44.8%)
Emotional abuse	131(36.2%)
Multiple	23 (6.4%)
Physical abuse	38 (10.5%)
Sexual Abuse	8 (2.2%)
Grand Total	362

The level of sexual abuse cases discussed at conferences in Slough continues to be very low. Nationally during 2013/14 the percentage of child protection plans due to sexual abuse was at 4.8%.

Children subject to a child protection plan by age, ethnicity and disability

As at 31 March 2014 by age:

	March 13	March 14
Under 5s	36%	39%
5 - 11	41%	38%
12 - 16	23%	22%
17 and above	0%	1%

As at 31 March 2014 by Ethnicity:

	March 13	March 14
White	60%	50%
Mixed Ethnic Origin	21%	14%

Asian or Asian British	18%	29%
Black or Black British	1%	5%
Other Ethnic Groups	0	2

As at 31 March 2014 four children subject to a CP Plan were allocated to the Learning and Disability Team. This is an increase from last year when there were no children from this team subject to a CP plan

Since last year there has been an increase of children from an Asian background subject to CP plans and an increase of children defined as Black or Black British. Children from Black and minority ethnic backgrounds now make up nearly half of child protection plans in Slough.

Children attending their Case Conference:

Children aged over 10 are invited to their conference. 35 children between the ages of 10 and 17 attended their conference for this reporting period.

Child Protection Chairs are instrumental in ensuring that children are prepared to attend this meeting and should be meeting with them prior to the conference. Good practice and Working Together Guidance (March 2013) is clear that the Conference Chair 'should meet the child and parents in advance to ensure they understand the purpose and process'.

The CP Chairs do meet with the child and parents in advance of a CP conference but often the meeting of a child is done on the day and just before the meeting. The standard that we are working towards is each child that has stated that they would like to attend their conference is met by the Chair of that conference prior to the date of the actual meeting. Each child, where appropriate, is supported by an advocate and plans for their emotional wellbeing after the conference is also included as part of the child protection plan.

The figures below are based on the Quality Assurance Audit forms filled in by CP Chairs following each conference.

The parental risk factors noted in conferences continue to show a high number where domestic abuse is a significant factor, with drug and alcohol abuse also high. Mental Health and Neglect are significant factors, too. Multiple factors (in half of all conferences) explain the percentages.

	No. conferences	Mental Health	Alcohol Misuse	Drug Misuse	Domestic Violence	Neglect	Multiple Factors
Jan to Mar 2013	72	22%	18%	26%	48%	19%	35%

	No. conferences	Mental Health	Alcohol Misuse	Drug Misuse	Domestic Violence	Neglect	Multiple Factors
Jan to Mar 2014	**117**	**25%**	**26%**	**30%**	**73%**	**43%**	**43%**

Reports received prior to conference:

There continues to be a problem according to the current Slough standard of Chairs receiving the social work report three days before the ICPC in this reporting period. However there is a slight improvement from figures reported for the same period last year.

However, since April 2014 we have begun using the Pan-Berkshire standard set out in the Pan-Berkshire procedures which state that Chairs should be in receipt of the ICPC social work report 24 hours before the conference. These figures will be reported in next year's data. The change has been agreed because the timescale for holding a conference is 15 days from the strategy meeting which means that producing a report 3 days before a conference restricts the amount of time available to social workers to investigate, assess and produce a report. We have agreed 1 day before is more realistic.

In the first 3 months of 2013, just 33% of reports were received 3 days in advance by conference chairs, this increased to 41% in the first 3 months of 2014.

Just as important is the number of Social Work reports received on time by the main carer(s) who attended conferences. The figures below also show an improvement on last year's reporting figures for the same period.

In 2013, 40% of mothers and 51% of fathers received reports on time whilst in 2014 this improved to 62% and 55%.

Police attendance at initial conferences has improved since last year based on figures for the same reporting period. In the first 3 months of 2013 they attended 62% of conferences to which they were invited and 0% of review conferences, this had improved to 88% and 3% in 2014.

The record of Health Practitioners attending conferences continues to be good. There has however been a slight dip in the figures of reports being provided to the meeting.

In January to March 2013 health practitioners attended 83% of conferences and provided reports for 99% of conferences. In 2014, they attended 88.8% of conferences but only provided reports in 95%.

The record of GP's attending Conferences together with the low number of reports provided when requested continues to be disappointing and has decreased in numbers since last reporting quarter.

In the first 3 months of 2013, GPs attended only 5% of conferences and provided reports to 25% whilst in 2014, they attended only 2% of conferences and provided reports to only 15%.

Positive steps are underway to address this. As a result of joint partnership working between health and social care the figures for next reporting year should be greatly improved.

The record of children's School or Nursery attending conferences is again good as for the same period for last reporting year.

In the first 3 months of 2013, schools attended 94% of conferences and provided reports for 84%, In 2014, they attended 96% of conferences and provided reports to 85%..

Looked After Children Reviews

At the end of March 2014 there were 192 children in full time care - this equates to a rate of around 50.1 children in care for every 10,000 children aged under 18 in Slough. This rate is below both the latest published national average (60) and below our statistical neighbours' average (66) Latest published benchmarking data is for March 2013. The figure of 192 is a 5.5% rise when compared with 1 year ago.

7 of the 192 (4%) full time LAC are Unaccompanied Asylum Seeking Children.

Of the local Slough children in care, 62% are from a white ethnic background, 21% are from a mixed ethnic background, 8% are from an Asian / Asian-British ethnic background and 7% are from a Black / Black-British ethnic background. These are very similar to the proportions one year ago, with small percentage increases to the mixed and white groups, and a slight reduction in Asian and Black heritage children.

25% of the children in care at 31st March 2014 are less than 5 years of age

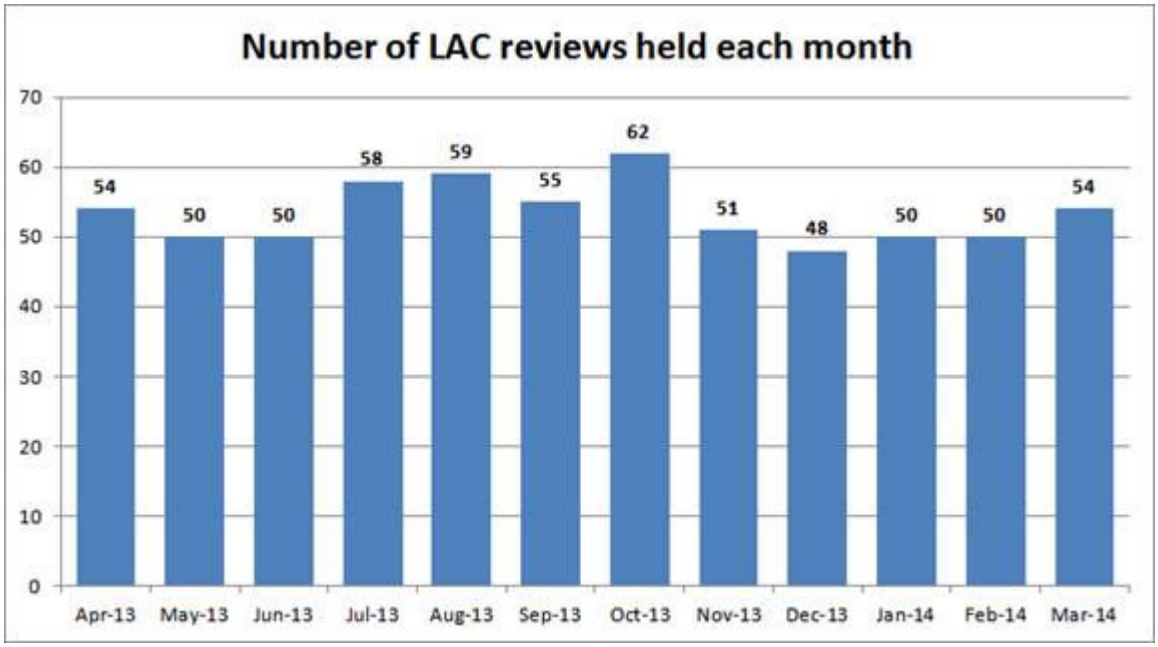
49% are aged 5 -15 and 26% are aged 16 or over.

A year ago there were 55 children aged 10-15 years old, now there are 57;

48 children aged 16 and over were in care at the end March 2014, an increase of just 3 since the previous year.

At the end of March 2014 most (140 or 74%) were placed in foster care; 72 (51% of those in foster placements) are placed with in-house foster carers, 3 with a relative / friend and 65 (46% of those in foster placements) are placed with independent foster agency or other local authority foster carers. Other placements include 5 children placed in adoptive placements, 20 placed in children's homes (of which 6 are placed in Slough in our council run children's home), 14 are placed in supported residential settings such as lodgings, 7 are placed in a residential care homes and 2 placed with own parents.

The Numbers of LAC Reviews undertaken between April 2013 and March 2014



Over the course of 2012 – 2013, 579 LAC reviews were carried out.

Over the course of 2012 – 2014, 641 LAC reviews were carried out which is an increase of 11%.

Performance

The IRO Service is responsible for two key performance indicators:

Timeliness of Reviews

Children's Participation

Timeliness of Reviews

To be added

Children's Participation

There are 3 booklets for children that are used by the IRO service:

- 'All about me' for 4 and 5 year olds
- 'My Views' for 6 to 11 year olds
- 'My Views' for 12 to 17 year olds
-

From January to December 2013 the participation officer received a total of 149 completed booklets from children to input for data analysis,

(Breakdown of 149 = ***16*** *4-5 years /* ***51*** *6-11 years /* ***82*** *12–17 years)* **Children's reviews and placement**

Children told us:

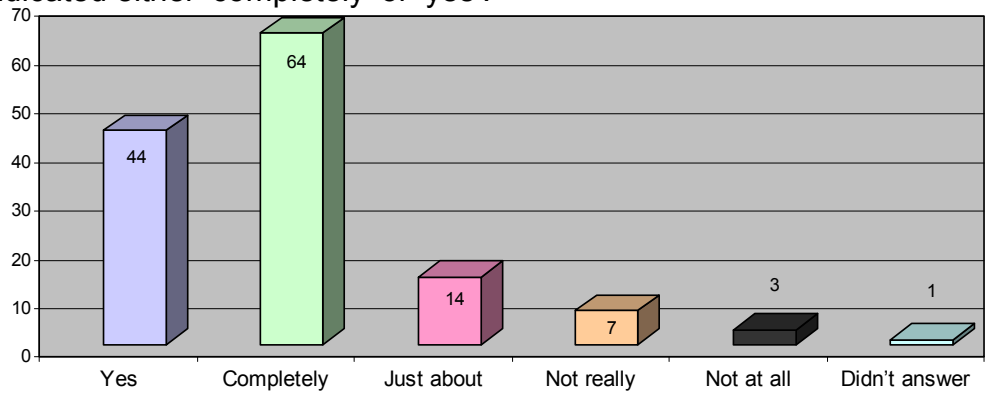
Where do children want their review to take place?

A common theme again this year is that the majority of children aged 6 – 17 would like their review to take place where they are living. For some children aged 6 – 11 the next option would be for their review to take place at their school and for those aged 12 + their next option would be 'in the office'.

Do children feel someone has talked to them about the decisions made at the review?

Do children feel happy and settled where they live?

Overall, children feel 'completely' happy and settled. For each quarter the majority of children indicated either 'completely' or 'yes'.

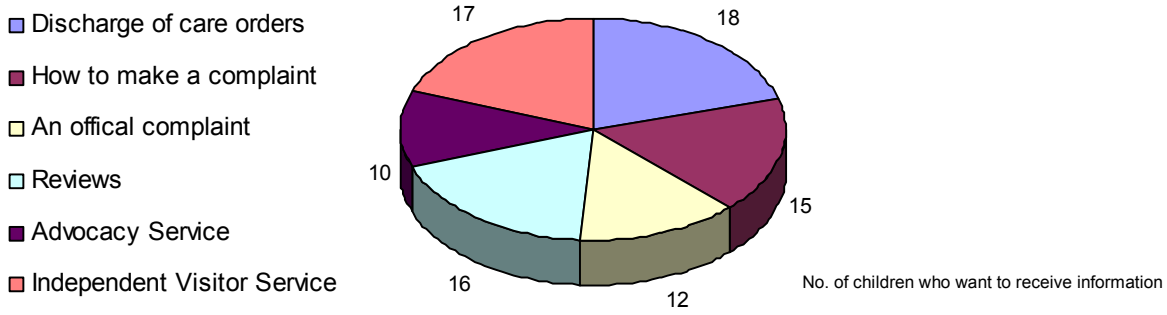


Age 6 - 17

Do children want to have an independent visitor or advocate?

Eleven children indicated that they would like to talk to someone else, like an independent visitor or advocate.

Children within this age range can also indicate if they wish to receive further information on the following:



The IROs are reporting positively about the use of consultation booklets for children and young people and actively use them as part of the LAC review process. It is also worth while noting that not all young people particularly those in long term placement like completing them and would prefer to give verbal feedback. All forms of children's views whether it is via booklet or verbal feedback are given equal consideration as part of the LAC review process.

What developments and improvements are planned for the future?

In strategic terms organisational change that is driving the new Early Help model, Slough Borough Council's Targeted Family Support Service, the Integrated 'One Front Door' and Early Help 'Collective' approach – endorsed by the Improvement Board, LSCB and the Children's Partnership will be key mechanisms through which further improvement can be secured. The new Quality Assurance and Performance

Framework that has been developed across the SLSCB and the CYPPB is designed evaluate the impact of these changes.

Similarly the wider improvement plan in relation to Children's Social Care described above is designed to secure improvement. This will similarly be monitored by the SLSCB.

In specific relation to the IRO service whilst there has been some improvement in the performance of the service in 2013/14 there are areas where further action is required.

In response to the Ofsted inspection the service has identified the need to:

- Ensure that the voice of the child is recorded and used in children in need, child protection and looked after reviews
- Secure progress in the development of multi-agency child protection work between the police and children's social care
- Better engage partner agencies in getting involved with children and families early enough to resolve problems before they get worse
- Ensuring social workers have sufficient time to spend with children to learn about their lives, leading to poor quality assessments, plans and outcomes.
- Greater priority being given to children in need causing their situations to escalate into the child [protection system. Many children experience delays in getting the services they need.. They have too many changes of social workers

In addition the role of IROs needs to shift from being observers and roles with a primary function of ensuring due process and timescales are followed to a role where the CP chairs see themselves as the champions for children with a role to scrutinise forensically and challenge persistently (with purpose) is the step change for the team to make – a process which has begun but is work in progress.

Areas for development (for 2014/15) identified include:

- Practice Managers to routinely provide a written response to issue resolution notices.
- CP Chairs to employ issue resolution notices consistently (there was variable use during 2013/14)
- CP chairs to identify issues requiring challenge where the responsibility lies with partners and to pursue the challenge

The Reviewing Manager has ensured that all CP Chairs now understand their instrumental role in 'raising and keeping the standards'. There was a definite sense in the latter part of 2013 going onto early 2014 that CP Chairs were overwhelmed by the volume of issues presenting as a result of some poor quality agency staff and inexperienced managers. There has been a definite turn around in this attitude (supported by improving standards of social work) and a clearer sense of purpose

and function has now been injected into the team. They are supported in their independence and quality assurance function by the Assistant Director of Children, Young People and Family Services.

As part of their quality assurance functions, CP chairs are now consulting with social workers and their managers prior to ICPCs. They are also required to mid way monitor cases in between each CP review period but are hindered in doing so on a regular and consistent basis due to the amount of conferences they are currently chairing.

Specific improvements identified in the IRO annual report were:

- Three Houses consultation tool to be used at every ICPC for each child.
- Improvements in the receipt of reports (to chairs and parents) prior to conferences
- Improvement in the percentage of initial conferences held within the 15 day timescale
- Advocacy to be offered to children over the age of 10 to support attendance at conference or to ensure their views are heard and taken account of
- CP Chairs to meet with each child prior to their attendance at a child protection conference.
- Analysis to be undertaken to understand the rate of repeat plans
- A reduction in the use of multiple categories for children becoming subject to a child protection plan so that the incidence of specific parental factors can be better understood
- The service to produce a development plan to ensure that CP Chairs are exercising their role to its full extent
- Health professionals to provide a report for each conference they are invited to.

The SLSCB has endorsed the annual report, agreed the areas for improvement and will continue to monitor and evaluate performance against these objectives.

Private Fostering

The Private Fostering Annual Report 2012/13, reviewed the position in Slough against the national minimum standards that were published in 2005. As a result of this review an Action Plan was produced to ensure that Slough meets these standards.

The Action Plan was structured under the following headings:

- Statement of Purpose
- Promoting Awareness
- Monitoring Compliance

As a consequence, a significant amount of work has been undertaken to take forwards the actions under these headings.

What has been done in 2103/14

The Private Fostering Statement of Purpose has been revised to bring it into line with the national minimum standards. A Private Fostering Awareness Plan has been developed by the Council which includes a media plan to run throughout 2014/15 and the production of printed information to build awareness within the local community. In February 2014, a full page article was included in 'The Citizen' which is the Council's regular communication to the residents of Slough. In addition, the plan sets out a programme of professional awareness which includes online training for multi-agency staff who are not social workers and for social workers and a range of promotional materials for display and information, both printed and on line.

The online training for multi-agency staff who are not social workers can be accessed through the Children and Young People's Partnership Board web site and the training for social workers is part of the Councils Learning and Development programme for social workers.

Slough was inspected by Ofsted in November/December 2013 in respect of services for children in need of help and protection, children looked after and care leavers. Slough was judged as inadequate overall by Ofsted. However, inspectors acknowledged that improvements were beginning to be made against a legacy of previously poor practice. Whilst there were no immediate and priority actions or areas for development stated in the report (published in February 2014) in respect of private fostering, the report states that:

'Arrangements to raise awareness about private fostering have not been effective. The number of known private fostering arrangements has been consistently low'.

The Awareness Plan referred to above was in development at the time of the inspection and its focus is on ensuring that agencies who work directly with children and families understand what is meant by 'private fostering' and understand their responsibility to notify children's social care.

Private Fostering Activity in Slough 2013 to 2014.

The table below sets out the activity in 2013/14 and shows comparison with the 2012/13 activity

	2013 - 2014	2012 - 2013
Number of notifications of new private fostering arrangements received during the year in accordance with Regulation 3(1) and Regulation 5(1) of the Children (Private Arrangements for Fostering) Regulations 2005 :	2	3

Number of cases where action was taken in accordance with the requirements of Regulation 4(1) and Regulation 7(1) of the Children (Private Arrangements for Fostering) Regulations 2005 for carrying out visits :	2	3
Of these, the number of cases where this action was taken within 7 working days of receipt of notification of the private fostering arrangement :	2	3
Number of new arrangements that began during the year :	2	0
The number of private fostering arrangements that began ON or AFTER 1 April 2014 where visits were made at intervals of not more than six weeks :	2	N/A
The number of private fostering arrangements that began BEFORE 1 April 2014 that were continuing on 1 April 2014:	1	2
The number of private fostering arrangements that began BEFORE 1 April 2014 that were continuing on 1 April 2014 where scheduled visits in the survey year were completed in the required timescale 1 :	1	2
Number of private fostering arrangements that ended during the year :	1	1
Number of children under private fostering arrangements	2	1

The 2 children whose private fostering arrangements began between April 2013 and the end of March 2014 were both aged between 10 and 15 and were born in the UK.

The National Context

In January 2014, Ofsted published an analysis of inspections of Private Fostering undertaken in 2011 to 2013 (12 local authorities). The key findings from this analysis are as follows:

- Only one third of local authorities inspected were judged good.

- Low reporting of private fostering arrangements suggests there must be extensive ‘unknown’ private fostering in many areas.
- The annual DfE data collection produces little useful information and does not help manage risk
- Performance measures over-emphasis timely completion of set tasks rather than focusing on trends in the overall impact of local authority private fostering arrangements
- There is little evidence that awareness raising campaigns have any impact on self-referrals by the public, although strategies can help to raise awareness among professionals
- Annual Reports, whilst a requirement, are rarely of any significant value and do not address major strategic issues, such as how well they are performing against others or form an effective means of self-evaluation.
- A better system of classifying types of private fostering arrangements is well within the capabilities of local authorities.
- Risk assessment is hampered by the weakness of national data and the poor quality of local authority self-evaluation.

The report sets out a number of recommendations. The following are the relevant recommendations that could be carried out at a local level:

Data Collection:

The report makes recommendations for the DfE but consideration could be given at a local level to how we record and categorise private fostering arrangements:

- Recording how notifications were first made
- Categorise children by reason for placement (to enable the separation of high and low risk groups)
- How long children were living in the arrangement before notification
- The proportion of voluntary self-referral (by the adult private foster carer) being seen as the key indicator of effectiveness
- Schools being required to clarify numbers of children not living with their parents as part of the admissions process

Awareness Raising

- Re-branding Annual Reports as ‘self-evaluation’ and publishing them in full on the LA and LSCB web sites
- Place the emphasis on ‘key contact’ points such as school enrolment and GPs, verifying that children are living with their parents
- Make regular contacts with all language colleges in the LA area to check whether they have relevant young people on roll and where they are living and review such arrangements at regular intervals with the service provider

What is planned for the future

Objectives for 2014/15 are as follows:

To reduce unknown private fostering arrangements in Slough by:

- Raising awareness within the community and in all services working with children and families to ensure that private fostering arrangements are identified and appropriate referrals made to children's social care. In particular, to identify 'key contact' points and for those working with children and families to undertake the relevant on line training
- Publishing the Private Fostering Annual Report on the LSCB and CYPP websites and seek agreement from partners to ensure the Annual Report is discussed at relevant management meetings within organisations.

Target 'key' contact points:

- Identify language colleges within a 10 mile radius of Slough and initiate contact with these colleges in respect of any arrangements in place for students that might constitute private fostering within Slough. To consider with other LSCBs the benefits of undertaking this on a Berkshire wide basis
- Seek agreement from schools and GPs to identify situations where children are not living with their parents by seeking verification from the adults caring for children.

A scorecard that will help measure progress

- Consideration of a Slough scorecard for Private Fostering, taking account of the recommendations in the Ofsted report referenced above

The proposed actions for 2014/15 are set out in the Action Plan which is Appendix 6 of this Annual Report.

Priority 1C: Responding to the new Working Together Framework 2013

In March 2013 the Department for Education issued a revised Working Together. The new version required the Board to review its constitution, modus operandi and a range of documentation to secure compliance with the new framework.

What was planned?

The Business Plan 2013/16 set out a range of actions it planned to undertake to secure compliance with Working Together 2013 including:

A programme of measures to secure compliance with the expectations of LSCBs in the new Working Together framework in relation to Assessing Need and Providing Help.

A programme of work to agree with the local authority and partners a single assessment framework.

The development and publication of a threshold document that included:

- The process for early help assessment and the type and level of early help services to be provided;
- Criteria for when a case should be referred to the local authority's CSC for assessment under Section 17, 47, 31 and 20.

The publication of a Learning and Improvement Framework including revised arrangements for undertaking Serious Case Reviews and others forms of review.

Assurance that appropriate information sharing arrangements are in place across the partnership.

What action did the Board take?

A full scale review was undertaken of the constitution, governance and day-to-day operation of the Board to ensure compliance with Working Together 2013. The work relating to the operation of the Board itself and its relationship with other key partnership bodies is covered in detail in Chapter 5: Improving the Effectiveness of the Board. In addition, the Pan-Berkshire Policies and Procedures Sub-Group in collaboration with Tri-x worked to update all policies and procedures to secure alignment with the expectations of Working Together 2013 – work which is covered in more detail in the annual report of the Sub-Group later in this report.

In addition three specific strands of work took place to develop:

- The single assessment framework
- The Threshold Protocol
- The Learning and Improvement Framework

These three programmes of work were led by the Head of Safeguarding but supported by a multi-agency reference group to ensure both ownership and understanding across the partnership.

What has been the impact?

Board arrangements were reviewed in a timely manner and Ofsted confirmed in their inspection in November 2013 that the LSCB met its statutory requirements as set out in Working Together 2013. It specifically confirmed that:

> 'The LSCB ensures policies, procedures and the threshold for access to services are fit for purpose, kept under review and regularly updated to reflect statutory responsibilities and changes'

The three key documents referred to above were approved by the Board by the deadline of March 2013 and are all available on the new SLSCB website at **www.slough.gov.uk**

What developments and improvements are required in the future?

The three documents referred to above were all published in April 2014. Clearly, monitoring the effectiveness and impact of these new arrangements will be a key priority in 2014/15. In particular the Board has identified specific actions that relate to areas for improvement identified in the Ofsted inspection of November 2013.

Specific actions set out in the Business Plan 2014/17 are:

To secure the implementation of:

- The Threshold Protocol;
- The Learning and Improvement Framework

To formulate plans of action to implement these frameworks

To review the QA and PM framework to test the impact of these frameworks particularly in relation to:

- Understanding and application of thresholds for early help;
- Criteria for when a case should be referred to the local authority's CSC for assessment under Section 17, 47, 31 and 20.

Secure assurance that appropriate information sharing arrangements are in place across the partnership.

STRATEGIC OBJECTIVE 2:

To target areas of particular safeguarding risk in Slough which have been identified as:

- **CSE and Child Trafficking**
- **Domestic Violence**
- **Homelessness (16-19 year olds)**
- **Neglect**
- **Mental Health – both children and parents**
- **E-Safety**
- **Drug and Alcohol Abuse**

What was planned?

CSE and Child Trafficking

The priorities in this area were to:

- Carry out risk audit to determine levels of potential CSE prevalence in Slough.
- Hold CSE Conference
- Formulate and implement the CSE pathway set within the context of the wider service provision pathway;
- Implement a specific QA and PM framework for CSE that will incorporate quantitative and qualitative data (including multi-agency audit) and engagement/feedback from service users and front-line staff;
- Secure appropriate links and coherence between work on CSE and that on: children missing; children receiving services from the YOT; gang and youth violence; PREVENT and Channel (vulnerability to extremism and radicalisation)

Domestic Abuse

The priorities in this area were to:

Agree with the Safer Slough Partnership the interface between their role in leading the Domestic Violence and the SLSCB and SVAB roles in scrutinising and challenging performance on DV – and then to put in place arrangements that enable the SLSCB to be assured that:

- there is a reduction in the number of children facing safeguarding risk as a result of Domestic Abuse.
- there is improved capability to identify risk and secure multi-agency responses to the risks presented as a result of report Domestic Abuse

- responses to domestic abuse are effectively managed by partner agencies individually and in partnership

Homelessness

The priorities in this area were to:

Receive an assessment of the impact of new housing policies and practice in response to the Southwark Judgement on levels of homelessness amongst 16-19 Year Olds specifically in relation to safeguarding risk.

Negotiate, agree and secure the implementation of risk mitigation to reduce and manage safeguarding risk

Neglect

The priorities in this area were to:

Receive a report on the reasons why neglect remains the most significant CP category and what steps can be taken across the whole pathway of provision (the child's journey) to secure earlier intervention that reduces the number/proportion of cases that reach the threshold for 'significant harm'.

Mental Health of both children and adults

The priorities in this area were :

In collaboration with the Safeguarding Vulnerable Adults Boad to devise a plan for better integrated approach to assessing impact of mental health assessments across children and adult services

The two Boards to agree QA and PM framework to scrutinise and evaluate impact.

E-Safety

The priorities in this area were to:

Gain assurance that there is a 'Safeguarding in Education' lead.

Be assured that prevalence audit of e-bullying incidents is undertaken and that strategy and action plan to reduce levels of prevalence is agreed and in place

Appropriate interventions in place to address needs of both victims and perpetrators

Drug and Alcohol Abuse

The priorities in this area were :

In collaboration with the Safeguarding Vulnerable Adults Boad to devise a plan for better integrated approach to assessing impact of mental health assessments across children and adult services

The two Boards to agree QA and PM framework to scrutinise and evaluate impact.

What action did the Board take?

CSE and Child Trafficking

A full report of the work of the CSE and Child Trafficking Sub-Group is set out in Part 6 of this Annual Report

Domestic Violence

Strategically, the first actions taken were targeted at clarifying the governance interface between, on the one hand, the Safer Slough Partnership in its role as strategic commissioning lead for Domestic Violence and, on the other, the Slough LSCB and the Safeguarding Vulnerable Adults Board (SVAB) in relation to their scrutiny and challenge role in this important area of service provision.

The SLSCB and Slough Adult Safeguarding Partnership Board (SASPB) held a joint development session in July 2013 to consider routes to improving governance and performance relating to domestic violence. At this meeting a number of actions were agreed:

- to secure clarity about the relative roles of the SLSCB, SASPB, Safer Slough Partnership (SSP) and Children and Young People's Partnership Board (CYPPB);
- at both strategic and operational levels agree a process through which commissioning partnership boards consult with the safeguarding boards on domestic violence strategies and action plans;
- Partnerships collectively agree key priorities for action e.g.
    - Effectiveness of DV co-ordination
    - Staff 'thinking family'
    - Better quality reporting of DV incidents
- To develop arrangements for quality assurance and performance management that will assure the safeguarding boards of the effectiveness and impact of strategies and action plans. To secure this the safeguarding boards will need to be clear about what they are looking to be assured of.

The relative roles of the partnerships were clarified and agreed very early in the year. It was also agreed that there was a need for a strategic lead for domestic violence – both in terms of an individual post-holder and in terms of a forum through which the domestic violence strategy and action plan could become more robust. Both have been established and it is worth noting that the Ofsted team recognised that:

'The LSCB has been instrumental in ensuring the appointment of a strategic lead for domestic. This post is now operational and leads on co-ordinating both the strategy and the delivery of services'.

In addition work has been undertaken to strengthen referral and assessment processes relating to domestic violence in collaboration with the Thames Valley Policy. Thames Valley Police have allocated two risk analysts to assist in improving a 'child centred' approach to risk assessment of domestic abuse referrals, one of which has been co-located with the 'front door' duty team in children's services during 2013/14. Front line police officers have received training that focuses upon the need to be alert to the child's perspective and risk when attending domestic abuse incidents.

Homelessness (16-19 year olds)

Since the appointment of the current representative of the Housing Team to the Board the SLSCB has been better engaged in and informed about the development and implementation of Housing strategy, its implementation and its potential impact on safeguarding for children. This has included discussion of the implications of the Southwark Judgement and steps taken to avoid increased homelessness amongst 16-19 year olds and young adults. Slough has formulated a new Housing strategy during 2013/14 that has included arrangements better to support care leavers and other vulnerable young people and young adults. The Board has been kept well informed of these developments and has been provided with opportunities to scrutinise and challenge developments from a safeguarding perspective.

Neglect

To be added

Mental Health – both children and parents

The key focus of work under this priority was to identify ways in which we could secure safeguarding arrangements that cross-cut the children and adult services arenas. This was a key focus of the development session between the SLSCB and the SASPB in July 2013. From this session a number of priorities for action were agreed:

- to secure clarity about the relative roles of the SLSCB, SASPB, Safer Slough Partnership (SSP), Children and Young People's Partnership Board (CYPPB) and Health PDG;
- at both strategic and operational levels agree a process through which commissioning partnership boards consult with the safeguarding boards on mental health strategies and action plans;
- partnerships collectively agree key priorities for action e.g.

        - Understanding the impact of individuals' mental health on those around them
        - Staff 'thinking family'
        - Improved co-ordination of service delivery across agencies
- To develop arrangements for quality assurance and performance management that will assure the safeguarding boards of the effectiveness and impact of strategies and action plans. To secure this the safeguarding boards will need to be clear about what they are looking to be assured of.

E-Safety

The importance of securing action in this area was reinforced by consultations with young people who, across all forums consulted, identified e-safety as their key safeguarding concern (the outcomes of consultations with young people are set out in more detail in Part 5 of this report.

Agreement was secured to the proposal that this work should be led by the Safeguarding in Education Officer role that formed part of the new Safeguarding and Quality Assurance team arrangements in Children's Social Care. However, little further progress was made during 2013/14 since the post remained vacant despite exercises to recruit.

Drug and Alcohol Abuse

The key focus of this priority was to secure clarity in the strategic interface between the SLSCB and SSAPB on the one hand, and on the other the key strategic commissioning partnerships such as the Safer Slough Partnership and CYP Partnership Board. Again, this was a matter for discussion at the joint development day held between the SLSCB and the SSAPB. At this meeting the following actions were agreed:

- to secure clarity about the relative roles of the SLSCB, SASPB, Safer Slough Partnership (SSP), Children and Young People's Partnership Board (CYPPB) and the Health PDG;
- at both strategic and operational levels to agree a process through which commissioning partnership boards consult with the safeguarding boards on drug and alcohol strategies and action plans;
- partnerships collectively to agree key priorities for action e.g.
    - Chaotic lifestyles – are there effective responses from services in terms of safeguarding e.g. alerts, preventative action;
    - Effective safeguarding through effective commissioning – the Boards need to be assured that commissioners are achieving this both individually and collectively;
    - Workforce development re 'ThInk Family' for those delivering drug and alcohol services

- Agree arrangements for quality assurance and performance management that will assure the safeguarding boards of the effectiveness and impact of strategies and action plans. To secure this the safeguarding boards will need to be clear about what they are looking to be assured of.

What has been the impact?

The impact of actions taken in relation to CSE and Trafficking are set out in the CSE and Trafficking Sub-Group Report in Part 7 of this report.

During the financial year 2013/14 there were ? Contacts received that could be attributed to domestic abuse. The table below is compiled from the monthly breakdown of contacts received.

Contacts received from TVP

Chart to be added

What developments and improvements are required in the future?

The SLSCB Business Plan for 2013-16 identifies 6 risk areas on which it wishes to secure assurance of improved service performance and outcomes for children, young people and families. These together with the key intended actions are:

CSE and Child Trafficking

- Repeat risk audit to determine levels of potential CSE prevalence in Slough.
- Formulate and implement the CSE pathway which clearly outlines multi-agency responses and interventions, setting out how risk will be continually reviewed on individual cases and set within the context of the wider service provision pathway;
- Further develop specific QA and PM framework for CSE that will incorporate quantitative and qualitative data (including multi-agency audit) and engagement/feedback from service users and front-line staff;
- Secure appropriate links and coherence between work on CSE and that on: children missing; children receiving services from the YOT; gang and youth violence; PREVENT and Channel (vulnerability to extremism and radicalisation)

Domestic Abuse

Agree with the new Domestic Abuse Strategic Group the interface between their role in leading the Domestic Violence and the SLSCB and SVAB roles in scrutinising and challenging performance on DV – and then to put in place arrangements that enable the SLSCB to be assured that:

- there is a reduction in the number of children facing safeguarding risk as a result of Domestic Abuse.

- there is improved capability to identify risk and secure multi-agency responses to the risks presented as a result of report Domestic Abuse
- responses to domestic abuse are effectively managed by partner agencies individually and in partnership

Homelessness (16-19 Year Olds)

The SLSCB to receive an assessment of the impact of new housing policies and practice in response to the Southwark Judgement on levels of homelessness amongst 16-19 Year Olds specifically in relation to safeguarding risk.

SLSCB to receive report on the new Borough Housing Strategy to assess its impact on safeguarding and to determine any changes/mitigation it may wish to see in place to protect children and young people. This to include reference to; the impact of benefit reform; out of borough housing placement policy

Negotiate, agree and secure the implementation of risk mitigation to reduce and manage safeguarding risk

Mental Health (Children and Adults)

SLSCB and SSAPB to devise plan for better integrated approach to assessing impact of mental health assessments across children and adult services

Boards to agree QA and PM framework to scrutinise and evaluate impact.

SLSCB to be assured of performance of CAMHS in contributing to effective safeguarding arrangements at both universal and specialist levels

E-Safety

Gain assurance that there is a 'Safeguarding in Education' lead.

Be assured that prevalence audit of e-bullying incidents is undertaken and that strategy and action plan to reduce levels of prevalence is agreed and in place

Appropriate interventions in place to address needs of both victims and perpetrators

Be assured that there is a e-resilience strategy and action plan in place to support reduction in impact of e-bullying

Female Genital Mutilation

Deliver annual conference focused on FGM.

Establish a task and finish group to formulate Slough FGM strategy and action plan

PREVENT

Secure more effective links between the SLSCB and PREVENT/Channel activity across the Borough

4. IMPROVING THE EFFECTIVENESS OF THE BOARD

The SLSCB has met four times during 2013/14. These meetings were held on 23rd May 2013, 19th September 2013, 12th December 2013 and 13th March 2014. In addition there was a Development Day held on 23rd January 2014 and a joint meeting of the SLSCB with the Safeguarding Adults Partnership Board on 10th July 2013.

Attendance rates at full Board meetings were as follows:

Organisation	Attendance Rate	Comments
Independent Chair	75%	One meeting missed due to illness
Director of Well-Being	100%	
Slough Borough Council, AD Children, Young People and Families	75%	
Slough Borough Council, Safeguarding lead	75%	
Slough Borough Council, AD Housing	50%	The current Housing representative has achieved 100% attendance since his appointment.
Slough Borough Council, Adult Services	100%	
CCG	50%	
Berkshire Healthcare Foundation Trust	100%	
Heatherwood and Wexham Park Hospital	25%	
Thames Valley Police	25%	
Headteachers (Primary)	75%	
Headteachers (Secondary)	75%	
FE Colleges	75%	
YOT	75%	
CVS	75%	One meeting missed due to illness
Probation	50%	There was a change in personnel during the year which created a gap in attendance.
CAFCAS	25%	A period of illness and then change in personnel contributed to this low attendance rate.
Lay Members	100%	Lay members have been present at all meetings but one lay member has not recorded

		100% attendance.
Healthwatch	50%	Healthwatch representation began in the autumn of 2013 – since that time the representative has recorded 100% attendance.
Lead Member for Children and Young People (Observer)	75%	

Priority 3: To improve the effectiveness of the SLSCB

What was planned?

The priorities set out in the Business Plan for 2013/14 were as follows:

Secure a level of Board effectiveness that enables the SLSCB to assume the role of the Safeguarding Improvement Board.

The implementation of changes to Board arrangements to reflect and secure compliance with the new Working Together framework – including revised assessment, threshold and SCR/Learning and Development frameworks.

Robust and rigorous partnership arrangements at a time of organisational and structural changes in some partner agencies.

Implement the new QA and PM framework in collaboration with CSC, individual partner agencies and the CYPPB and, as a result, enhance its ability to scrutinise and challenge safeguarding effectiveness and co-ordination of safeguarding services across the partnership.

Secure clarity and coherence in the SLSCBs relationships with other partnership bodies including: the Slough Well-Being Board, the Safer Slough Partnership, Safer Communities Partnership, DAAT, and the Safeguarding Adults Board.

Secure a 'Think Family' approach to safeguarding effectiveness through effective co-ordination and coherence with the SSAPB.

Secure assurance that children's services commissioning arrangements build in effective safeguarding arrangements

Be assured that there is compliance with safeguarding policy and procedures across the partnership whilst promoting a learning culture.

Be assured that appropriate arrangements are in place to plan and prepare for an Ofsted Inspection of Child Protection and the multi-agency inspection of safeguarding should this be introduced

What action did the Board take?

Following the publication of Working Together the SLSCB conducted an audit of its constitution, membership and working arrangements to ensure continuing compliance with statutory expectations. In terms of constitution and membership existing arrangements required little change beyond the changes that had recently taken place in terms of organisational change specifically within the health sector.

Particular emphasis was placed on ensuring effective interface with other partnerships such as the Slough Well-Being Board, the Safer Slough Partnership, the Children and Young People's Partnership Board (CYPPB) and the Slough Safeguarding Adults Partnership Board. Protocols between the SLSCB and the Slough Well-Being Board and CYPPB were already in place. Whilst the relationship with the CYPPB was no longer a requirement of Working Together 2013, locally it was agreed that the CYPPB would continue to be the lead strategic commissioning partnership body for multi-agency service delivery and so the relationship between the two partnerships was both sustained and indeed developed. Existing protocols were revised to ensure compliance with Working Together 2013.

Significant work was undertaken in collaboration with the Slough Safeguarding Adults Partnership Board to secure clarity in the inter-relationship between their work on safeguarding and the work of the Safer Slough Partnership specifically in relation to domestic violence, mental health services and drug and alcohol abuse services. The detail of this work was addressed in a joint development sessions between the two safeguarding boards in July 2013 subsequent to which the two Independent Chairs engaged in work with the Safer Slough Partnership to secure clarity of roles and relationships on these key areas of work. In essence the conclusion was to identify the Safer Slough Partnership and its domestic violence strategic group as strategic commissioners of these services with the safeguarding boards adopting a scrutiny and challenge role. Underpinning this was work to agree a shared quality assurance and performance management framework through which performance and impact could be assessed. This work was not concluded within 2013/14 and continues into the current year.

Changes were made to the performance management arrangements for the Independent Chair in light of the requirement of Working Together 2013 that the Chief Executive assume the 'line- management' role previously undertaken by the Director of Children's Services (Director of Well-Being in Slough). The quarterly one-to-one meetings between the Chief Executive and the Independent Chair began in July 2013. These were supplemented by meetings of the Chief Executive, Independent Chair, Director of Well-Being and the Councillor lead for children and young people primarily to improve working across partnership bodies.

In addition work was undertaken to develop a threshold protocol and learning and improvement framework and to scrutinise the development of the new assessment framework developed by the local authority with its partners. These pieces of work have been outlined in earlier parts of this report.

A number of member agencies experienced significant structural and organisational change during 2013/14 and the Board had set itself the goal of ensuring that these changes take place with minimal detriment to the effectiveness of the Board. There were significant changes in the health sector at the beginning of the year with the creation of the CCG and the Area Team. In addition the Probation Service was preparing for significant change that finally took place in June 2014. Our performance in securing seamless transition has been mixed. Whilst attendance by some agencies has remained high as can be seen in the table above for others we have experienced a fall in attendance levels. This has been exacerbated by a not insignificant number of personnel changes in organisations, in some cases preceded by periods of ill health, that have created gaps in membership and a reduction in the attendance rates. This matter has been raised with chief officers of those agencies where attendance levels have caused concern and, in the main, we have experienced improvements as a result.

A particular concern has arisen in relation to attendance rates at sub-groups and this was a matter highlighted by Ofsted when they reviewed the Board in November 2013. This led to a review of sub-group membership and of the chairing of these groups to secure wider agency engagement levels.

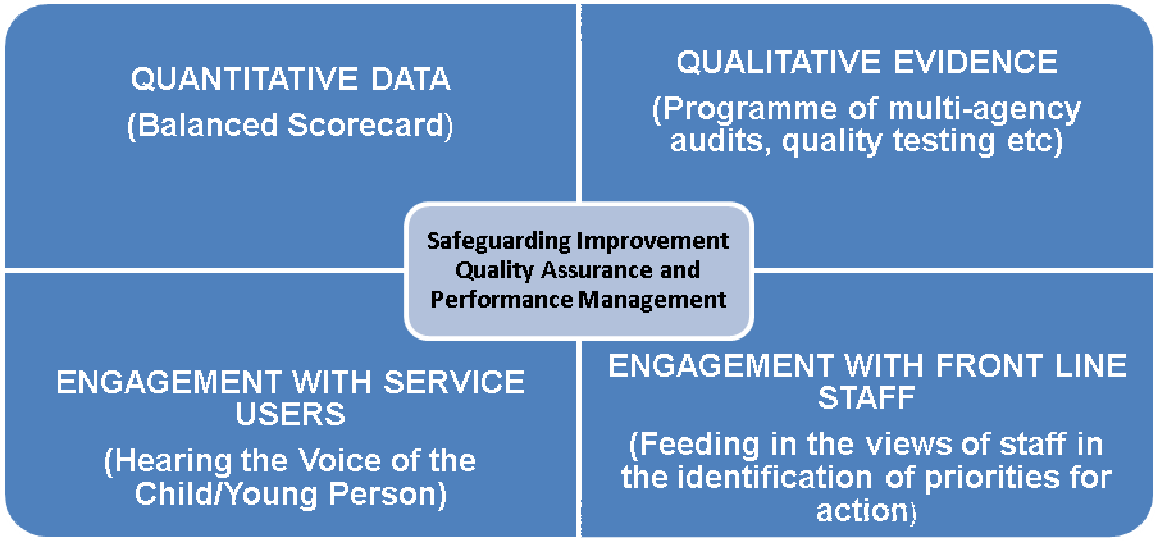
A key piece of work undertaken was the review and re-design of the SLSCBs Quality Assurance and Performance Management Framework. This was undertaken in close collaboration with the CYPPB. The new arrangements were developed in response to decisions to formulate a cross-cutting framework that will secure both robust scrutiny and monitoring of performance and coherent and co-ordinated arrangements across the three key elements of the safeguarding improvement governance structures – i.e. children's social care services (CSC), the Children and Young People's Partnership Board (CYPPB) and the Slough Local Safeguarding Children Board (SLSCB). In addition there was an intention to extend the scope of the QA and PM framework to include other parts of Slough Borough Council beyond Children's Social Care and other statutory partner agencies.

The new framework was based on a number of principles that we wished to underpin the new arrangements. These were that:

- Quality assurance and performance management data and information should be collected only once – by the agency or body identified as lead for this area of QA and PM in this framework document;
- The agency or body that collects the information will be responsible for analysis of the data;
- Analysis must enable other forums to recognise and understand the reasons for success and enable them to focus their attention on remedial action required to address performance concerns;

- Analysis of QA and PM information may then be shared with other agencies/bodies where this analysis informs their business and contributes to their ability to test outcomes and impact relevant to their strategic priorities;
- There is an expectation that Partnership Bodies will selectively draw on QA and PM information that is already collected by agencies – only in very exceptional cases will Partnership bodies create additional indicators;
- The QA and PM framework will be continually reviewed to reflect agencies changing national quality assurance and performance management arrangements (e.g. the current changes to health sector arrangements in light of the transition to CCGs and Area Teams).
- The QA and PM framework must reflect the expectations of the new multi-inspectorate regulatory arrangements due to be introduced in June 2013 to assist in speedy presentation of relevant outcome and impact evaluation and support inspection preparation and performance.

Following the Peer Review undertaken in November 2012, the CYPPB and SLSCB agreed a conceptual framework within which the safeguarding improvement QA and PM arrangements would sit. This comprised four 'quadrants' as follows:



<--------RISK MANAGEMENT--- -->

This was an approach already adopted by the SLSCB but one which we agreed should be applied across all safeguarding improvement work overseen by the Safeguarding Improvement Board.

In addition to this overall conceptual framework it was intended that the quality and performance information should span the 'child's journey' as conceived through the Munro Review of safeguarding. This comprises: early help; contact, referral and assessment; child protection and; looked after children. It also included the range of local indicators that reflect key priorities in development/business plans formulated

by the three elements of the safeguarding improvement governance structure – this included areas such as workforce development, areas of specific concern in the Slough context (e.g. domestic abuse, child sexual exploitation and child trafficking, homelessness, e-bullying)

Finally the new framework included steps to address issues arising from the Peer Review undertaken in late 2012 including:

- Increasing the pace of improvement – supported by rigorous and robust scrutiny and challenge;
- Focusing on impact and evidencing the contribution of CSC, CYPPB and SLSCB to this impact
- Evaluating the effectiveness of both individual agencies and partnership working
- Ensuring effective practice and service delivery both within children's social care and across the partnership;
- Delivering effective early help
- Ensuring the voice of children and young people is heard and that it influences the development and improvement of services;
- Streamlining the QA and PM framework employed by the SLSCB
- Developing a QA and PM framework for the CYPPB
- Using audit – including multi-agency audit - more effectively to support learning & drive improvement in practice
- Securing synergy across CSC, CYPPB and SLSCB in their respective and different roles in securing safeguarding improvement
- Planning for the new multi-inspectorate child protection inspection framework
- Improving communication and engagement with both users and with front-line staff across the partnership.

The new framework was also intended to ensure that data was collected and analysed once – but that the outcomes of analysis would selectively be reported to the CYPPB and the SLSCB to enable them to monitor and scrutinise performance that is relevant to their key strategic priorities and objectives as set out in the Children and Young People's Plan and the SLSCB Business Plan. This was intended to enable the Boards to focus on actions required to improve performance particularly where this relates to partnership working – but will also include issues relating to individual service performance.

Children's Social Care

Other Council Services

CCG Children and Young People's Partnership Board

Community Provider Health Service --------→

Acute Health Services Slough Local Safeguarding Children Board

Police

Probation

Schools

In terms of reporting to both the CYPPB and the SLSCB the intention was to adopt a programme of Quarterly Reviews so that a comprehensive and focused analysis was available at the four Board meetings held each year.

The components of the new SLSCB scorecard were negotiated with partners across the summer of 2013 with a view to ensuring that data collected was based on agencies existing data collection arrangements and was not adding to the bureaucratic burden by creating new data sets. The final version of the scorecard was agreed in the autumn of 2013 with a view to the first reporting starting in the spring of 2014.

Work undertaken to reflect the 'Think Family' concept and to secure robust and rigorous inter-faces with key strategic commissioning bodies has been outlined earlier in this report most specifically in terms of the joint development session held in July 2013 between the SLSCB and SSAPB. A detailed report of this session is attached as Appendix 5 for further reference.

Between June and November the SLSCB engaged in a process of preparation for an impending Ofsted inspection based on the framework first published by Ofsted in the summer and launched in November 2013.

What has been the impact?

In terms of securing compliance with Working Together 2013 the SLSCB has secured positive outcomes. Indeed the Ofsted review of the LSCB, undertaken in November 2013 confirmed that the Board had 'made clear improvements in the last year from a low starting point'. It went on to confirm that membership met requirements and that:

> 'The LSCB ensures policies, procedures and the threshold for access to services are fit for purpose, kept under review and regularly updated to reflect statutory responsibilities and changes'

New arrangements for the performance management of the Independent Chair and for the inter-relationships between the SLSCB and other key strategic partnership bodies have all been put in place and again, were recognised by the Ofsted inspection.

There were other elements of the SLSCBs performance that were positively assessed by Ofsted including commenting that:

- The LSCB has taken effective action to address some of the shortfalls and weaknesses of the Board's operation which were identified at the last inspection;
- The LSCB has clearly identified priorities in the current business plan and regularly reviews its progress;
- The Executive Board scrutinises these decisions and actions
- The LSCB has brought a clear focus to shaping strategy, policy and practice across the partnership;
- The LSCB has revised thresholds and engaged with children and families to improve their involvement and participation across services in regards to domestic violence, child sexual exploitation and chld trafficking;
- Learning from serious case reviews is well established and suitably incorporates lessons from both local and national issues and relevant research;
- Learning and impact on practice is evaluated through audit activity and the board effectively monitors progress;
- Partners make appropriate financial contributions to support the business of the LSCB and members of the Board are at a sufficiently senior level to influence change in partner agencies;
- The LSCB ensures that policies, procedures and the threshold for access to services are fit for purpose, kept under review and regularly updated to reflect statutory responsibilities and changes;
- The workforce across the partnership is receiving appropriate safeguarding training. A well-defined learning and development strategy supports agencies to identify and address the safeguarding training needs of their workforce on a single and inter-agency basis;
- There are good quality assurance arrangements for the delivery of multi-agency training;

Despite these positive comments the overall judgement of the Ofsted team in respect of the effectiveness of the SLSCB was 'inadequate' and this must be recognised in this section of this Annual Report. This was a disappointing outcome particularly since the Board's self-assessment had deemed the Board to be operating at a level that would be judged 'Requires Improvement'.

The key reasons for the 'inadequate' judgement related to the inspectors view that the Board could not provide evidence of impact in performance in relation to early help and child protection. Paramount in this judgement was the view that the Board had not ensured effective partner engagement in a range of functional areas most importantly early help, child protection and the range of multi-agency groups that were in place to support these developments.

The challenge in securing partner engagement can be illustrated in reviewing the impact of the new Quality Assurance and Performance Management arrangements outlined above. Despite significant time invested in negotiating and agreeing partner agency contributions to these new arrangements delivery of the SLSCB scorecard and accompanying analysis has proved challenging with only one agency, the Berkshire Healthcare Foundation Trust, regularly submitting its contribution to these new arrangements. This has left the Board heavily reliant on children's social care data in monitoring and evaluating effectiveness.

The priority and immediate actions and the areas for development identified in the Ofsted review of the SLSCB have been clearly reflected in the new Business Plan for 2014/15 and can be seen in the developments and improvement required in the future set out below.

What developments and improvements are required in the future?

Ensure that agencies take full responsibility for their roles as set out in Working Together to Safeguard Children and that they commit to multi-agency strategies and working groups, including sharing responsibility and resources where necessary (Priority and Immediate Action in Ofsted Review of LSCB).

Secure a level of Board effectiveness that enables the SLSCB to assume the role of the Safeguarding Improvement Board.

The implementation of changes to Board arrangements to reflect and secure compliance with the new Working Together framework – including revised assessment, threshold and SCR/Learning and Development frameworks.

Robust and rigorous partnership arrangements at a time of organisational and structural changes in some partner agencies.

Implement the QA and PM framework in collaboration with CSC, individual partner agencies and the CYPPB and, as a result, enhance its ability to scrutinise and challenge safeguarding effectiveness and co-ordination of safeguarding services across the partnership.

Secure clarity and coherence in the SLSCBs relationships with other partnership bodies including: the Slough Well-Being Board, the Safer Slough Partnership, Safer Communities Partnership, DAAT, and the Safeguarding Adults Board.

Secure a 'Think Family' approach to safeguarding effectiveness through effective co-ordination and coherence with the SSAPB.

Secure assurance that children's services commissioning arrangements build in effective safeguarding arrangements.

Be assured that there is compliance with safeguarding policy and procedures across the partnership whilst promoting a learning culture.

Be assured that appropriate arrangements are in place to plan and prepare for an Ofsted Inspection of Child Protection and the multi-agency inspection of safeguarding should this be introduced.

5. COMMUNICATION AND ENGAGEMENT

Priority 4:

What was planned?

The SLSCB Business Plan 2012/13 set out a number of key objectives which were to:

- improve the engagement of children and young people in the work of SLSCB;
- Improve communication and engagement with communities in Slough – raising the profile of safeguarding;
- Improve communication and engagement with front line staff and operational managers;
- Improve communication and engagement with partner agencies.

Specific actions planned were:

A strong profile for the Board across the Partnership and the communities of Slough through:

- Implementation of the new SLSCB web-site
- Regular communication of key messages, Board decisions and learning from SCRs and other reviews/audits across the partnership primarily through existing agency communication channels;
- Raising the profile of the SLSCB through local media, events and other communication channels.

Securing evidence that the voices of children, young people and families are heard in planning, delivering and evaluating safeguarding in Slough

Securing evidence that views of frontline staff from across the Partnership are heard in planning, delivering and evaluating safeguarding in Slough.

What action did the Board take?

Following recommendations in the Peer Review undertaken in 2012 the Board agreed to split the former Communication and Participation Sub-Group to form separate Communication and Participation and Engagement Sub-Groups most importantly to secure greater focus on engagement and participation – and area on which insufficient progress had been made in the previous year. Both the Communication Sub-Group and the Participation and Engagement Sub-Group serve the SLSCB and the CYPPB to enable cohesion and co-ordination of the work and secure more efficient means of working.

With regard to communications a number of actions have been undertaken:

- The creation of a new SLSCB website, building on best practice adopted by other Board, through which key information and messages could be disseminated and promoted. This was launched in October 2013.
- The creation of a new cascade model for the dissemination of key information and messages across the partnership. This was launched in the autumn of 2013 and comprised:
    - producing text that could be included on both the website and for inclusion in each agencies usual staff newsletters/bulletins . Using existing newsletters was deemed a more effective way of reaching people rather than e-bulletins from the LSCB for example.
    - adopting an additional procedure through which those organisations that had team briefing cascades would send the information through their own cascading procedures but add to our text with text specific to their own organisation.
    - Seeking feedback through team briefing systems to Board members within their own organisations who would then feed back into our Board systems.

There has, in addition, been closer working with the communications leads of all partner organisations to ensure support in both media communications on key issues, including the Ofsted review of the SLSCB and in the production of key documents to be published on the website and in hard copy.

Significant progress has been made in extending the Board's engagement with children and young people.

An Engagement and Participation Strategy was developed in collaboration with the CYPPB and launched in September 2013. This set out the intentions of both Boards to extend participation and ensure the voice of the child was heard in the planning, delivery and evaluation of service and their impact. It also created a plan of action that has subsequently been oversee by the Participation and Engagement Sub-Group.

A range of engagement activities were undertaken with:

- The Slough Youth Council
- The Children in Care Council
- Schools Councils
- Pupils in Slough schools through a pupil survey undertaken in the summer of 2013.

These pieces of work are outlined in more detail in the impact section below.

What has been the impact?

The SLSCB website was launched in October 2013 and has been well used and well regarded according to feedback through the Communications Sub-Group.

The cascading of information has secured some success but use of the cascade model has been limited and we need to ensure wider use of this methodology to secure comprehensive coverage across the partnership.

Two meetings took place with the Youth Council, first to raise awareness of the work of the SLSCB and the CYPPB and then to seek from the Youth Council their views about safeguarding priorities to be fed into the Business Planning process for 2013/14. The key priority emerging from this process was risk arising from e-bullying and this was included as a priority in the Business Plan for 2014/15.

Creative Junction, a social enterprise entity, worked with our Children in Care Council to facilitate their contribution to the Participation and Engagement Strategy and to identify their priorities for safeguarding which were also fed into the business planning process for 2014/15. Creative Junction presented a report of the work to the SLSCB Board so that they could first-hand the feedback from young people that had been given during the event.

It has subsequently been agreed that this model of facilitated engagement should become a regular part of our engagement and participation work and that consideration will be given to commissioning a programme of such provision with key strategic forums in 2014/15. This will need to be considered by the Children and Young People's Partnership Board.

Two pilot surveys of pupils were carried out in Slough by the Children's Society and Foster & Brown. The findings were reported back to the Board and to the CYPPB and were also fed in to the business planning process for 2014/15.

The surveys were regarded as helpful but there was a view that further development would be required if these were to be adopted in the long term most importantly:

- that more qualitative questions were asked to determine what influences young people to access/choose to access services and what they find most helpful when accessing services
- that the surveys are made more bespoke to Slough and focus on priorities that have been identified by both the CYPPB and the SLSCB;
- that the survey might be more inter-active and available on-line to broaden engagement;
- there must be feedback to those that have participated in the survey both to enable young people to see what came out of the survey but more importantly to ensure that they see what action is taken by services as a result.

Consideration is being given to repeating these surveys on a more bespoke basis in 2014/15.

In addition the Participation and Engagement Sub-Group carried out an audit of engagement activity undertaken in agencies who were members of the SLSCB and CYPPB. The purpose of this was to raise awareness of work that already took place

to enable safeguarding to be included in these engagement activities rather than trying to develop additional activities that required additional capacity to run them. Initially the outcomes from this audit were disappointing in terms of the limited range of activity that was taking place. However, it has subsequently emerged that there is some activity taking place and this has led to the formation of a further group of engagement practitioners reporting to the Participation and Engagement Sub-Group to share information about engagement activity taking place, to ensure the inclusion of safeguarding matters in these agendas and to secure co-ordination between the various strands of activity.

What developments and improvements are required in the future?

The priorities set out in the Business Plan for 2014/15 remain essentially the same as those for 2013/14 since further steps are required to embed and extend our communication and participation activity. There is a particular focus on securing better engagement with staff, an area with which little progress was made in 2014.

6. A workforce able to deliver our priorities for action

What was planned?

The SLSCB Business Plan 2013/14 aimed to develop a workforce that is confident, competent and skilled to secure effective safeguarding and to deliver the expectations set out in this Business Plan.

Specific actions to be undertaken included securing assurance that:

- there was inclusion of appropriate safeguarding training and development within the overall Children's Workforce Development Programme;
- all agencies deliver appropriate levels of training at levels 1 and 2;
- multi-agency training is delivered at levels 3 and 4 to those that require it specifically in relation to key priorities in this Business Plan;
- the quality and impact of training in terms of building staff skills and competencies and in terms of improved safeguarding outcomes for children and young people;
- specific focus is given to: threshold awareness and implementation; awareness of and competence in addressing CSE and child trafficking; effective joint-working between children and adult services;
- there was extension of the range of training delivery models including e-learning approaches

What action did the Board take?

Actions are set out in the Pan-Berkshire Training Sub-Group report in Chapter 5

What has been the impact?

These are set out in the Pan-Berkshire Training Sub-Group report in Chapter 5

What developments and improvements are required in the future?

These are set out in the Pan-Berkshire Training Sub-Group report in Chapter 5

Safe Recruitment

A key element in ensuring that we have a workforce fit for purpose and able to deliver our priorities for action is the effectiveness of our arrangements for safe recruitment. The SLSCB has continued to receive reports from the Local Authority Designated Officer to enable it to monitor and evaluate performance in this arena.

Some headlines from the annual report are set out in this section of the Annual Report.

The LADO role in Slough is combined with the Safeguarding in Education Manager post to create a full-time position, located within the Safeguarding and Quality Assurance Unit of the Council's Children, Young People & Families Service.

The LADO is line-managed by the Head of Service for Safeguarding & Quality Assurance and works alongside the Independent Review Manager, Independent Reviewing Officers, Child Protection Conference Chairs, Complaints Manager and Quality Assurance Manager

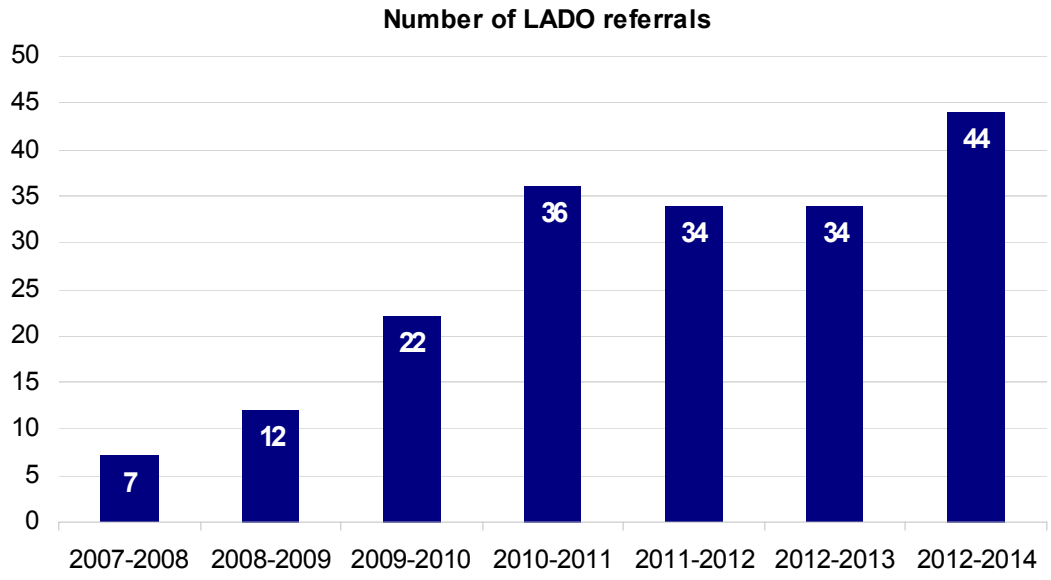
During this year the post has remained unfilled with key aspects of the allegations management function being undertaken by an interim Child Protection Conference Chair alongside responsibilities for chairing Child Protection Conferences. The Head of Safeguarding & Quality Assurance has held accountability for the full range of LADO responsibilities during this time. Several unsuccessful attempts have been made to fill the post on a permanent basis and a further attempt will be made during the financial year 2014-2015.

What is the data telling us?

Referral numbers:

During the year 2013-2014 the number of referrals to the LADO in Slough has continued to rise, a pattern that has become increasingly evident over the last 5 years as a wider range of data has been collected and collated.

A total of 44 referrals were received, spread consistently across the year when considered on a month by month basis.



Of these referrals 14 related to males and 25 related to females as subjects to the LADO enquiries. Where no gender is identified this indicates concerns that were expressed about the conduct of an organisation or agency rather than of a specific member of staff.

Work settings:

The most frequent agency setting for referrals were schools, with 18 referrals relating to staff based in schools. A further 10 referrals were associated with Early Years settings, including nurseries and childminders.

There were 7 referrals relating to foster care during the year. This marked a significant increase from the previous year when there were 2 referrals of this nature.

There were no referrals concerning Health staff or police during 2013-2014.

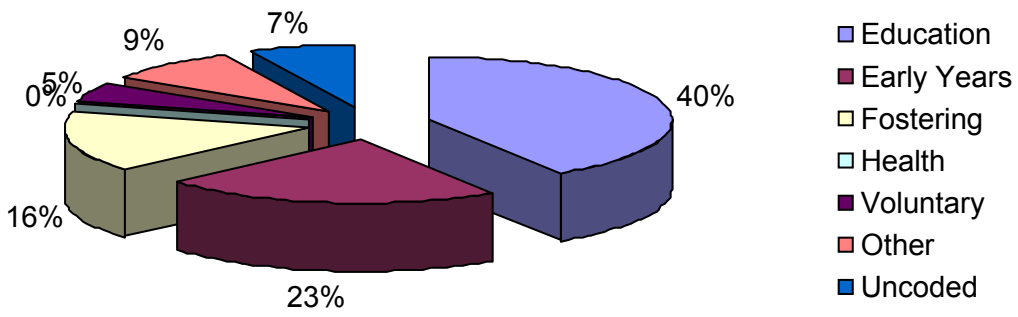
Referral source:

The majority of referrals were again received from school settings. A number of referrals were also received from Ofsted primarily following contact with them by

anonymous referrers or by parents dissatisfied by the response to concerns raised by them directly with schools or Early Years providers.

Referrals were also received this year from parents, substance misuse services, transport services for young offenders, housing providers, Armed Forces, Cafcass, Integrated Transport Unit, Sports clubs, faith groups and taxi licensing authorities. This is very encouraging and suggests that the knowledge and confidence of other agencies about the LADO role is increasing.

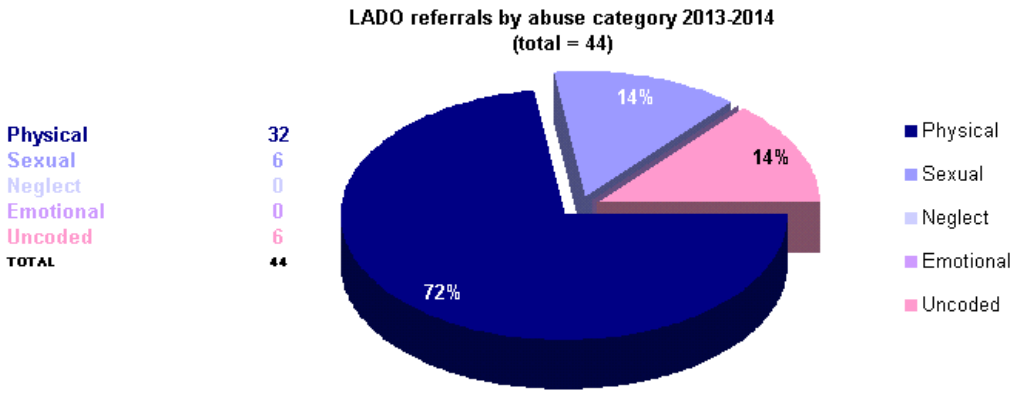
LADO Referrals by employer 2013 - 2014



Category of allegation/potential abuse:

The most frequently considered category of potential abuse identified by the referral or during the course of the investigations was Physical Abuse, in 32 of the cases reported. A significant proportion of these referrals related to the management of difficult or challenging behaviour exhibited by children or young people, with use of some form of physical restraint often involving teachers or other school based staff.

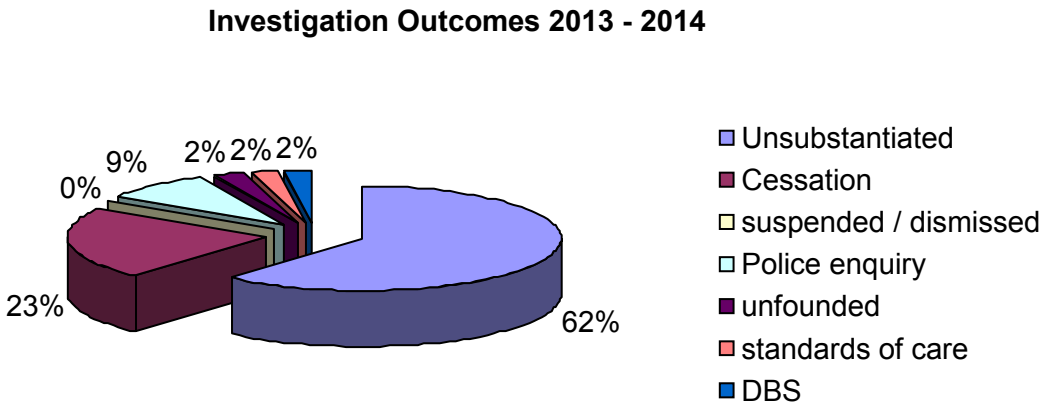
Sexual abuse was identified as the category of harm in 6 cases whilst a further 6 cases focused primarily on quality of care concerns or broader unsuitability of an individual to work in the children's workforce as a result of concerns relating to their personal or family circumstances rather than specific forms of harm. At present this aspect of concern is not easily captured by the record system.



Outcomes/Decisions

The majority of cases considered over the course of the year did not result in formal action by Police or employers once the investigations had been completed. Criminal investigations were initiated in relation to 4 cases and one referral was made to the Disclosure and Barring Service (DBS).

At the point of preparing this report the outcomes of 2 cases were unknown because investigations were still in progress. In these cases the adults of concern were subject to Police bail.



Investigation outcomes 2013 - 2014	
Unsubstantiated	27
Cessation	10
Suspended / dismissed	0

Police enquiry	4
Unfounded	1
Standards of care	1
DBS	1
TOTAL	**44**

Inter-agency working:

Communication between agencies continues to be constructive, particularly with the Police Child Abuse Investigation Unit (CAIU). Police and social care staff prioritise Allegations Management meetings with attendance at what are often short notice meetings consistently high.

Employing agencies have become more confident in their engagement with the LADO process and have ensured that they access appropriate Human Resource and other specialist advice and support.

This year's data show that the number of referrals has risen and that the cases progressing to a multi agency Allegations Management meeting are becoming more complex, requiring two or more meetings placing additional demands on all the agencies involved.

Freedom of Information:

During the course of the year 6 Freedom of Information (FOI) requests were submitted to the Council in relation to aspects of the cases referred to the LADO. The enquiries helped to identify some gaps and deficits on the type and extent of data recorded, serving to inform plans for developing the data collection and analysis in the future. In particular the absence of reliable historical data prior to the mid-point of 2012-2013 was highlighted by these enquiries, together with the availability of limited details about final outcomes of some cases.

The FOI inquiries serve to underline the increasing public interest in the investigation and outcome of allegations relating to members of the children's workforce, especially in the context of historic disclosures about well known individuals that have featured in the media. This presents a continuing challenge to ensure that responses to allegations are timely, comprehensive, robust and defensible in accordance with the legislative and statutory guidance framework.

Data quality:

It became evident during the course of the year that the newly developed database for recording LADO activity and referral outcomes was overly complex, with the consequence that not all the data was collated as intended.

The increase in demand for the LADO service coincided with a number of other responsibilities, most notably the management of complaints for the Children, Young People & Families service, being assigned to the Safeguarding & Quality Assurance Unit, placing considerable demands on the Business Support and administrative resources.

What developments and improvements are required in the future?

Action Points for 2014-2015 have been agreed as:

1. Permanent recruitment to the LADO & Safeguarding in Education Manager post
2. Structured review of the data requirements and recording systems to improve data capture and facilitate detailed analysis
3. Development of quarterly reporting to Children & Families Management Team and the LSCB of activity levels and emerging themes
4. Consolidation of arrangements with Adult Services Safeguarding lead for coordination of LADO activity with processes for addressing enquiries in relation to Persons in Positions of Trust (PIPOT)
5. Development of a structured training programme including targeted work with school settings as the primary source of referrals to the LADO service
6. Promotion of Safer Recruitment and Employment practice, including take up of recommended training packages

7. REPORTS FROM SUB-GROUPS

This chapter of the SLSCB Annual Report contains the annual reports of sub-groups and task and finish groups that have operated during 2013/14. Please note that the membership of each group is set out at appendix 1.

SERIOUS CASE REVIEW SUB-GROUP

As set out in Chapter 8 of Working Together to Safeguard Children, the serious case review sub group exists to review cases referred to the group, and if appropriate, recommend a SCR be undertaken. The group provides advice to the LSCB Chair on whether the criteria for conducting a SCR have been met and they should also recommend the scope and terms of reference for the review which are forwarded to the chair. Following a decision by the LSCB Chair to undertake a SCR, the SCR sub-committee should commission a SCR Panel to manage the process.

The SCR should:

- Establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and promote the welfare of children;
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result; and
- Improve intra- and inter-agency working and better safeguard and promote the welfare of children.

Summary of activity & achievement over the year April 2013 – March 2014

Assessment on the effectiveness of safeguarding arrangements

Challenges for the sub group

Future plans

To be added

CHILD DEATH OVERVIEW PANEL (CDOP)

The CDOP operates on a Pan-Berkshire basis but provides individual reports to each LSCB with the former county of Berkshire.

Every LSCB is required by law to establish a CDOP, in order that the causes of all child deaths can be analysed and recommendations made to reduce deaths in future. The Panel gathers and reviews data on the deaths of all children and young people from birth (excluding those babies who are stillborn) up to the age of 18 years who are normally resident within Berkshire. This enables themes to be extracted from a greater number of deaths and trends established regarding the circumstances leading to the deaths.

Work undertaken during 2013/14

In Berkshire as a whole, there was a 28.8% reduction in reviewed deaths from 80 in 2011/12, to 57 in 2012/13. This reduction in 2012-13 was fully investigated and coincided with a reduction in the numbers of multiple births that year, which are known to carry an increased risk related to low birth weight. It is difficult to attribute causes for the reduction however the panel took consistent action to promote;

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

It is pleasing to note a similarly low number of deaths has been sustained in 2013/14 and a total of 59 child deaths have been recorded and 42 reviewed.

Data for each local authority is obtained from the CDOP database.

Of the total number of deaths 21 occurred in Slough (of which 15 deaths have been reviewed in year). These comprised a case from 2010/11 held back due to a police investigation, 4 were cases from 2012-13 one of which was held back due to a serious case review and others due to late notification, leaving 10 cases that occurred in 2013-14. A further 6 cases notified at the end of the year and will be reviewed in 2014-15. This figure of 16 in year deaths is considered provisional (see below*)

12 of the deaths were infant deaths (in the first year of life) and within these 6 were neonatal (in the first 28 days of life). 2 of these occurred in the first seven days of life. Only one drowning incident had a modifiable factor. The remaining deaths

occurred at the end of the year and will be reviewed as part of the quarterly neonatal review.

None were subject to child protection plans or statutory orders. Five were white British, 2 were Asian British Indian, 4 were Asian British Pakistani, 1 was Black/Black British: African, 1 was Any other Black/Black British/African/Caribbean and 2 with unknown ethnicity.

Categories of death included; an apparent homicide, an abuse and neglect case, an infection, five had chromosomal medical conditions arising from genetic conditions, one accidental drowning, and five neonatal cases.

There are 21 actual deaths in Slough in the period 2013/2014: 7 were White British, 2 were Black African, 3 were Asian British Indian, 3 were Asian British Pakistani, 2 were Asian British Any Other background, 2 were White Any Other background, 1 was Any Other Black/African/Caribbean background and 1 unknown ethnicity.

Challenges

Child deaths in Slough although not statistically different to England have remained above the England average in the period 2008/9 - 2011/12 with a consistent number of neonatal deaths of around 8-10 per year. A review of neonatal cases is now undertaken quarterly and the advice of obstetricians is included.

Late notification has increased last years figures by a further four cases. This years figure must therefore be considered provisional e.g as a death might occur overseas or not be reported back to the panel within the financial year. Final validated figures are not produced nationally until two years after the event to allow for such delays.

In accordance with the plan a genetic conditions working group has been established to improve awareness of prenatal diagnosis and share the learning from the Bradford community learning project. This years' provisional results show a halving of cases in this category.

The approach taken in Bradford has been shared with local practices in protected learning time.

The death by drowning led to the panel recommending that a lamppost be removed and replaced with alternative lighting as it was used by young people as an aid to jumping into the river.

Appropriate health led multiagency rapid response was initiated in the cases of unexpected death, with home visits to the place of death when appropriate. As in previous years, almost all children were appropriately conveyed to hospital following deaths or collapse at home. In one case, however, death occurred outside hospital and the circumstances were such that it was inappropriate for the young person to be conveyed to hospital after death. In that case, a rapid response meeting was convened in the community, including all involved agencies, in order to coordinate the investigation into the death and support for the family.

From September 2013, a rota of rapid response health professionals has provided cover over weekends and bank holidays to enable timely health home visits within 24 hours of death when appropriate, and to initiate health led rapid response in those rare cases where a child is not conveyed to hospital. As predicted, the number of cases needing this out of hours response has been very small.

Work on genetic conditions that began in 2013-14 will continue in 2014-15 and an evaluation will inform wider county approaches..

Reducing rates of neonatal deaths remains a priority. Infections are more common in neonatal deaths where the child is born with a low birth weight and risk factors in the household such as smoking may be contributing factors.

Accidental deaths and in particular drowning accidents are preventable and the panel recommend use of the Health and Safety Executive swimming pool accident guidance available at **http://www.hse.gov.uk/pubns/books/hsg179.htm**

This adopts the 10:20 rule i.e

Scanning is the skill required by lifeguards to constantly watch a particular zone using a sweeping action. They will need to be able to scan their zone of supervision in 10 seconds and to be close enough to get to an incident within 20 seconds. This is an internationally recognised practice and is known as the 10:20 system.

This message should be cascaded by the LSCB to all parents and child minders.

What is planned for the future?

The priorities for the CDOP for 2014/15 are to:

- Promote access to prenatal advice to reduce congenital/chromosomal abnormalities
- Continue to tackle the causes of low birth weight at the antenatal stage
- Further reduce neonatal mortality through action on smoking in the home and infection control
- Continue to promote consistent guidance on optimum sleeping positions for newborns

- Share important learning and key messages more widely about child accident prevention. New guidance on local accident prevention profiles is available on the Public Health England website http://datagateway.pho.org.uk/ (select T for Topic guide and then select accident prevention). Maps on this site show where admission rates for injuries among children in Slough are higher

QUALITY AND PERFORMANCE SUB-GROUP

Role of Sub-group

The Sub-Group provides a quality assurance function, combining audit and scrutiny to ensure the effectiveness of safeguarding arrangements

The main responsibilities for the Quality and Performance sub-group are;

- To develop a Quality Assurance and Performance Management Framework for the SLSCB & present quarterly management information to the Executive and SLSCB at each of their meetings. Review performance management information quarterly and present to the Board, Identify themes and areas requiring action.
- To carry out audits agreed by the SLSCB according to a multi-agency audit programme and when it is necessary to drill below the data/statistics for further information and explanation.
- To feedback learning arising from the audit of individual cases to key staff involved in those cases.
- Audit and evaluate the safeguarding arrangements made by local agencies individually and together – Section 11 reviews

Key performance information is included elsewhere in this report

PAN-BERKSHIRE LSCBs' POLICY AND PROCEDURES SUB-GROUP

Eileen Munro's Final Report reminded us of the vital role of procedures in enabling people to work together safely, but also drew attention to the disabling role procedures can play when people are so concerned to be doing things 'by the book' that they lose sight of the principles and purpose of their work.

Eileen Munro's comments and the experience of the Policy and Procedures Sub-group tell us that the best revisions to the Berkshire child protection procedures have not been the procedures we have imported from TriX or the good practice guidance we have created links to, but the (often smaller) changes that have involved LSCB members in discussion and creative work to make the Berkshire procedures a useful and a practical tool enabling those on the front line to better protect children.

The Pan-Berkshire Policy & Practice sub-group exists to:

1. Develop policies, procedures and protocols in the areas of child protection and safeguarding.
2. Review research and central government guidance on the protection of children, along with issues arising from serious case reviews
3. Ensure (through Board representatives) that Local Safeguarding Children Boards are advised about revisions that are needed / underway to policies and procedures.
4. Act on feedback from workers on the translation of policies, procedures and protocols into practice and to revise existing guidance to ensure that practitioners are clear about what to do if they are worried a child is being abused.

Activity and Achievement: Changes to Procedures 2012-13

During the year 2013-2014 the sub-group met on four occasions, with the first three meetings hosted by Wokingham.

Arrangements for chairing, administration and hosting the sub-group changed during the year and Slough took on responsibility from the January 2014 meeting.

Attendance:

The attendance summary for the year was as follows:

		Attendance	Apologies
Local Authorities	Slough	4	0

	RBWM	2	0
	West Berks	2	1
	Reading	3	1
	Wokingham	4	0
	Bracknell	4	0
Health	H&WP NHS	2	0
	BHFT NHS	2	0
	RB NHS	4	0
	CCG	2	1
Police	TVP	3	1
Education	Schools	0	0
Adviser	TriX	2	2

Activity:

The sub-group addressed recommendations identified by Tri X and the Working Together 2013 Impact Checklist to achieve compliance with Working Together 2013.

It was agreed that hyperlinks for each authority's Threshold, Assessment and Learning & Improvement Framework documents would be inserted at the relevant points within the procedural guidance.

The sub-group began development of a new chapter relating to Child Sexual Exploitation utilising an example from Sheffield and incorporating learning from TVP 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.

Tri X updates:

Two regular updates to the Tri X procedures were progressed during the course of the year in July and November 2013, with details of the developments and changes identified for all users on the front page of the Berkshire SCB Procedures website.

Tri X Consultant:

A meeting in February 2014 between the new Chair of the sub-group, the Slough Business Manager and representatives from Tri X prepared the ground for a transfer of Consultant responsibility from Alan Torrance to David Walker who will take up the responsibility from Spring 2014. Alan has provided great support to the group since stepping in when his previous colleague sadly died.

Tri X contract:

The contract with Tri X for delivery of the on-line procedures was extended for 12 months. The tendering and contract management has been delivered on the sub-group's behalf by the Royal Borough of Windsor & Maidenhead to date. A proposal was made to explore joint commissioning of Children's and Adults' Safeguarding procedures as both services already use Tri X as the provider.

Contact us links:

The "Contact Us" hyperlinks were removed from the procedure website following experiences 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.

Challenges

Membership / representation

Changes in management appointments across services led to some changes in membership and variation in attendance at sub-group meetings, with an impact on progress with some actions.

It did not prove possible during the year to secure representation on the sub-group from Education. This represents a significant vulnerability in the development and take-up of the procedures

Reports for Initial Child Protection Conferences:

The group identified that discussions had commenced within authorities to consider whether Single Assessments should be used as the report for Initial Child Protection Conferences. To date authorities are at different points in this discussion.

Cross-authority variations:

The sub-group acknowledged variations between Threshold and Eligibility criteria for the six authorities, presenting challenges for partners who work across the county. This will be discussed further to establish whether greater commonality can be achieved but it was noted that there some differences are driven by demographics and local priorities, meaning that it will be difficult to achieve single criteria and documents across the county.

Child Sexual Exploitation:

Development of the procedural guidance and associated Indicator Tool has taken longer than was originally intended. TVP played a key role in consolidating guidance and developing drafts for consideration.

The development of a single CSE Indicator Tool across the six authorities has proved to be challenging, with a number of variations proposed. Slough and TVP have worked closely together to develop a suggested draft for further consideration and decision

Use of the on-line procedures:

The group identified that previously available data reporting about system uptake had not been sustained. It is very important to be able to identify which professionals are accessing the system as well as any agencies that are not consistently using the resource. Linked to this is the need to continually remind professionals that they can register for e-mail prompts when updates have been made to the procedures.

Future Plans

Priorities set for the Sub-Group for 2014/15 are as follows:

1. Monitor and review publication by each local authority of documents required for Working Together 2013 compliance

   a. Complete a comparative review of Threshold guidance to examine potential for greater commonality across local authority areas

2. Finalise and publish Child Sexual Exploitation procedures, including Indicator Tool

3. Review redesign of the procedures proposed by Tri X to better reflect the child's journey.

4. Establish consistent representation on the sub-group from colleagues in Education

5. Review and approve the sub-group Terms of Reference and refine arrangements for feedback from the sub-group to constituent LSCB Chairs

6. Finalise revision of procedural guidance in relation to Missing Children following revised ACPO guidance

7. Complete revision of procedures in relation to Child Protection Conference Complaints

8. Develop procedures in relation to Female Genital Mutilation

9. Complete review of the Tri X contract and re-tendering process for delivery of the procedures

10. 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

TRAINING AND DEVELOPMENT SUB-GROUP

The purpose and function of the training sub group is as set out within Working Together 2013 to support LSCBs in their duty to "monitor and evaluate the effectiveness of training, including multi-agency training. This is to ensure staff and volunteers have access to appropriate safeguarding training.

The Berkshire sub group is accountable to the six LSCBs across Berkshire.
It aims to:

- ensure that safeguarding training is monitored effectively and delivered to agreed standards;
- ensure that safeguarding training and learning provision is responsive to local and national needs;
- continually develop a consistent approach to training and learning in Berkshire;
- work flexibly to respond not only to the needs across the whole area but also to the individual needs of those Boards that it is serving.

Ensuring appropriate access to, and resourcing of, safeguarding training remains the responsibility of each agency represented on the LSCB.

The LSCB will retain strategic oversight of safeguarding training.

The Berkshire Training sub group will focus on the strategic oversight of safeguarding training and learning and development in the Berkshire area.
The Learning & Development Officers from the Local Authority areas, with support from wider Partner Agencies, will comprise an operational group that reports into the Berkshire training sub group and they will retain operational responsibility for training and learning development including producing an annual LSCB training programme. Meetings of the operational group will be held separately by arrangement with the training officers.

What has been done in 2013/14

The East and West Berkshire LSCB Training Sub Groups have been working together for the last year as agreed by the LSCB Chairs and the group have continued to meet to develop the LSCB Training Work plan and LSCB Training Strategy.

The combined Berkshire Group has raised standards of quality assurance, by sharing good practice across the two areas. The combined approach also allows for

the opportunity to consider consistency in practice, and look more closely at the impact safeguarding training has on the workforce. This includes reviewing and embedding the systems for evaluation.

The joining of the groups has also led to discussions to increase value for money in comparison of costs in providing some Berkshire wide courses.

A further strength of the group has been demonstrated in the standard agenda items of national and local reviews, including the sharing of serious case reviews, partnership learning and training events. This allows dissemination of lessons learnt 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 sub group to update their single agency training and for the training sub group to review the commissioned courses for the LSCB to include local learning.

DATA for 2013-14

Multi-agency training data submitted to the Sub group shows the West trained approximately 180 delegates within the 2013-2014 period.

The East 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.

The variation in numbers is due to different processes used in the East and West. The East has a system of requiring each delegate to attend the targeted shared responsibility course before attending other LSCB targeted courses, however in the West you are only required to have attended a universal/level 1 course before attending any LSCB course. This means there is always a greater demand for the shared responsibility course in the East than the West.

Over 50 LSCB multi –agency courses have been provided across Berkshire in 2013-2014 covering a wide variety of learning themes, including children with disabilities, safer care for children with parents with mental health, domestic abuse, disguised compliance, e safety, Child sexual exploitation and substance misuse. All of 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. The representation for multi -agency has been maintained however the group have raised concerns about particularly partner agencies representation on courses.

Partner agencies have utilised 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 their invitation to their safeguarding children forum 2014 and perianal training 2014 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.

This provides clear evidence of a shift in the approach to learning and that some of the LSCB partner agencies are embracing a more flexible model of learning to improve outcomes for children. The challenge remains for some areas in opening the learning up to other areas due to the current demand within their own localities.
In 2013-2014 the training officer for each LA has continued to provide additional courses to meet demand as required. The training sub group have supported agencies to access courses by adapting there application process and providing timely responses to requests for training.

The training sub group in 2013-2014 has offered agencies an opportunity to share any courses they are providing in house to the group to have advice on standards of training and to allow content to be considered for multi-agency courses. The Acute hospital in the West has accessed this support from the group and in 2013-2014 they were able to provide an in-house multi-agency level course to their workforce.

Guidance on observation

The group has been pro-active in introducing guidance on observation of training courses, together with a quality assurance pro forma. The observation guidance is given out as part of our quality assurance process when quality assuring a LSCB training course. Courses across Berkshire are being observed and quality assured by Sub-Group members and any concerns about LSCB courses are raised firstly with the host LSCB training officer and then escalated to the strategic sub group for action. This process provides an opportunity to address any concerns in relation to training quality in a timely manner.

Agency compliance with training requirements

The Training Sub-Group has worked closely with the Pan Berks Section 11 Panel to identify any gaps in agency safeguarding training or refresher training. This includes the section 11 panel now requesting training strategies from agencies as part of their section 11 which is an area recommended in the Research in Practice (RiP) Ensuring Effective Training a briefing for LSCBs publication Research in Practice briefing Ensuring Effective Training, Briefing for LSCB's.

Review of e-learning packages

Training officers continue to promote and review the current e-learning safeguarding training packages. However with so many other providers on the market, this provides a real challenge to monitor quality assurance. This means the quality assurance remains with the organisation that purchases and uses these forms of learning. Data collection on e-learning varies considerably across agencies and therefore cannot always provide the LSCB with accuracy. The Kwango safeguarding e-learning package used across Berkshire West was updated in line with Working Together 2013 and continues to provide an accessible and value for money provision. Managers in each organisation should ensure they are following their own training strategies to ensure the e- learning meets the development needs of their staff.

Child Sexual Exploitation, an e learning package was launched in January 2014, to raise awareness, the LSCB calendar provides additional multi-agency courses on this subject, and local authorities may provide additional courses for their staff. The Berkshire LSCB Training sub group have been asked to develop a CSE Training Pathway so that it is clear for practitioners what training is available and where. The Bracknell LSCB Business Manager is leading on this piece of work.

Joint work with the Adult Safeguarding Partnership Boards

Work was undertaken to produce a pathway showing training available for both adults and children's services staff on safeguarding. The main findings were that courses across Berkshire for children and adults have a consistency in training programmes and methods, which is reassuring for all boards. The area that the boards may wish to explore with partner agencies appears to be around mandatory training on safeguarding children for adult services and vice versa, mandatory training for children's staff on adult safeguarding. Health services provide a more consistent approach to training in that all staff in their organisation receives safeguarding training for both adults and children. Increasing attendance from adult services is a priority objective for LSCB's. The joint Adult and Children's Safeguarding Annual Conference continues in Berkshire West.

Designated named professionals training

The training officers from Berkshire West and Berkshire East continue to meet to plan and produce LSCB training programmes. They have also benefited from joint meetings and found the sharing of working practice, knowledge of course content and information on training providers very useful. An example of the shared learning led to a co-ordinated review of the shared responsibility course being redesigned and renamed; the designated person training will also be reviewed.

Conferences

All LSCBs have run conferences in the last year and the attendance was excellent at all events and reached a very diverse multi-agency audience. Many of the conferences reach between 80-130 delegates which is a real achievement.

Impact of Safeguarding Training

Members of the sub-group met to undertake an evaluation on the impact of safeguarding training through follow up evaluations; this was reported on in September 2013. The resulting report is included as Appendix 2. This important area is regularly reviewed by the group to ensure that training is effective and that evaluations are reported on at the strategic group and any areas for development are dealt with at the time.

This report was very interesting and a credit to the group in addressing a key priority with limited guidance. The report is consistent with the Kirkpatrick Model and methods described in the Research in Practice (RiP) Ensuring Effective Training a briefing for LSCBs publication, combining a quantitative and qualitative approach.

This audit will need to be built upon and a recommendation from the group is that this is undertaken annually.

The training sub group historically requested the boards to consider undertaking training audits within the Quality Assurance sub groups, however the decision at the time was that this work would remain with the training sub group. In more recent times the Chairs have encouraged a closer working relationship between the sub groups. Training is an area that should be embedded throughout audits and a suggestion from the sub group would be that audit programmes and scope include a reference to training to maximise the opportunity to review and monitor front line practice and how if at all any training impacted upon the findings. This is an area that requires more development. In April 2014 the Training Sub Group Chair met with the Berkshire West QA sub group Chairs to discuss how to improve links between the sub groups. It was agreed that using the audits and including a standard question about training and SCR learning was potentially another way to capture outcomes. The chair acknowledges that this had not yet not been extended to Berkshire East and thus is an area to take forward or be considered in order to achieve a Pan Berkshire standard.

A summary of the achievements to date;

- Observation guidance developed to monitor the quality assurance of training.
- Work undertaken with the Section 11 Panel to identify gaps in agency training or refresher training. Section 11 panels 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
- Safeguarding Training pathway has been produced, for adults and children's services staff
- Joint meetings held with Berkshire East and Berkshire West Training Officers to produce the Berkshire East and Berkshire West LSCB Training Programmes
- Managing Allegations, identified as a need amongst practitioners and training courses arranged in the East and the West
- Evaluation of training for LSCB courses and outcome audit completed.
- Review of LSCB training sub group work plan
- Launch of CSE e learning training was agreed by 5 of the 6 Berkshire LSCB's. This has been disseminated and used widely. The remaining LSCB has made suitable alternative arrangements.

The introduction of the learning and improvement framework agreed across Berkshire, and in the Child Protection procedures, has improved dissemination of learning from reviews, this is now a standing item on each strategic training group agenda – where key messages from reviews in each of the LSCBs can be shared.

Challenges

Amalgamating the training sub group as a Berkshire wide group has proved to be a challenge. The expectation that six Local Authorities with six different systems can successfully have a co-ordinated approach has not always been achievable.

Other challenges include:

- CSE Training Pathway – There has been a challenge in ensuring all relevant agencies are attending the meetings arranged in order to progress this.
- Concerns in relation to Partnership participation in the Training sub group has been raised annually and there is still a significant gap in some LSCB partners contribution to the group. Work has been done to try and improve this but to no avail. The Training Group remains in a position that they have no representation from Police, Housing or Probation. Historically and currently, information is received from Probation and TVP and the group have linked with the section 11 panel to obtain more information. We understand and acknowledge the resource pressures for services; however, absence of physical representation at the group from these sectors has been a long standing issue. The RiP Ensuring Effective Training a briefing for LSCBs publication identifies the need for LSCBs to evidence within inspection that "*opportunities for learning are effective and properly engage all partners*". This is currently not being achieved by the absence of significant LSCB partner agencies.
- There remains an issue with TVP accessing multi-agency LSCB courses across Berkshire. This has been escalated to the Berkshire LSCB Chairs. Police attendance at multi-agency courses also varies nationally. It is worth noting that the police do provide in house training including specialist areas that they may benefit from considering opening access to other agencies to improve multi-agency practice
- Receiving data in a co-ordinated way from the operational team to strategic group in a timely manner has proved to be a difficulty for the group at times.
- Monitoring of single agency training is a requirement of the LSCB's and additional resources will need to be identified to ensure this function is carried out sufficiently by the Training Sub Group
- Many of the tasks required of the Training Sub Group are Resource intensive, including the Training Needs Analysis and outcome evaluations. Adequate resources need to be identified.
- Some agencies are providing their own specialist single agency safeguarding training e.g. Local Authorities for their social work teams, probation and the police, these courses at present are not currently being offered to a multi- agency audience. This could be an opportunity for more coordination of these courses if the agencies bring them to the attention of the training sub group. This may be a missed opportunity for all practitioners to learn in a multi- agency context. The sub group acknowledges that organisations are complex systems and it has come to the sub group attention that different teams within one organisations may be commissioning or identifying a need for safeguarding children for a specific groups of staff and providing training internally to meet that need. Whilst this is good practice, it highlights that this need is not shared or reaching the LSCB sub group via the membership to maximising the opportunity for potential joint commissioning of courses.

- Keeping Safe – new DfE guidance for schools, doesn't mention the three year refresher period, as the sub group have agreed this as a standard, members will have to work with schools to ensure this stand is met.

Priorities for 2014/15

The training sub group will be hosted by Wokingham LSCB and the chair will handover on 19th May 2014 where all 2013-2014 data and records will be electronically transfer to the new Chair.

The training needs analysis (TNA) is planned for 2014-2015 however the group are reassured that the framework they used in the last TNA is in accordance with research but will require more of a focus on the analysis of enhanced skills and staff development programmes within partner organisations. The emphasis is about process rather than an event.

CSE AND TRAFFICKING SUB- GROUP

Role of sub group

The Child Sexual Exploitation (CSE) & Trafficking sub-group brings key partners together to make sure an effective response is delivered to children and young people at risk of, or being abused, through CSE and child trafficking. This includes preventative and awareness raising initiatives.

Membership

Over the course of the year, membership has included TVP, YOT, Young People's Service, BHFT, Children's Social Care, Probation Service, SBC Training, LSCB Business Manager, Garden Clinic and Haybrook College.

What did the sub group plan to do and achieve over the last year?

The CSE sub group prioritised their work in to 4 key areas and developed small splinter groups to progress the necessary work in that area:

- Training
- Community Awareness
- Education
- Audit / Risk Assessment

In addition to this the CSE sub group had a small task and finish group that were instrumental in the planning of the LSCB CSE conference held in April 2013.

The CSE coordinator came in to post in November 2013 and became the Chair of the Sub-Group. Within the work that she has been doing from November – March she has involved the CSE sub group members, this has included: Developing a CSE indicator tool and the formulation of a CSE Pathway.

What did the sub group do and achieve over the last year

In securing the CSE Coordinator Post, capacity was increased to develop key pieces of work. The Co-ordinator and the Sub-Group has driven forward key elements of the CSE and Trafficking Action Plan as follows:

To update the CSE action plan

The Co-ordinator and Sub-Group has rigorously and robustly monitored and evaluated progress on the action plan and reporting back to the SLSCB and Executive on a regular basis.

To develop a CSE indicator tool as part of the Risk Assessment priority

CSE Indicator Tool was developed:

- As a tool to aid referrals and information sharing in relation to young people who may be at risk of CSE or who are being exploited.
- Slough shared this tool with the other five Berkshire Authorities who have agreed to adopt the tool, and it will soon be live within the CSE chapter of the Berkshire Child protection Procedures.
- In addition the NWG have requested that they share the tool within their resource page to all of their members as a good example.

To develop a multi-agency CSE Training Programme

A multi-agency training programme at three levels: basic awareness; intermediate and specialist has been designed and commissioned on an East Berkshire basis. An agreement has been made across Berkshire in relation to consistency with regards to outcomes and aims of CSE training to aid transfer of courses across Pan Berkshire colleagues.

In relation to the Basic training this is being provided by the NWG e-learning tool and CSE sub group members helped to test and quality assure this.

In addition the below has also been achieved.

- Chelsea's Choice delivered to approximately 500 multi-agency professionals
- Purchased the National Working Group LSCB Membership and added over 300 practitioners onto the account which has allowed for the basic CSE training to be implemented using the NWG e-learning tool.
- Multi-agency Targeted and Specialist Training commissioned for summer / autumn 2014.
- LSCB CSE & trafficking webpage developed as an information source and sign posting mechanism.
- Developing a specialist CSE seminar for Berkshire wide Chief Executives, Lead Members and Directors of Children's Social Care for June 2014. (this was more the CSE co-ordinator than the sub group)
- A multi agency session held in March 14 with the Secondary designated CP leads in relation to CSE.
- A multi agency session delivered to the Slough Voluntary Sector Leads in relation to CSE In January 14.

To increase CSE awareness within Education settings in Slough and to increase the sub groups understanding of what in relation to CSE is being delivered within schools.

- Multi-agency workshop delivered to secondary school child protection leads.(as mentioned above)
- In September 2013 Chelsea's Choice productions were held. 1 member of staff attended the production from Haybrook College. Eton & Slough & Herschel School bought in sessions as part of the LSCB Initiative. Subsequently, 2 more schools have bought in the production: Westgate School and Baylis Court School. Upton Court Grammar purchased production after the CSE Conference and are re-commissioning it from 2014

To continue to develop Community Awareness in relation to CSE

- Adopted NWG 'say Something if you See Something' Campaign and coordinated delivery of an LSCB letter signed by the Independent Chair, a Barnardos leaflet and the Children's Commissioners indictors flyer which has been distributed to 250 premises in Slough.
- Article about CSE was published in the SBC Paper 'Citizen' which is a Slough resident magazine.
- Multi-agency workshop delivered to Voluntary Sector Providers (as mentioned above)
- CSE was a feature within the Private Hire and Taxi Drivers newsletter

What has been the impact of the work of the sub group over the last year?

Training

- e-learning, targeted and specialist CSE training is now going to be available to practitioners. Practitioners are able to attend local training and learn about CSE amongst local partners.
- Chelsea's choice was well received by those that watched the performance and a result has been re-commissioned in some schools for young people.
- NWG Membership enables many practitioners access to information, guidance, training opportunities, resources and updates on CSE via the NWG newsletter and resource bank.
- As a result of Chelsea's Choice, **X** referrals were made to the CSE Engage Project.

Community awareness:

- Awareness has increased in relation to CSE, this includes within the licensed premises trade, within the voluntary sector partners and through the messages to Taxi drivers.
- Approx 3 phone calls to 101 were made by Hotel staff regarding possible concerns of CSE after receiving information regarding CSE
- Profile of CSE has been raised via initiatives and invites to attend meetings / sessions to discuss CSE has increased.
- Examples of Hoteliers contacting the police about CSE demonstrates an increase in understanding.
- Workshop with a voluntary sector provider generated a referral to Engage.

Education:

- As a direct result of the Education Workshop referrals concerning CSE risk were made.
- Gradual increase Sub-group in engagement with secondary school based individuals and child protection leads.

What have been the challenges for the sub group over the last year?

- Lack of attendance and engagement from Children's Social Care in key pieces of work.
- The CSE Sub-group only accessing finance via the LSCB
- Engagement with partners in coordinating a second multi-agency CSE audit and the accessibility of a method to undertake this in a timely, recursive manner.
- Strategic oversight of CSE across slough from a Senior Management perspective which would then feed into the work plan of the CSE Sub-group, the scope of the Sub-group and CSE panel and a more problem focused led year.
- For all members making an active contribution to the sub group priorities and actions.

Examples of good practice

Secondary school child protection workshop

In March 2014 multi-agency partners facilitated a workshop for child protection leads.

Referrals to Engage made in March, April and May 2014 were **XXX**

As a result it was agreed that a proposal would be made to SASH to request that child protection leads are enable to gather together once a term to discuss improving safeguarding initiatives with schools. This will include the development of CSE been included within each schools safeguarding training.

Voluntary sector awareness workshop

In January 2014 multi-agency partners facilitated a workshop for voluntary sector providers, in conjunction with Slough CVS.

As a result of the workshop, the CSE Coordinator & Engage are scheduled to facilitate a further awareness rising session to 40 young volunteers. 2 young people were identified as at risk of CSE and have been referred to Engage for preventative support.

CSE Coordinator Inputs

CSE Coordinator led CSE Pathway Improvements

In February 2014 a multi-agency meeting was held to explore the developments and clarification of the child sexual exploitation pathway which fits within existing pathways and assessments.

Key areas of development were identified as the focus for development and improvement:

- A CSE Pathway diagram
- Embedding the CSE Indicator Tool
- Consider specialist assessments as part of the child protection process
- Develop a CSE specific information sharing protocol
- Develop awareness of boys and young men and service offer
- Develop support available to affected parents

In March 2014, a specialist member of the National Working Group for Tackling CSE was invited to present a CSE information sharing model.

Raising awareness of boys and young men has been agreed as a priority need. The CSE Coordinator and YOT CSE Sub-group member met in December 2013 to discuss the key role that YOT could play in raising awareness with professionals and directly with young people. It is anticipated that YOT will lead on raising awareness of boys and young men at risk of CSE and champion this strand of work.

The intention of the Pathway meeting is to create a streamlined, comprehensive offer of support to identified families and to practitioners. This is anticipated to have the impact of each family receiving the right levels of support and will be presented with a range of support choices to meet their specific needs.

Report Input

CSE is now featured within the Joint Strategic Needs Assessment and Crime and Disorder Strategic Assessment 2014/15

Multi-agency CSE Panel

The CSE Coordinator and Thames Valley Police lead the way to develop a Slough Multi-agency CSE Panel.

As a result of this work, CSE profiles of young people are now reviewed monthly by the multi-agency CSE panel and actions are implemented to increase the safeguarding against CSE. The CSE multi-agency panel discussion has enabled clearer understanding or roles and responsibilities. Implementing the panel enables the LSCB to have an overview of the volume of children and young people discussed.

The first panel met in March 2014 as was chaired by Children's Social Care and discussed 22 individual children and young people.

What remains to be achieved?

- Completing all actions on the CSE Action Plan including the implementation of the CSEPathway
- Consistent Children's Social Care input into the CSE Sub-group
- Raising awareness of the CSE Indicator Tool within services and teams
- Including Targeted Family Support and Housing within the Sub-group.
- For the sub group to plan the implementation of raising awareness of the risks of CSE for boys and young men
- For the sub group to consider and plan progressing mapping trafficking and needs analysis
- For the sub group to consider and plan how best to evaluate of commissioned CSE training thinking about follow on evaluations
- For the sub group to consider how to audit the prevalence of CSE with a systematic and recursive way
- Requesting individual agency business plans to find out whether or not CSE is featured as a priority
- All agencies sharing relevant CSE audit findings and learning with the sub group.

LOOKING FORWARD

I trust that this Annual Report provides a comprehensive account of the work, performance and impact of the SLSCB in 2013/14.

Clearly it has been a year of mixed experience. Progress has been made in many of the areas that we identified as priorities a year ago. Ofsted, in their review of the SLSCB in November 2013 did recognise that we had 'made clear improvements in the last year' and recognised a number of strengths in our work – which have been covered in the course of this report.

It remains the case however, the overall the Board was judged to be 'inadequate'. As identified earlier in the report the critical factors behind this disappointing judgement were our inability to evidence clear and positive impact on the delivery or early help and child protection services in terms of the quality of these services and their impact on safeguarding outcomes for children and young people. In addition there were concerns about the extent to which we have ensured partner engagement in the delivery of early help and child protection services and in the wider partnership arrangements that exist in Slough.

Ofsted did not challenge our key priorities for action. Indeed they recognised that our priorities were appropriate and clearly identified. For this reason our priorities for 2014-17 remain unchanged from the previous year and are as follows:

STRATEGIC OBJECTIVE 1:

To be assured of the effectiveness and co-ordination of safeguarding practice in Slough through

1A Effective early help that reduces the proportion of children requiring formal child protection interventions

1B Quality support to children that require formal child protection or local authority care

1C Responding to the new Working Together Framework 2013

STRATEGIC OBJECTIVE 2

To target areas of particular safeguarding risk in Slough which have been identified as:

- CSE and Child Trafficking
- Domestic Violence
- FGM
- Homelessness

- Mental Health – both children and parents/interface with implementation of Mental Capacity Act in Adult Services
- E-Safety – and building resilience to e-risk
- Drug and Alcohol Abuse
- PREVENT/Channel

STRATEGIC OBJECTIVE 3

To improve the effectiveness of the Slough Local Safeguarding Children Board

STRATEGIC OBJECTIVE 4

To improve communication and engagement between the SLSCB and children and young people, wider communities, front-line practitioners and partner agencies

STRATEGIC OBJECTIVE 5

To develop our workforce to enable it to deliver the improvements and outcomes sought.

The key priority must now be to secure greater evidence of impact through the stronger engagement of all partners in implementing the Business Plan and securing intended outcomes.

Safeguarding is everyone's business. We hope that colleagues across the SLSCB partnership of agencies will support our overall objective to improve safeguarding outcomes for children and young people in Slough. I also hope that this Plan presents a clear direction of travel and a focused set of priorities and supporting actions that will enable everyone to understand their particular role in delivering the ambitious programme of improvement that aims to keep children and young people and Slough safe.

Paul Burnett

Independent Chair, Slough Local Safeguarding Children Board

Appendix 1

SLOUGH LOCALSAFEGUARDING CHILDREN BOARD

(SLSCB)

BUSINESS PLAN 2014-17

FOREWORD FROM INDEPENDENT CHAIR

I am pleased to present the SLSCB Business Plan for 2014-17.

The Plan sets out an ambitious programme of improvement to secure improved outcomes for the children and young people of Slough specifically in relation to their safeguarding and well-being.

The Plan forms part of a family of plans aimed at improving the quality and effectiveness of services and improving outcomes for children, young people and their families. Other key plans include the Slough Well-Being Strategy, the Slough Children and Young People's Plan and the Slough Safeguarding Adult Partnership Plan.

Clearly the SLSCB focuses on the safeguarding and well-being of children. A key objective of this particular plan is to secure evidence of greater impact of Boards work on the quality and effectiveness of safeguarding in Slough and on safeguarding outcomes for children, young people and families. In addition it focuses on the key recommendations and improvements identified in the Ofsted Review of the LSCB carried out in November/December 2013.

The Business Plan has been formulated with the engagement of all agencies in the SLSCB partnership and will be the subject of formal consultation not only with those agencies individually but collectively through other key strategic partnerships that have a role in safeguarding and the well-being of children and young people – including the Children's Partnership, the Safer Slough Partnership and the Health and Well-Being Board. It is critical that the Plan has universal buy-in and commitment from all partner agencies if it is to achieve its goals. The engagement of partners at formulation stage aims to ensure priorities are relevant to all and support individual agency objectives as well as shared areas of priority. Most importantly the aim has been to secure ownership from all agencies, whether statutory or voluntary

The Plan identifies the key strategic objectives that will underpin our work over the next three years and sets out the actions, primarily those to be undertaken over the next twelve months that we will take to address a range of national and local drivers for improvement. These include:

- National policy drives to strengthen safeguarding arrangements and the roles of LSCBs including the implementation of Working Together 2013;
- Recommendations from regulatory inspections, particularly the Ofsted Review of the LSCB and their inspection of the local authority, both of which were carried out in November/December 2013
- The outcomes of Serious Case Reviews – emerging from both national and local reports;
- Evaluations of the impact of previous Business Plans and analysis of need in Slough;
- Key areas of safeguarding specific to Slough – as evidenced by quality assurance and performance management data;
- Priorities for action emerging from Quality Assurance and Performance Management arrangements operated by the SLSCB;
- Responses to the views of stakeholders including the outcomes of engagement activities with children and young people;
- Best practice reports issued by Ofsted and ADCS.

Our priorities for 2014-17 remain unchanged from the previous year and are as follows:

STRATEGIC OBJECTIVE 1:

To be assured of the effectiveness and co-ordination of safeguarding practice in Slough through

1A Effective early help that reduces the proportion of children requiring formal child protection interventions

1B Quality support to children that require formal child protection or local authority care

1C Responding to the new Working Together Framework 2013

STRATEGIC OBJECTIVE 2

To target areas of particular safeguarding risk in Slough which have been identified as:

- CSE and Child Trafficking
- Domestic Violence
- Homelessness (16-19 year olds)

- Neglect
- Mental Health – both children and parents
- E-Safety
- Drug and Alcohol Abuse

STRATEGIC OBJECTIVE 3

To improve the effectiveness of the Slough Local Safeguarding Children Board

STRATEGIC OBJECTIVE 4

To improve communication and engagement between the SLSCB and children and young people, wider communities, front-line practitioners and partner agencies

STRATEGIC OBJECTIVE 5

To develop our workforce to enable it to deliver the improvements and outcomes sought.

Safeguarding is everyone's business. We hope that colleagues across the SLSCB partnership of agencies will support our overall objective to improve safeguarding outcomes for children and young people in Slough. I also hope that this Plan presents a clear direction of travel and a focused set of priorities and supporting actions that will enable everyone to understand their particular role in delivering the ambitious programme of improvement that aims to keep children and young people and Slough safe.

Paul Burnett

Independent Chair, Slough Local Safeguarding Children Board.

SLOUGH LOCAL SAFEGUARDING CHILDREN BOARD (SLSCB) BUSINESS PLAN 2013/16

STRATEGIC OBJECTIVE 1:

To be assured of the effectiveness and co-ordination of safeguarding practice in Slough

1A Effective early help that reduces the proportion of children requiring formal child protection interventions

Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Progress

1A.1	Assurance that there is effective and co-ordinated early help in place that secures: • equality of access to support services and an increase in the number of CAFs/TACs; • early intervention in response to need; • avoids children's social care involvement. Specifically we want to be assured by the CYPPB/Early Help Board that: • thresholds for access to early help and referral processes are	Through quarterly reports from the CYPPB that will include: • Quantitative data reporting on the agreed Early Help scorecard; • Qualitative performance reporting based on multi-agency auditing of early help co-ordination and effectiveness including audits specific to the provision of early help to Children in Need • The views of children, young people and families about the quality, effectiveness and impact of early help; • The views of	The CYPPB theme lead for Early Help (currently Viv Murray) will report quarterly on progress and on the impact of Early Help arrangements in line with the agreed Early Help scorecard used by the CYPPB	The SLSCB is assured that those children and young people at risk of harm (but who have not yet reached the 'significant harm' threshold and for whom a preventative service would reduce the likelihood of that risk or harm escalating) are identified by local authorities, youth offending teams, probation trusts, police, adult social care, schools, primary, mental, community and acute health services, children's centres and all Local Safeguarding Children Board partners, including	Timescales for this element of the Business Plan are set out in the Early Help Action Plan project currently being led by Viv Murray.	

	understood and effectively implemented by all; • all partners are engaged in the delivery of early help, co-operating in the delivery of the early help interventions and actively supporting integrated service provision at the point of delivery. • early help provision incorporates appropriate safeguarding arrangements • quality assurance and performance management arrangements are in place to test the effectiveness of cross-agency working and impact on outcomes for	staff in relation to their understanding of early help arrangements, their capacity and ability to operate within the early help arrangements, the effectiveness of co-ordination between agencies and the impact of the early help arrangements on both service users and on achievement of individual agency and shared service objectives and priorities.		the voluntary sector where services are provided or commissioned. That the impact of Early Help is securing positive outcomes for children and young people. Evidence that Early Help reduces the number of children that reach the 'significant harm' threshold (though initially there may be an increase in referrals). Confidence in the effectiveness of		

	children and young people, including impact on referrals into formal child protection arrangements and the effectiveness of CAF in securing improved outcomes for children, young people and families; • Assures coherence between Early Help and the 'Troubled Families' programme. During 2014/15 the SLSCB will look to be assured specifically on the impact of early help on 'Children in Need' so that we are			Early Help results in more children being appropriately 'stepped down' from child protection to Early Help interventions.		

	confident that those most at risk of child protection referral benefit from early help and avoid referral into formal child protection arrangements					

STRATEGIC OBJECTIVE 1:

To be assured of the effectiveness and co-ordination of safeguarding practice in Slough

1B Quality support to children that require formal child protection or local authority care

Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements
1B.1	To be assured that arrangements for	For Children's Social Care through delivery of	For CSC, the Assistant	For CSC, this will be as set out in the	Scrutiny and challenge	

	child protection and looked after children in Children's Social Care, in other individual services across the partnership and in multi-agency working are effective. To be assured that the improvement priorities for CSC in the safeguarding improvement plan are secured and specifically that: • Children and young people are safe and feel safe and feel safe as a result of improved social care practice; • Outcomes for children are	the five service improvement projects: 1. Identification, Contact and Referral 2. The child's journey in the children's social care system; 3. Confident and competent workforce 4. Quality and Performance 5. Partner Engagement and Working Together Reporting will be: • through quarterly reports from the Assistant Director, Children, Young People and	Director for Children, Young People and Families For Partner agencies the lead will be the SLSCB Board member for that agency – or a nominated performance lead. For multi-agency reporting the Quality Assurance and Performance Sub-Group will be the lead forum through which the	safeguarding improvement plan i.e. • continued and sustained improvement in performance measures in the Improvement Board data set; • consistent delivery of adequate and better case work as shown by audits; • positive service user feedback • Improved feedback from staff and partner agencies	against all actions in this part of the Business Plan will occur quarterly and in line with timescales set out in the Safeguarding Improvement Plan	

	improved through management oversight and good planning; • The children's socal care workforce are able to carry out high quality work with children, young people and families, leading to improved outcomes; • Recruitment, induction, training and management of social work staff results in a workforce capable of carrying out the required standards of work and retention of skilled staff.	Families on performance against priorities set in the Safeguarding Improvement Plan including: the CSC performance scorecard; outcomes of audit exercises; views of children and young people; views of staff For Partner Agencies: • through quarterly reporting against their own agreed safeguarding QA and PM arrangements again spanning quantitative and qualitative data, service user	Executive and Board will receive QA and PM information to enable it to scrutinise and challenge performance.	For partner agencies this will be determined through the agreed SLSCB and CYPPB scorecards.		

	Specifically to be assured that there is: • efficient and effective safeguarding practice when children are in the child protection and care services both in terms of adherence to working together requirements, timeliness of action and quality of provision • quality assure partner contributions to services/support to children who have a child protection plan or are in	views and staff views For multi-agency working: • through regular reports from the IRO service and the LADO to support our scrutiny and evaluation of multi-agency performance. To monitor agency attendance at key statutory meetings including Initial Child Protection Conferences, Strategy Groups, Core Groups and CP Reviews, to challenge agencies where attendance and/or quality of contributions				

	the care of the local authority. • effective partner contributions in securing improved outcomes	cause concern and secure consistently high levels of attendance and quality.				
1B 2	To be assured that contact, referral and initial assessment arrangements through the 'One Front Door' are understood and are effective. To be assured that the engagement of Police personnel on the 'Front Door' improve both the quality of referrals and secure effective triage of cases.	QA and PM Framework – specifically audits of practice Scrutinise and challenge proposals for the development of a MASH and, if implemented, to be assured of its				

		effectiveness and impact				

STRATEGIC OBJECTIVE 1

To be assured of the effectiveness and co-ordination of safeguarding practice in Slough

Cross cutting 1A and 1B – Responding to the new Working Together Framework 2013

Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements
1AB.1	To secure the implementation of: • The Threshold Protocol; • The Learning and	Formulate plans of action to implement these frameworks	Independent Chair of SLSCB, AD, Children, Young People and Families, Head of QA and	Threshold document implemented with QA and PM arrangements in place to enable the SLSCB to scrutinise	All elements to be completed by December 2014	

	Improvement Framework	Review the QA and PM framework to test the impact of these frameworks particularly in relation to: • Understanding and application of thresholds for early help; • Criteria for when a case should be referred to the local authority's CSC for assessment under Section 17, 47, 31 and 20. • Secure assurance that appropriate information sharing arrangements are in place across the partnership	Safeguarding	and challenge implementation. Assurance provided that appropriate information sharing arrangements are in place and appropriate framework for monitoring their effectiveness is in place. Learning and Improvement Framework implemented with QA and PM arrangements in place to enable SLSCB to scrutinise and challenge implementation, effectiveness and impact.		

1AB 2	Be assured that the Single Assessment Framework is implemented	Receive from CSC and partner agencies reports on the effectiveness and impact of the single assessment framework on safeguarding outcomes	Head of Safeguarding and Quality Assurance	Arrangements in place to scrutinise and challenge implementation of the Assessment Framework.		

STRATEGIC OBJECTIVE 2

To target areas of particular safeguarding risk in Slough which have been identified as:

- **CSE and Child Trafficking**
- **Domestic Violence**
- **FGM**
- **Homelessness**
- **Mental Health – both children and parents/interface with implementation of Mental Capacity Act in Adult Services**
- **E-Safety – and building resilience to e-risk**
- **Drug and Alcohol Abuse**
- **PREVENT/Channel**
- **Young People engaged in gangs and violent crime**

Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements
2.1	**CSE and Child Trafficking**	• Repeat risk audit to determine levels of potential CSE prevalence in Slough. • Formulate and implement the CSE pathway which clearly outlines multi-agency responses and interventions, setting out how risk will be continually reviewed on individual cases and set within the context of the wider service provision pathway; • Further develop specific QA and PM framework for CSE that will incorporate quantitative and qualitative data	CSE Task and Finish Group/CSE Co-ordinator when appointed	Risk audit completed, analysed and used to inform provision pathway implementation. CSE strategy and action plan launched and subsequent workforce development programme in place. CSE provision pathway developed, agreed across the partnership and		

		(including multi-agency audit) and engagement/feedback from service users and front-line staff; • Secure appropriate links and coherence between work on CSE and that on: children missing; children receiving services from the YOT; gang and youth violence; PREVENT and Channel (vulnerability to extremism and radicalisation)		implemented. SLSCB assured of positive impact and outcomes of CSE strategy and action.		
2.2	**Domestic Violence**	Agree with the new Domestic Abuse Strategic Group the interface between their role in leading the Domestic Violence and the SLSCB and SVAB roles in scrutinising and challenging performance on DV – and then to put in place arrangements that enable	Independent Chairs of Safeguarding Boards and Chair of Domestic Abuse Strategy Group to agree interface and	Clear protocol defining interface between SLSCB and DA Strategic Group including QA and PM framework		

		the SLSCB to be assured that: • there is a reduction in the number of children facing safeguarding risk as a result of Domestic Abuse. • there is improved capability to identify risk and secure multi-agency responses to the risks presented as a result of report Domestic Abuse • responses to domestic abuse are effectively managed by partner agencies individually and in partnership	relationship Quality Assurance and Performance Sub-Group to lead on scrutinising and analysing performance supplied by the Safer Slough Partnership	Reduction in the number of children at risk as a result of DV Improved capability to identify and respond to risk Evidence of effective impact of DV services through quantitative and qualitative performance information, service users feedback and staff feedback.		
2.3	**Homelessness (16-**	SLSCB to receive an assessment of the	AD, Housing	SLSCB will have received the		

	19 Year Olds)	impact of new housing policies and practice in response to the Southwark Judgement on levels of homelessness amongst 16-19 Year Olds specifically in relation to safeguarding risk. SLSCB to receive report on the new Borough Housing Strategy to assess its impact on safeguarding and to determine any changes/mitigation it may wish to see in place to protect children and young people. This to include reference to; the impact of benefit reform; out of borough housing placement policy	Quality Assurance and Performance Sub-Group	assessment of impact, identification of key safeguarding risks and assurances of actions to mitigate these risks. Agreement to a QA and PM framework through which the SLSCB can continue to scrutinise performance and challenge any future safeguarding risk.		

		Negotiate, agree and secure the implementation of risk mitigation to reduce and manage safeguarding risk				
2.5	**Mental Health of both children and adults**	SLSCB and SVAB to devise plan for better integrated approach to assessing impact of mental health assessments across children and adult services Boards to agree QA and PM framework to scrutinise and evaluate impact. SLSCB to be assured of	Independent Chairs of SLSCB and SVAB Quality Assurance and Performance Sub-Groups	Evidence of improved co-ordination between children and adult services Evidence of improved outcomes for service users as specified in QA and PM framework.		

		performance of CAMHS in contributing to effective safeguarding arrangements at both universal and specialist levels				
2.6	**E-Safety**	Gain assurance that there is a 'Safeguarding in Education' lead. Be assured that prevalence audit of e-bullying incidents is undertaken and that strategy and action plan to reduce levels of prevalence is agreed and in place Appropriate interventions in place to address needs of both victims and perpetrators	CYPPB/Safeguarding Lead for Schools	Level of prevalence known Strategy and action plan in place Evidence of impact being presented by CYPPB		

		Be assured that there is a e-resilience strategy and action plan in place to support reduction in impact of e-bullying				
2.7	**FGM**	Deliver annual conference focused on FGM. Establish a task and finish group to formulate Slough FGM strategy and action plan				
2.8	**PREVENT/Channel**	Secure more effective links between the SLSCB and PREVENT/Channel activity across the				

		Borough				

STRATEGIC OBJECTIVE 3

To improve the effectiveness of the Slough Local Safeguarding Children Board

Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements
3.1	Ensure that agencies take full responsibility for their roles as set out in Working Together to Safeguard Children and that they commit to multi-agency strategies and working groups, including sharing responsibility and resources where necessary (Priority and Immediate Action	Board needs to develop a framework within which to test these issues based on WT2013.				

	in Ofsted Review of LSCB)					
3.2	A level of Board effectiveness that enables the SLSCB to assume the role of the Safeguarding Improvement Board.	Secure a focus on our scrutiny and challenge role. Ensure that responsibility for commissioning and delivery of safeguarding functions is clearly understood and that appropriate reporting arrangements are in place to assure the SLSCB of improving performance	Independent Chair of SLSCB in collaboration with other key partnership leads.	Performance reaches levels that enable Ofsted to judge provision to be at least adequate. The Safeguarding Improvement Board is no longer required and the SLSCB assumes this role.		
3.3	Implementation of changes to Board arrangements to reflect and secure compliance with the new Working Together framework – including revised	Implement the Assessment, Threshold and Information Sharing arrangements referred to in 1AB2 above. Review the constitution,	Policy and Procedures Sub-Group	SLSCB will be Working Together compliant.		

	assessment and SCR/Learning and Development frameworks.	terms of reference and modus operandi of the Board against the expectations of Working Together and implement any changes required to secure compliance Review SCR arrangements in light of Learning and Development section of Working Together, identify changes required and implement these.	Independent Chair of SLSCB SCR Sub-Group of SLSCB	SLSCB will achieve at least adequate judgement in any inspection of child protection undertaken during 2014. Board is deemed to be Working Together compliant by Ofsted As above New Learning and Development arrangements are in place		
3.3	Robust and rigorous partnership arrangements at a	Be proactive in ensuring that major organisational and	Independent Chair of SLSCB	Section 11 process	Ongoing	

	time of organisational and structural changes in some partner agencies.	structural change includes consideration of safeguarding and be assured that individual organisations are managing related risk/need for coherence and co-ordination. Key areas for focus are: • Changes to provision of Probation Services • Relationships with Academies and Free Schools (this to include consideration of the impact of school place planning on safeguarding of children) • FE provision • Relationship with GPs including Named GPs	Individual Board Members	Individual agency and multi-agency QA and PM reporting Further refine the Schools Safeguarding Audit process Develop a GP safeguarding assurance tool		

3.3	Implement the QA and PM framework in collaboration with CSC, individual partner agencies and the CYPPB and, as a result, enhance its ability to scrutinise and challenge safeguarding effectiveness and co-ordination of safeguarding services across the partnership.	Implement the QA and PM framework that cross-cuts individual agency reporting, CYPPB business and SLSCB scrutiny and challenge Be better sighted on audits of day-to-day practice from both individual agencies and multi-agency working Review the SLSCB multi-agency audit arrangements to ensure that they: • involve front-line practitioners from across all partner agencies; • impact on practice and improvements	Quality Assurance and Performance Sub-Group	New framework in place and operational	July 2013	

		in service quality and safeguarding outcomes • evaluate the quality of interventions in order to draw the key lessons for improving management decision-making and oversight of cases; • individual agencies own the findings of audits and use this information effectively to promote improvement Include in the QA and PM framework an evaluation of the effectiveness of arrangements for children who are missing from home and education and include in the Annual Report.				

3.4	Secure clarity and coherence in the SLSCBs relationships with other partnership bodies including: the Slough Well-Being Board, the Safer Slough Partnership, Safer Communities Partnership, DAAT, and the Safeguarding Adults Board.	Further improve coherence and co-ordination between SLSCB and CYPPB Implement new protocol between SLSCB/SVAB and Slough Well-Being Board Formulate and implement protocol between SLSCB/SVAB and other partnerships including Safer Slough Partnership and other relevant PDGs Secure clear arrangements for holding to account	Independent Chair and chairs of relevant partnerships	Clarity in respective roles of CYPPB as commissioning body and SLSCB as scrutiny and challenge body is secured. Dynamic relationship between SLSCB and Slough Well-Being Board in place Relationships between SLSCB and other partnership bodies clear and understood.		

		those partnership entities responsible for key risk areas: domestic violence; drug and alcohol services; youth crime and gangs		Improved outcomes for children and young people particularly in areas of risk identified in this Business Plan. Survey of partnerships to test impact of new protocols and agreements		
3.5	Secure a 'Think Family' approach to safeguarding effectiveness through effective co-ordination and coherence with the SVAB.	Hold joint planning meeting with SVAB to agree joint priorities. Formulate plan of action to secure delivery on co-ordinated activity	Independent Chairs of SLSCB and SVAB	Joint Action Plan in place QA and PM framework to monitor and evaluate performance Evidence of		

				improved safeguarding outcomes as set out in QA and PM framework		
3.6	Secure assurance that children's services commissioning arrangements build in effective safeguarding arrangements.	Audit range of agencies/partnership that commission children's services. Secure from these agencies/partnerships assurance and evidence of their effectiveness in securing safeguarding through commissioning	Chair of CYPPB Independent Chair of SLSCB Leads from other commissioning bodies	Evidence of effective safeguarding through commissioning .		
3.7	Be assured that there is compliance with safeguarding policy and procedures across the partnership whilst promoting a learning culture.	Undertake Section 11 process to test compliance Monitor agency action plans arising from previous Section 11 to	Pan-Berkshire Section 11 Group Quality Assurance and Performance	Improved compliance against Section 11 audit		

		be assured that levels of compliance are increased. Implement new Learning and Development frameworks set out in Working Together 2013	Sub-Group SCR Sub-Group			
3.8	Be assured that appropriate arrangements are in place to plan and prepare for an Ofsted Inspection of Child Protection and the multi-agency inspection of safeguarding should this be introduced.	Secure engagement of all partners in inspection preparation and planning. Formulate and agree cross-partnership plan for inspection Contribute to updating of self-assessment through scrutiny and challenge of safeguarding	Slough Executive Partnership Group	Contributions to Ofsted inspection in place in a timely manner and to appropriate level of quality. Inspection outcome that matches self-assessment at time of inspection		

		performance.				

STRATEGIC OBJECTIVE 4

To improve communication and engagement between the SLSCB and children and young people, wider communities, front-line practitioners and partner agencies

Action No.	What do we want to achieve?	How are we going to do it?	Who will lead on this?	How will we know what we have achieved?	When are we going to do this?	Review of Achievements
4.1	COMMUNICATION A strong profile for the Board across the Partnership and the communities of Slough	• Further develop the SLSCB web-site • Ensure regular communication of key messages, Board decisions and learning from SCRs and other reviews/audits across the partnership primarily through existing agency communication	Communication Sub-Group of the SLSCB	Web-site in place together with evidence of increased usage. Evidence of Increased positive media coverage Evidence of more	July 2013	

		channels; • Raising the profile of the SLSCB through local media, events and other communication channels.		effective engagement with partners and communities of Slough through measuring feedback from relevant forums/surveys		
4.2	PARTICIPATION AND ENGAGEMENT Evidence that the voices of children, young people and families are heard in planning, delivering and evaluating safeguarding in Slough Evidence that views of frontline staff from across the Partnership are heard in planning,	• Assuring the Board that the views of children and young people are gauged at strategic, community of interest and service delivery levels – primarily using existing forums and processes but, where necessary, securing additional activity to reach those not currently engaged; • Ensuring that the CYPPB as the key integrated children's commissioning body delivers an effective Participation Strategy as part of its	Participation Sub-Group of the SLSCB	Assurance provided that engagement activities at all 3 levels are in place and functioning. Consider ways in which the views and opinions of CYP can be more effectively presented at Board meetings Participation Strategy scrutinised		

	delivering and evaluating safeguarding in Slough.	commissioning process; • Better utilising Healthwatch, the voluntary and community, Council Members and other community facing organisations/individuals to support this priority; • Assuring the Board that the views of front-line staff feature in the development of policy, procedures, service developments – including reviewing SLSCB sub-group and task and finish group membership to include front-line managers and staff		and monitored by SLSCB Arrangements in place to draw on these sources of engagement Staff survey evidence presented to SLSCB as part of its business planning process.		

STRATEGIC OBJECTIVE 5 **To develop our workforce to enable it to deliver the improvements and outcomes sought.**						
Action No.	**What do we want to achieve?**	**How are we going to do it?**	**Who will lead on this?**	**How will we know what we have achieved?**	**When are we going to do this?**	**Review of Achievements**
5.1	A workforce that is confident, competent and skilled to secure effective safeguarding and to deliver the expectations set out in this Business Plan.	• Be assured of the inclusion of appropriate safeguarding training and development within the overall Children's Workforce Development Programme; • Be assured that all agencies deliver appropriate levels of training at levels 1 and 2; • Be assured that multi-agency training is delivered at levels 3 and 4 to those that require it specifically in relation to key	Pan-Berkshire Training Sub-Group	SLSCB scrutiny of children's workforce development plan assures Board that safeguarding training appropriately covered. Evidence presented by agencies in both Section 11 and annual training audit Evidence presented		

		priorities in this Business Plan; • Be assured of the quality and impact of training in terms of building staff skills and competencies and in terms of improved safeguarding outcomes for children and young people; • In 2014/15 to ensure specific focus is given to: • Cultural change across the partnership that secures collective ownership of safeguarding • threshold awareness and implementation; • awareness of and competence in addressing CSE and child trafficking; effective joint-working between children and adult services; • To extend the range of training delivery		by agencies in both Section 11 and annual training audit Evidence presented in annual training audit Specific outcome indicators and		

		models including e-learning approaches • To be assured that appropriate training and development across children and adult services is taking place to generate 'Think Family' approaches to safeguarding practice and their impact on service quality and safeguarding outcomes is monitored and evaluated		processes for evaluation will need to be agreed for these specific strands of activity as they are implemented. Evidence presented by annual training evaluation		
5.2	To be assured that the capacity of the workforce is appropriate to deliver safeguarding expectations – particularly in terms of the expectation of SLSCB policies and procedures and in relation to the expectations of this	Through the QA and PM framework monitor indicators such as caseloads, engagement in early help, attendance and quality of contributions at statutory meetings.	All partner agencies to be responsible for reporting caseload information, Early Help Board to be responsible for reporting on early help engagement,			

	Business Plan		IRO service to report on attendance and quality of contributions			
		Gauge partner capacity required to deliver Business Plan and negotiate appropriate commitment e.g. multi-agency audit programme	Independent Chair and SLSCB Business Manager			

Appendix 2

SLSCB SCORECARD 2013/14

Full version of SLSCB Scorecard to be inserted here.

Appendix 3

CHILDREN'S SOCIAL CARE SCORECARD 2013/14

We need to insert pages 1-3 of the Redbook PDF that I included in my email here.

Appendix 4

PRIVATE FOSTERING ACTION PLAN 2014 to 2015

Objective	Actions	By whom	Timescale
1. To reduce unknown private fostering arrangements in Slough	• Raise awareness within the community and in all services working with children and families to ensure that private fostering arrangements are identified and appropriate referrals made to children's social care. In particular, to identify 'key contact' points and for those working with children and families to undertake the relevant on line training • Publish the Private Fostering Annual Report on the LSCB and CYPP websites and seek agreement from partners to ensure the Annual Report is discussed at relevant management meetings within organisations	• All LSCB Partners to agree Awareness Plan • To take to relevant manager meetings and set targets for training • SBC	• September 2014 – agree the Plan • Discuss at management meetings by end December 2014 and report compliance and agreed training targets to LSCB in January 2015. • By October 2014 and annually.

2. Target 'key' contact points:	• To identify language colleges within a 10 mile radius of Slough and initiate contact with these colleges in respect of any arrangements in place for students that might constitute private fostering within Slough. • To consider with other LSCBs the benefits of undertaking this on a Berkshire wide basis	• SBC (Private Fostering senior manager) • LSCB Chair and Business Manager	• By December 2014 • Report to LSCB in January 2015. • Report to LSCB in January 2015
3. A scorecard that will help measure progress	• Develop and agree a Slough scorecard for Private Fostering, taking account of the recommendations in the Ofsted report referenced above	• Performance and Quality Sub-Group	• Make recommendations to LSCB by January 2015.

Appendix 5

SLOUGH LOCAL SAFEGUARDING CHILDREN BOARD (SLSCB) AND ADULT SAFEGUARDING PARTNERSHIP BOARD (SASPB)

JOINT BUSINESS DEVELOPMENT EVENT – 10 July 2013

1. Introduction

1.1 The SLSCB and SASPB held their joint Business Development Day on 10 July 2013.

1.2 The key purposes of the event were to consider:

- Areas of common interest for children and adults that are relevant to all partners
- How we can improve safeguarding outcomes and services through greater collaboration across children and adult services
- How we might collectively develop and share infrastructure and business support

1.3 The agenda for the event is attached as Appendix 1.

1.4 The purpose of this paper is to report the outcomes of the day and to highlight areas of joint working that we propose to take forward as a result.

2. Common Areas of Service Focus

2.1 Discussion Group 1 focussed on the identification of areas of service in which the Boards had a joint interest and the steps that needed to be taken to develop co-ordination in these areas. The following areas and actions emerged from the discussions.

2.2 **Domestic Violence**

- secure clarity about the relative roles of the SLSCB, SASPB, Safer Slough Partnership (SSP) and Children and Young People's Partnership Board (CYPPB);
- At both strategic and operational levels agree a process through which commissioning partnership boards consult with the safeguarding boards on domestic violence strategies and action plans;
- Partnerships collectively agree key priorities for action e.g.
    - Effectiveness of DV co-ordination
    - Staff 'thinking family'
    - Better quality reporting of DV incidents

- Agree arrangements for quality assurance and performance management that will assure the safeguarding boards of the effectiveness and impact of strategies and action plans. To secure this the safeguarding boards will need to be clear about what they are looking to be assured of.

2.3 **Drugs and Alcohol**

- secure clarity about the relative roles of the SLSCB, SASPB, Safer Slough Partnership (SSP), Children and Young People's Partnership Board (CYPPB) and the Health PDG;
- At both strategic and operational levels agree a process through which commissioning partnership boards consult with the safeguarding boards on drug and alcohol strategies and action plans;
- Partnerships collectively agree key priorities for action e.g.
    - Chaotic lifestyles – are there effective responses from services in terms of safeguarding e.g. alerts, preventative action;
    - Effective safeguarding through effective commissioning – the Boards need to be assured that commissioners are achieving this both individually and collectively;
    - Workforce development re 'ThInk Family' for those delivering drug and alcohol services
- Agree arrangements for quality assurance and performance management that will assure the safeguarding boards of the effectiveness and impact of strategies and action plans. To secure this the safeguarding boards will need to be clear about what they are looking to be assured of.

2.4 **Mental Health**

- secure clarity about the relative roles of the SLSCB, SASPB, Safer Slough Partnership (SSP), Children and Young People's Partnership Board (CYPPB) and Health PDG;
- At both strategic and operational levels agree a process through which commissioning partnership boards consult with the safeguarding boards on mental health strategies and action plans;
- Partnerships collectively agree key priorities for action e.g.
    - Understanding the impact of individuals' mental health on those around them
    - Staff 'thinking family'
    - Improved co-ordination of service delivery across agencies
- Agree arrangements for quality assurance and performance management that will assure the safeguarding boards of the effectiveness and impact of strategies and action plans. To secure this

the safeguarding boards will need to be clear about what they are looking to be assured of.

2.5 Transitions

Transitions between children and adult services (particularly in relation to people with learning disabilities) was identified as an area that the two Boards should focus on. Indeed, work has already begun in this area but we need to consider how the two Boards engage in this – and what the role of other key partnerships, particularly the CYPPB and the Health PDG, should be in securing improvements in this area.

It was proposed that this work should also focus on issues related to young people with low self-esteem specifically where they might be members of 2nd/3rd generation families known to social services. This might be linked the Troubled Families programme.

2.6 Generic issues arising from Discussion Group 1

A number of generic issues were raised during discussion group 1 on which it was suggested the Boards should act. These included:

- The need for a mapping exercise, commissioned at CEO / Wellbeing Board level, to be undertaken to clarify, provide leadership and direction an address probable areas of duplication and/or omission. There is a particular need, as clear from the 2.2, 2.3 and 2.4 above to clarify the relative roles and responsibilities of key partnership bodies;

- The need for clarity about lines of responsibility and accountability for specific initiatives such as Troubled Families and the identification of who (both at individual and board levels) is taking responsibility for what, how are they communicating this, monitoring achievement and progress;

- The difficulty in securing consistent and appropriate representation from all agencies (including specific parts of the Borough Council). The resource pressures faced by all agencies clearly affects this, but it will often mean that discussions are incomplete with a lack of coherent consideration of a situation which may lead to either a lack of effective intervention or the need to repeat the process. In both situations the effect is a probable increased demand for more expensive resources in the future or ineffectual process;

- The lack of consistent attendance is compounded by attendees claiming, rightly or wrongly, that they do not have the authority to commit their agency/resources. This is perceived as a cultural problem with people not taking responsibility or seeking to shift responsibility upwards. To secure effective partnership working representatives must have the authority to take decisions and commit their organisation to both action and investment;

- The need to secure greater coherence and co-ordination in the use of thresholds for access to service. There are challenges in this arena within both children and adult services but the issue becomes even more complex in a combined children/adult service model. Partner agencies and individual services with the Council work to different thresholds and this inhibits the extent to which they engage together when there are common concerns such as the wellbeing/education attainment/level of risk experienced by a child in a family where there is, say, a mental health or alcohol problem.

- The need for a collective workforce development strategy that develops a 'culture of responsibility and ownership and supports a 'Think Family' model of service intervention. There is a view common in the group that there is a widespread culture of staff not taking responsibility. This may be something that can be tackled through training or by Slough developing greater devolution to encourage professionally sound judgements and a less constrained risk averse tick-box approach. This would require a concerted programme and approach.

2.7 In conclusion, the key strategic issues arising from this session included:

- The need for strategic co-ordination across partnership boards that clarifies respective roles, responsibilities and accountabilities;
- Clear identification of lead responsibility and accountability for key strands of partnership and individual service activity;
- Securing consistent commitment to partnership meetings from people that have the authority to make commitments and secure action from their organisation;
- Developing collective agreement to coherent, co-ordinated thresholds for access to service that enable a 'Think Family model of delivery to be achieved;
- A collective workforce development strategy that secures a 'culture of responsibility and ownership' and supports a 'Think Family' approach to service delivery

3. **Joint Infrastructure and business support issues**

3.1 Discussion Group 2 focussed on the identification of areas in which the Boards could secure efficiencies and greater effectiveness through working together. The areas emerging from these discussions are set out below. In identifying these areas the groups specified 'quick wins' and areas for later development.

3.2 Develop an **integrated back office** and support function, including the development of common agendas and standardised processes as applicable.

3.3 **Combine sub-groups** where there is common business and potential for collective action for example in relation to **Communications and Participation and Engagement**. It was proposed that we should convene a meeting of communication leads to consider this.

3.4 Consider the formulation of a **combined 'Learning and Improvement' framework** and the alignment of the Serious Case Review sub-groups.

3.5 Develop a common **Safeguarding "micro-site"** for Slough covering both children and adult safeguarding. This could be followed up within the framework of the Communications work referred to above.

3.6 Set up a joint sub-group on e-safety, probably time limited and giving an opportunity to involve young people in its approach and content.

3.7 In the longer term it was proposed that the following could be considered:

- The creation of a combined quality assurance and performance management framework including a combined 'Think Family' QA and PM framework;
- The creation of a combined workforce development strategy

4. Conclusion

4.1 This paper sets out the outcomes of the Group Work undertaken at the Joint Business Development Day. The content should now be considered by the SLSCB and the SASPB to agree:

- Common areas of service focus and the actions to be taken to progress these is agreed;
- Joint infrastructure and business support functions and the action to be taken to progress these if agreed.

4.2

Appendix 1

SLOUGH LOCAL SAFEGUARDING CHILDREN BOARD AND ADULT SAFEGUARDING BOARDS

JOINT BUSINESS DEVELOPMENT EVENT

Wednesday 10th July 2013

The Centre, Farnham Road, Slough, SL1 4UT

1.0 – 5.00 pm

AGENDA

1.00 pm	Arrival and Networking Lunch
1.30 pm	Welcome and Purpose of the event
1.45 pm	Introduction to the Boards – Paul Burnett and Nick Georgiou
2.15 pm	Wider Partnership Geography – Jane Wood
2.30 pm	Discussion Group 1 – To identify common areas of service focus and how we wish to progress these shared priorities
3.15 pm	Coffee
3.30 pm	Discussion Group 2 – To identify joint infrastructure and business support issues and consider how to progress these.
4.30 pm	The way forward

This event is intended to bring together members of the children and adult safeguarding boards in Slough to consider:

- Areas of common interest for children and adults that are relevant to all partners
- How we can improve safeguarding outcomes and services through greater collaboration across children and adult services

- How we might collectively develop and share infrastructure and business support

Outline for discussion groups

Discussion Group 1 – To identify common areas of service focus and how we wish to progress these shared priorities

The purpose of this session is to identify areas of service in which the two Boards have a joint interest and to identify how we might secure co-ordination of activity across the two Boards.

In this Discussion Group we want participants to:

1. Identify service areas that have been prioritised in our Business Plans on which joint working could improve our capacity to safeguard children and adults.
2. Outline what steps could be taken to secure greater co-ordination of activity in this area.
3. Identify any other groups with which we may need to consult to take this work forward.

Discussion Group 2 – To identify joint infrastructure and business support issues and consider how to progress these.

The purpose of this session is to consider whether there would be value in the two Boards sharing infrastructure and business support. For example would there be value in working together on areas such as communication and publicity, participation and engagement, training, risk management, business support.

In the Discussion Group we want participants to:

1. Identify areas on which they believe the Boards could secure efficiencies and greater effectiveness through working together.
2. Outline the steps that could be taken to achieve this joint working.
3. Identify the advantages of working collaboratively on these issues and any risks that would need to be managed.

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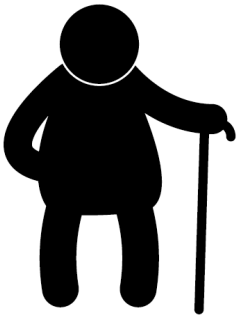
'Joining the Dots'

Slough's Joint Autism Strategy 2014-2017



NHS
Slough
Clinical Commissioning Group

Table of Contents

1.0 Foreword

People with autism are valued residents of Slough. Slough Borough Council and the recently formed NHS Slough Clinical Commissioning Group (CCG) have a shared commitment to work together to improve the lives and opportunities for children and adults with autism in Slough.

This joint strategy goes beyond the requirements set out in the Autism Act 2009 and the associated national policy guidance, which refers only to adults. Instead, in Slough we have adopted a more ambitious approach, developing a strategy that relates to both children and adults. Our reason for this is we know that people with autism often face obstacles starting at childhood. We also know that the transition from child to adulthood can be a particularly difficult stage for young people. By including both children and adults, we are aiming to take a more holistic approach, developing opportunities and realising potential for people with autism at all stages in their lives.

This strategy will set the scene for the next three years as to how Slough Borough Council and Slough CCG will work together along with the voluntary and private sector to develop opportunities to make significant improvements to the lives of people with autism and their families.

We would like to thank all our stakeholders who have contributed to the development of the strategy, in particular people with autism and their carers.

Jane Wood

Director, Wellbeing

Dr Jim O'Donnell

Chair

Slough Clinical Commissioning Group

1.0 Introduction

1.1 Executive Summary

This is the first Joint Autism Commissioning Strategy for Slough. It has been developed by the Council, Slough Clinical Commissioning Group and members of the Slough Autism Partnership Board following extensive consultation with people with autism and their carers. It is based on what people with autism have told us as well building on current good practice. It responds to requirements within the national autism strategy[1], local priorities and locally indentified areas of unmet needs. It has also been developed within the context of the growing financial pressures within the public sector and the requirement for integrated working between the NHS, local authorities and the third sector. The ever increasing requirement to demonstrate value for money in all aspects of education, health and social care means this strategy must be both realistic and sustainable and that commissioned services demonstrate value for money by delivering effective outcomes for people with autism and their families.

1.2 Vision

At the heart of this strategy is a commitment to work towards ensuring all people with autism, whatever their age, have the same opportunities as anyone else in order to live rewarding and fulfilling lives. To achieve this, the strategy promotes a greater understanding and acceptance of autism.

> 'But real success will depend ultimately not only on transforming services, but on changing attitudes across our society. We need to build public and professional awareness and reduce the isolation and exclusion that people with autism too often face'
>
> Secretary of State for Health[2]

1.3 Aims of the strategy

As mentioned earlier, this is the first local autism commissioning strategy for Slough. It aims to support the key priorities outlined within the national strategy as well as responds to what local people with autism and their families have told us are important to help improve their lives.

[1] Fulfilling and rewarding lives: the strategy for adults with autism in England (2010)

[2] Secretary of State for Health in the forward to 'Fulfilling and rewarding Lives: the strategy for adults with autism in England (2010)

This strategy aims to:

- Ensure early identification of people with autism in Slough.
- Ensure early diagnosis and interventions in order to maximise the life chances of people with autism.
- Ensure local services for children and young people with autism meet the spectrum of educational needs.
- Support people with autism at all stages in their lives to develop the necessary skills and confidence to achieve their full potential.
- Promote a greater local awareness, understanding and social acceptance of autism within Slough.
- Ensure smooth transitions for people with autism and their families at significant times in their lives.
- Develop an effective autism diagnosis pathway across all age ranges ensuring that it is timely personalised.
- Ensure children and adults with autism, assessed as eligible have access to a personal budget.
- Ensure there are clear and straightforward routes for people with autism not eligible for social care to access support through universal services.
- Help people with autism to become independent and socially included, living as fully participating members of the wider community.
- Involve people with autism to shape services designed to meet their specific needs.
- Help people with autism to make a positive contribution and achieve economic well-being.
- Ensure carers and/or siblings of people with autism access appropriate support to help meet their needs.
- Ensure people with autism have their health needs meets.

1.4 Local Priorities

This strategy sets out the five local priorities to focus on over the next three years. These have been developed as a response to:

- The views of people with autism, their carers and other key stakeholders
- National priorities for people with autism and changing legislation.

  The priorities are;

  Local Priority Area 1: Improved Health and Wellbeing

  Local Priority Area 2: Increased awareness and understanding of autism

  Local Priority Area 3: Seamless transition processes

  Local Priority Area 4: Improved social inclusion

  Local Priority Area 5: Increased support for people with autism and their families

  An action plan has been developed to support the implementation of these priorities. This is included within the appendices document, which supports this strategy. This identifies where activities will be focussed in order to achieve these priorities.

1.5 Outcomes

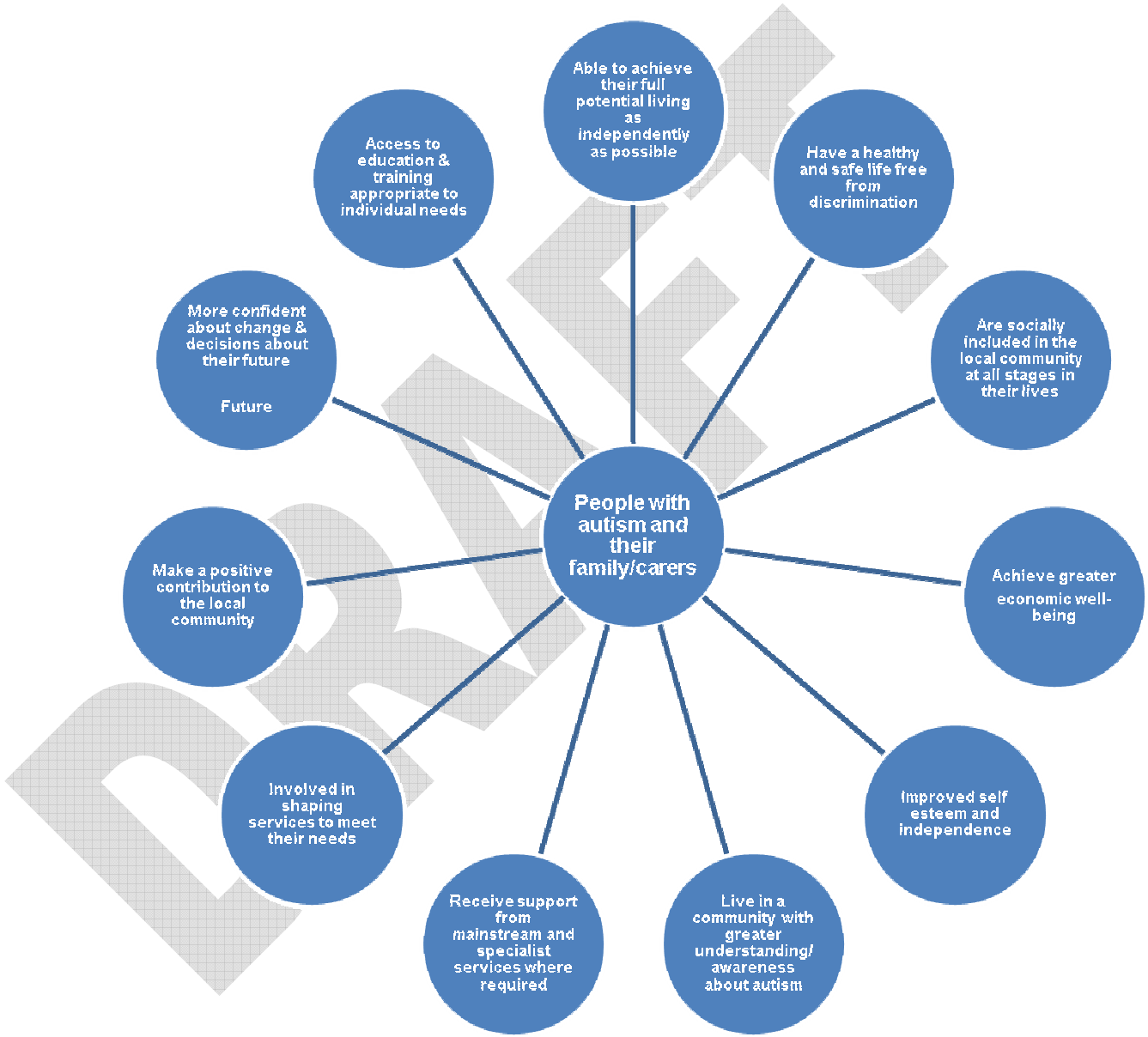
The diagram below details the agreed local outcomes for Slough people with autism identified through consultation with them, their families and carers along with other key stakeholders. These incorporate the five outcomes in Every Child Matters[3] and the Adult Social Care Outcomes Framework. [4]

The identified priorities within this strategy will help achieve these agreed outcomes. Specialist support will continue to be commissioned for children and adults with autism. However, it is recognised that this approach alone will not help achieve the agreed outcomes. Instead a more holistic approach will be adopted where by the needs of people with autism are integrated into the commissioning and development of mainstream and preventative services including education, health, social care, leisure, housing and employment.

[3] Every child matters: Change for children Department , the Department for Education (November 2004)

[4] Department of Health Adult Social Care Outcomes Framework 2014 to 2015 (November 2013)

Diagram 1: Slough's outcomes to meet Fulfilling and Rewarding Lives



2.0 Purpose of commissioning

"Commissioning is the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which:

- Deliver the best possible education, health and well-being outcomes, including promoting equality.
- Provide the best possible education, health and social care provision.
- Achieve this within the best use of available resources. [5]

3.0 Agreed Approach

In line with the commitment by Slough Borough Council and Slough CCG to work collaboratively, opportunities will be sought to jointly fund and commission services in order to improve outcomes for people with autism and their families. The strategy will be reviewed over the next three years and people with autism and their Carers will continue to be consulted on the implementation of it. If the agreed actions cannot be met within timescales, this will be communicated with reasons. This will take place through the Autism Partnership Board, the Learning Disability Partnership Board, the Older People's Partnership Board, the Carers Partnership Board, other Slough Carers forums, including the Early Help Board and the SEND Strategy Group which feed into the Children and Young People's Partnership Board. It has been agreed that:

- The strategy will be for a three year period commencing August 2014. It will be reviewed as required in light relevant legislative, policy changes and local priorities.
- The priorities, vision and outcomes outlined in this strategy will shape and steer the commissioning and delivery of services to support people with autism
- There will be a continued investment in preventative services.
- Strong partnerships with the independent and voluntary sector are essential in order to widen opportunities.
- It will respond to any demographic changes within Slough as well as both local and national policy and legislative changes.

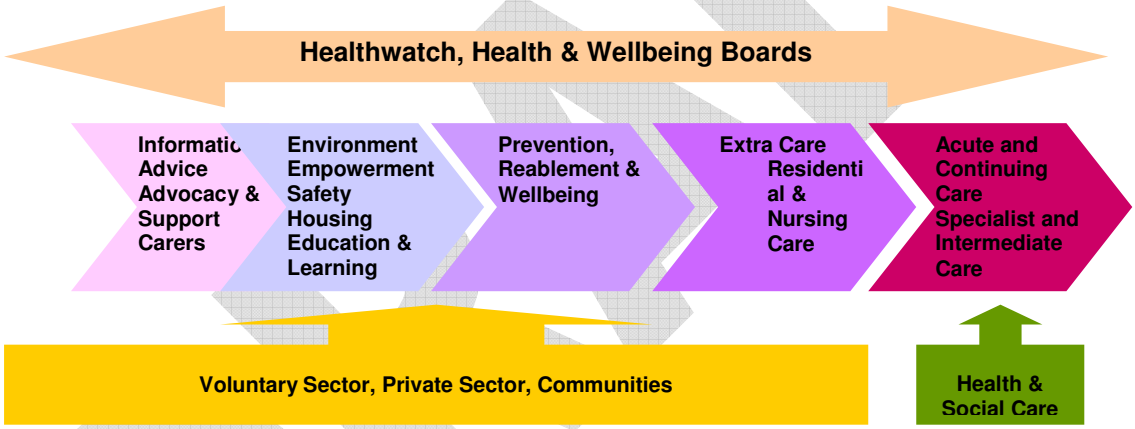
*"*As providers of social care and now public health, the council has a key role to play in integrating services to both improve the quality of care and support that people

[5] Commissioning framework for health and well-being Department of Heath 2007

receive and help find new ways of addressing the long-standing concerns around the future funding of care services" Sir Merrick Cockell, Chair of the Local Government Association. Partnerships and integrated working are most successful when priorities and outcomes are identified and agreed and when resources and activity are targeted to meet those outcomes.

It is our intention to ensure people with autism are supported at every stage in their lives to enable them to reach their potential. To support this, it is critical that the community they are part of have a greater understanding about autism. We are committed to working with partners to design and deliver flexible, responsive and high quality local services. Services need to be wide ranging, universal and preventative and where appropriate targeted. We will use partnership engagement through our local Healthwatch, Slough Wellbeing Board and Clinical Commissioning Group whose key role is bringing together local commissioners to agree integrated ways of improving local health and well-being.

Diagram 2: Targeting resources into promoting health, wellbeing and prevention



3.1 How the strategy was developed

The strategy was developed through a partnership approach between Slough Borough Council, Slough CCG, the independent and voluntary sector and importantly people with autism and their Carers. This included:

- Holding a consultation event with local people with autism, their Carers and other key stakeholders.
- A sample survey being undertaken to seek the views of people with autism and their Carers.
- Priorities agreed with people with autism and their carers at consultation events as well with other key stakeholders including the Slough's Autism Partnership Board

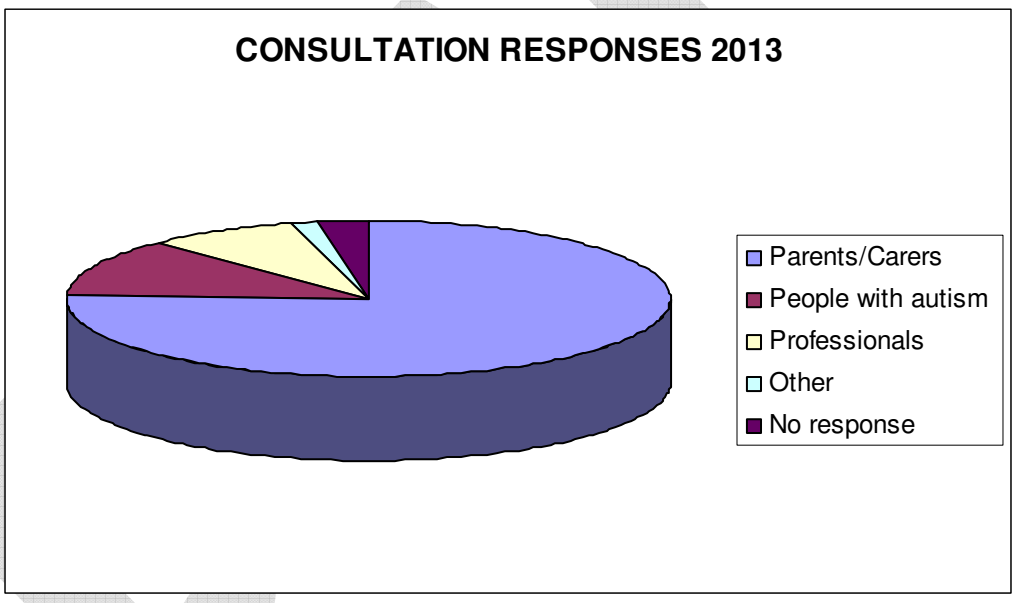
and the Children and Young People's Partnership Board prior to this final version being approved.

3.2 Local Consultation

Consultation with local with people with autism and their Carers commenced in 2009 when Slough Borough Council commissioned Berkshire Autistic Society to undertake a mapping of the numbers and needs of people in Slough on the Autism Spectrum[6]. One of the outcomes of the study was the establishment of the Slough Autism Steering Group, which has recently re-structured to form the Slough Autism Partnership Board.

To support the development of this strategy, a questionnaire was completed in 2013 to seek views of local parents/carers, people with autism and other stakeholders about local services supporting people with autism. 74 questionnaires were returned. The responses are illustrated in the chart below.

Diagram 3: Summary of Respondents



The questionnaire was developed focusing on seven themes. These were

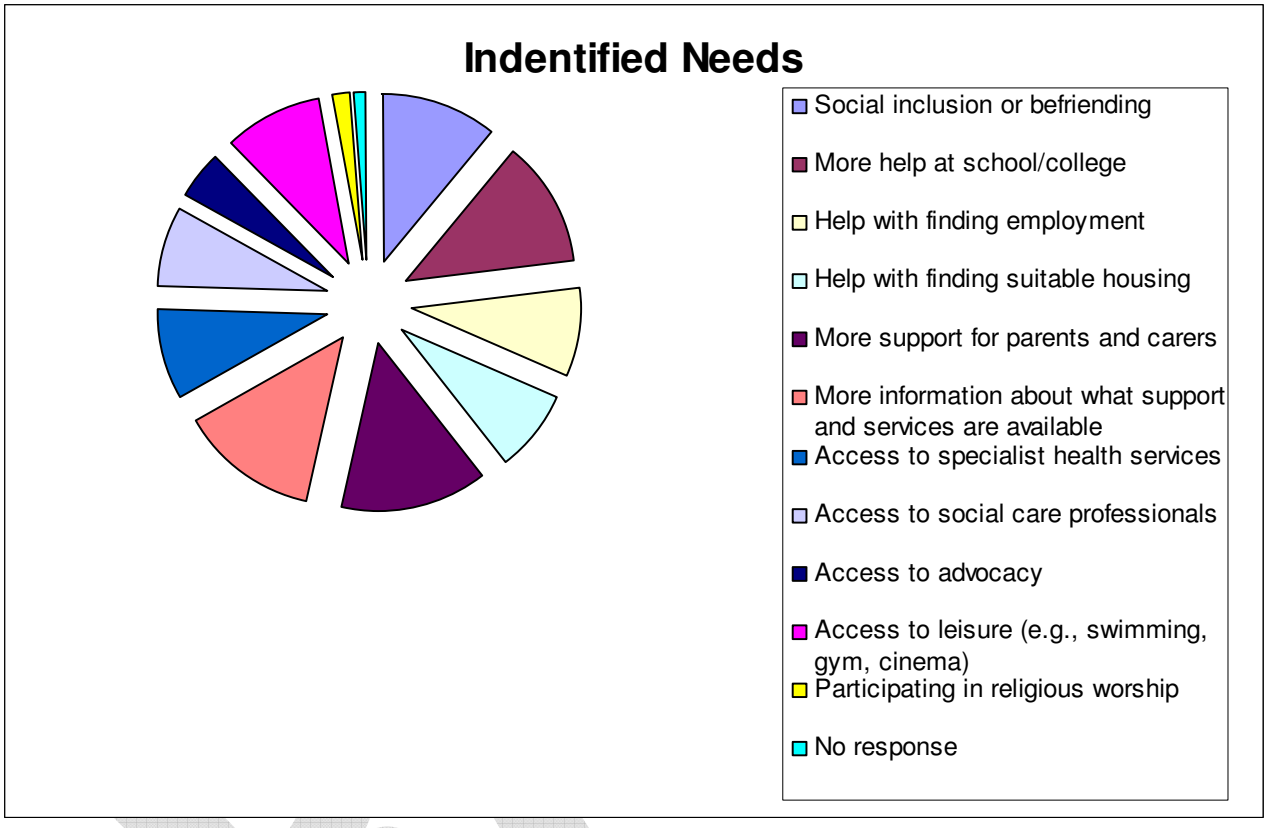
- social care
- education
- employment
- housing
- finances

[6] Slough Autism Spectrum Review': Berkshire Autistic Society 2009

- health
- social inclusion

A summary of responses is illustrated in the pie chart below.

Diagram 4: Identified Needs from Respondents



Other consistent emerging themes resulting from the questionnaire included the following:

- Increased autism awareness amongst professionals within social care, health, education, housing, leisure and employment services.
- The need for improved partnership working including increased communication between services.
- The need for an early diagnosis
- Targeted intervention at all stages in a person's life following diagnosis.
- Improved transition arrangements between children and Adult services.
- Regular consultation with people with autism to support the future design of services.

- Easier access to advice and information about available services.

The Slough Autism Partnership Board also hosted a Strategy consultation event attended by 85 people in order to review and approve local priorities. Details about the event are attached in appendix 1.

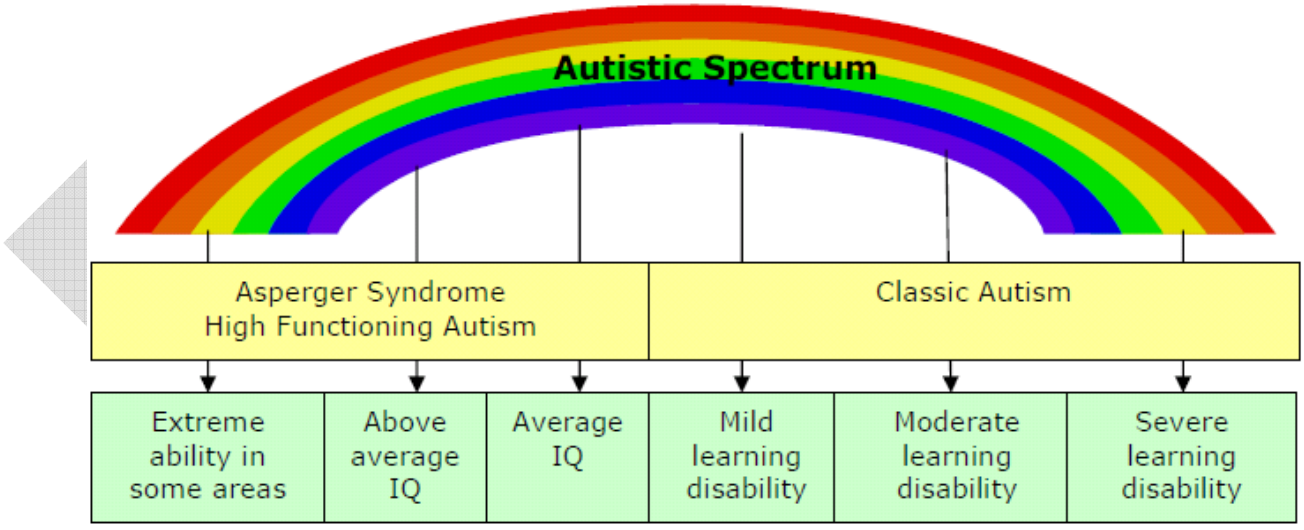
3.3 Definition of Autism

'When you have met one person with autism, you have met one person with autism'[7]

For the purposes of this strategy the term 'autism' reflects the full spectrum and includes the diagnostic categories of Asperger Syndrome, High Functioning Autism, Pervasive Developmental Disorder, Autistic Spectrum Disorder and Autism Spectrum Condition.

The diagram below illustrates the nature of the spectrum of autism. However as condition is so complex, each individual will present with their own characteristics and therefore unique needs.

Diagram 5: Autism Spectrum

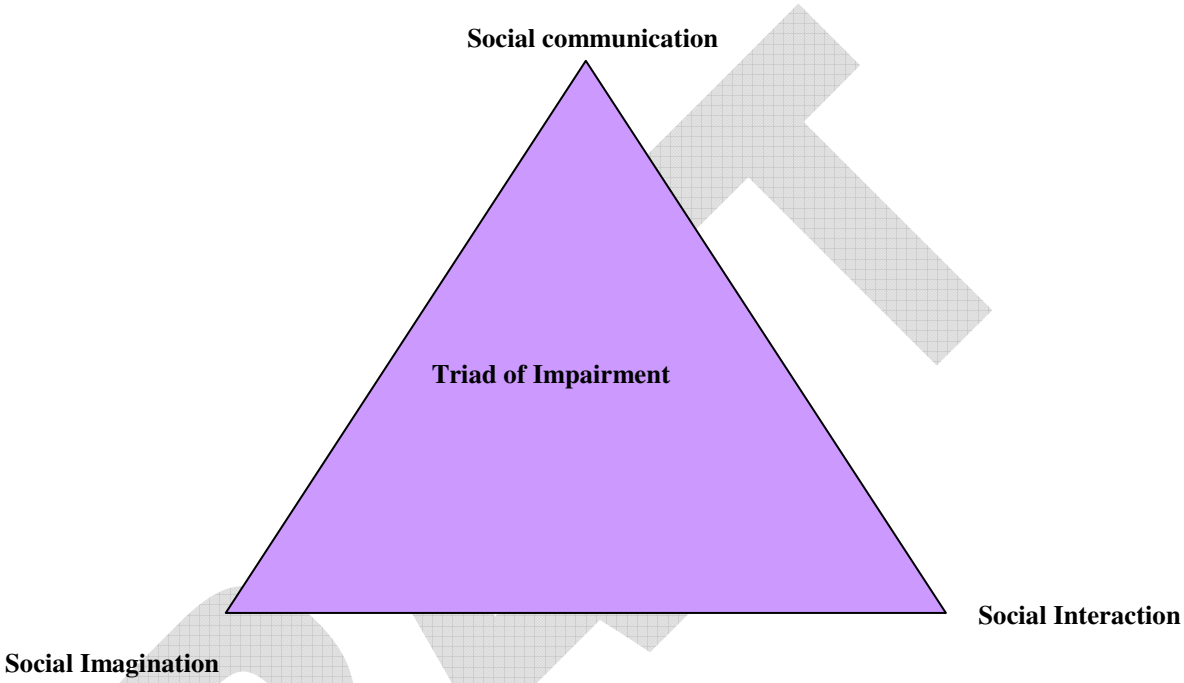


Some people with autism may also have other conditions, such as dyslexia, dyspraxia and Attention Deficit Hyperactivity Disorder (ADHD), which may impact on diagnosis and future intervention.

[7] Cited in the 'Survival Guide for Kids with Autism Spectrum Disorders' 2012. E. Verdick and E Reeve MD

Autism is defined as a life-long developmental 'hidden' condition that affects how a person communicates with, and relates to other people. It also affects how a person makes sense of the world around them. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. The three main areas of difference, which all people with autism share, are known as the 'triad of impairments'[8].

Diagram 6: Autism Spectrum



The differences are in relation to:

- Social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice).
- Social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own).
- Social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour, adapting to new or unfamiliar situations and imagining situations outside their own routine).

Many people with autism may also experience sensory issues such as over or under-sensitivity, for example to sounds, touch, tastes, smells, light or colours. They may also experience difficulties with fine and gross motor activities. In addition they may demonstrate enhanced skills in relation to attention to detail and memory.

[8] 'The Triad of Impairments, past present and future' Wing and Gould (1979)

Autism is a spectrum condition because although all people with autism share certain characteristics, their condition will affect them in very different ways. There is no 'cure', however for some people its impact can be better managed with early diagnosis, advice and intervention.

Individuals with autism vary in the level of impairment shown in each of the three areas of difficulty and in their level of intellectual functioning. Estimates of the proportion of people with autism who have a learning disability (IQ less than 70) vary considerably and it is not possible to give an accurate figure. It is likely that over 50% of those with autism have an IQ in the average to above average range and a proportion of these will be very able intellectually.

As illustrated in diagram 5, Asperger syndrome is a form of autism. People with Asperger syndrome typically have fewer problems with speech than others on the spectrum. However they do still have significant difficulties with communication that can be masked by their ability to speak fluently. They are also often of average or above average intelligence which may impact on timely diagnosis and assessed eligibility for social care.

Whilst those with less severe symptoms and no learning disability may appear to 'get by', they are often subject to less obvious difficulties such as social exclusion, isolation and bullying. People with autism may be at risk of harm because they misunderstand others' intentions and are unable to protect themselves from exploitation or abuse. They may also display behaviours that bring them into contact with the police or criminal justice system.

National research indicates that, as people with autism get older, they are more likely to develop mental health problems due to heightened levels of anxiety.

The study published by the National Autistic Society (NAS)[9] found that 71% of children with autism developed mental health problems at some point in their lives.

4.0 National Context

Over the past few years, there has been a greater public awareness of autism. There has also been an increase in diagnosis and identification in children and young people. Adults with autism are now formally recognised as having a disability through the Autism Act 2009.

There are a number of challenges facing organisations responsible for commissioning and developing services for children and adults with autism. Whilst the National Autism Strategy as the driver for change is welcomed, the current

[9] National Autistic Society You Need to Know Campaign (2010)

economic environment to support its implementation make it challenging. It therefore requires mainstream services to operate more flexibly and creatively to ensure people with autism are included.

Embedded within the recent National Autistic Society guide for Local Authorities [10] are concerns as to how many adults with autism are 'falling through the gap' between adult services. Autism itself is neither a learning disability nor a mental health problem and therefore does not 'fit' into either category.

A third of adults with autism responding to the NAS 'I Exist' survey said that they had developed serious mental health problems due to a lack of support.[11]

The National Audit Office report states:

> 'Beside the negative impact of such crisis on a person's life, acute services are also expensive, with inpatient mental health care costing between £200 and £300 per day'.[12]

Transition from Child and Adolescent Mental Health Services (CAHMS) to adult mental health services was also a key issue highlighted that the NAS highlighted in their 'You Need to Know Campaign'.[13]

> The transition process can be made easier through good communication between children's and adult services, with plans being developed from an early stage. It is therefore worrying that for many children with autism and mental health problems, transition planning simply is not happening. The vast majority (84%) of parents of children aged 14-17 told us that their child requires ongoing mental health support. Most of these parents and parents of 18-21 year olds requiring ongoing mental health support said that there was no plan in place to determine what support their child would receive when they got too old for support from CAMHS (70%). Almost all parents (92%) worried about what mental health support their child would get when they turned 18.

New guidance has been published for health services to help improve the transition from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services[14] by the Joint Commissioning Panel for Mental Health (JC-MH), a recently formed collaborative body co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists. The guidance also highlights how children

[10] Push for action, National Autistic Society (2013)
[11] 'I Exist' National Autistic Society (2008)
[12] Briefing on National Audit Office Memorandum on implementation of the autism strategy National Autistic Society (2013)
[13] 'You Need to Know Campaign', National Autistic Society(2013)
[14] Guidance for Commissioners of Child and Adolescent Mental Health Services - Joint commissioning Panel for Mental Health

and young people with autism spectrum disorders are more likely to develop mental health problems than other children without the condition.

NAS highlighted how a number of people with autism are involved in the Criminal Justice System (CJS) as either victims, witnesses or offenders.[15] They report that there is no evidence of an association between autism and criminal offending and due to the rigid way many people with autism keep to rules and regulations, they are usually more law-abiding than the general population. People with autism are more at risk as victims of crime rather than as offenders.

A recent article by Browning and Caulfield[16] highlight a number of failings within the criminal justice system. This includes a dearth of information about numbers of people with autism within it, the need for increased research focussing on autism and criminality, the lack of understanding and awareness by staff working within it as well environment itself which can cause increased fear and anxiety.

4.1 Key legislation, guidance and drivers

There are number of key national guidance and drivers relating to children and adults with autism.

4.1.1 Valuing People Now 2009

In this national strategy for people with learning disabilities[17], there was recognition that adults with autism are some of the most excluded and least heard people in society. The strategy highlighted how commissioners, service providers and policy makers are failing to address the needs of people with autism effectively.

4.1.2 The Autism Act 2009

This landmark Act which is the first disability specific legislation places a duty on the Secretary of State to prepare and publish a strategy for adults with autism providing guidance for health bodies and local authorities on it's implementation.

4.1.3 Fulfilling and rewarding lives: the strategy for adults with autism in England

This first national strategy[18] for autism was as a response to the Autism Act and focuses on five following core areas of activity:

1. Increased awareness and understanding of autism amongst front line professionals

[15] http://www.autism.org.uk/working-with/criminal-justice/criminal-justice-system-and-asds.aspx
[16] 'The prevalence and treatment of people with Asperger's Syndrome in the Criminal Justice System-Criminology and Criminal Justice 2011
[17] Valuing People Now: A New Three Year Strategy for People with Learning Disabilities , 2009, Department of Health
[18] Fulfilling and rewarding lives: The strategy for adults with autism in England, Department of Health (2010)

2. Develop a clear and consistent pathway for diagnosis in every area which is followed by the offer of a personalised needs assessment

3. Improving access to the services and support which adults with autism need to live independently in the community

4. Helping adults into work

5. Enabling local partners to plan and develop appropriate series for adults with autism to meet indentified need and priorities

4.1.4 Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update 2014[19]

This updated strategy continues to focus on priorities outlined in the original strategy. However there is a renewed focus for cross government department activity in order to improve outcomes for people with autism. It also outlines 15 priority challenges for action identified by people with autism. These are grouped under three areas:

- An equal part of my local community
- The right support at the right time
- Developing my skills and independence and working to the best of my ability.

4.1.5 Equality Act 2010

This Act requires all organisations that provide a service to the public to make reasonable adjustments to ensure they are accessible to everyone. This includes people with autism

4.1.6 Health and Social Care Act 2012

This Act introduced major changes in the way health and social care services health services are commissioned, provided and monitored.

It gives local government a new set of duties to protect and improve public health and to tackle health inequalities at a local level. The Government requires the NHS

[19] Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update Department of Health (April 2014)

Commissioning Board to reduce health inequalities and advance equality. This includes people with disabilities and long-term mental health conditions[20].

4.1.7 The Children and Families Act 2014

This significant piece of legislation introduces a number of changes in order to improve services for vulnerable children for children and their families. This includes transforming the system for children and young people with Special Educational Needs (SEN) through a new SEN Code of Practice expected to come into force in September 2014. The changes for children with SEN including autism and their families are:

- Replacing Statements of Special Educational Needs with a single assessment process and an Education, Health and Care Plan
- Placing a requirement on health services and local authorities to jointly commission and plan services for children, young people and families
- Providing statutory protection comparable to those in Statements of Special Educational Needs for young people who are in education or training up to the age of 25 instead of ending at 16.
- Giving parents or young people the right to a personal budget for their support

4.1.8 The Care Act 2014

The Care Act 2014 is a very significant piece of legislation, placing a series of new duties and responsibilities about how care and support for adults is delivered. It embeds within statute the recent nation policy drivers which focus on well-being, prevention, independence and outcomes. It introduces clearer and fairer processes including caps to care costs for individuals. The Act adopts a 'whole family approach' as well as ensuring a more effective delivery of personalisation.

Enshrined within the Act are increased rights for Carers to receive support from Local Authorities. It introduces a duty on them to meet eligible Carers' support needs. Carers will no longer have to show they provide substantial care and on a regular basis in order to request a Carers assessment.

The increased emphasis on preventive provision should improve outcomes for adults with autism as many people do not meet the threshold for adult social care support.

[20] Equality Analysis – A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015

4.1.9 National Autistic Society (NAS)

The NAS has led a number of high profile campaigns aimed at raising awareness and promoting positive change for people with autism. These include

- **Make School Make Sense** (2006) – what families want from the education system
- **I Exist (**2007) – understanding the needs of adults with autism
- **You need to know** (2009) – mental health of children with autism
- **Don't write me off** (2009) – Support into employment
- **Supporting adults with autism** (2009) – Good practice guidance for NHS and local authorities
- **Great Expectations** (2011) – developing an education system that sets children up for life
- **Push for Action** (2013) – getting the right services and support in place
- **Getting on** (2013) – growing older with autism

4.1.10 The Autism Education Trust

The Autism Education Trust was launched in November 2007 dedicated to co-coordinating and improving education support for all children on the autism spectrum in England. They have developed a comprehensive training programme delivered across the country to those educating children with autism.

5.0 Estimated prevalence rate in the UK

Recent national studies indicate an estimated prevalence rate of 1 in 100 children with a diagnosis of autism. Currently no prevalence studies have been carried relating to adults.[21]

It is estimated that about 700,000 people in the UK have autism. This is equivalent to about one in every hundred people or 1% of the population. Together with their families they make up 2.5 million people whose lives are affected by autism.

Autism is three to four times more common in males than females however campaign groups believe the condition may currently be under-diagnosed in females.

[21] National Autistic Society (2010)

6.0 Local context

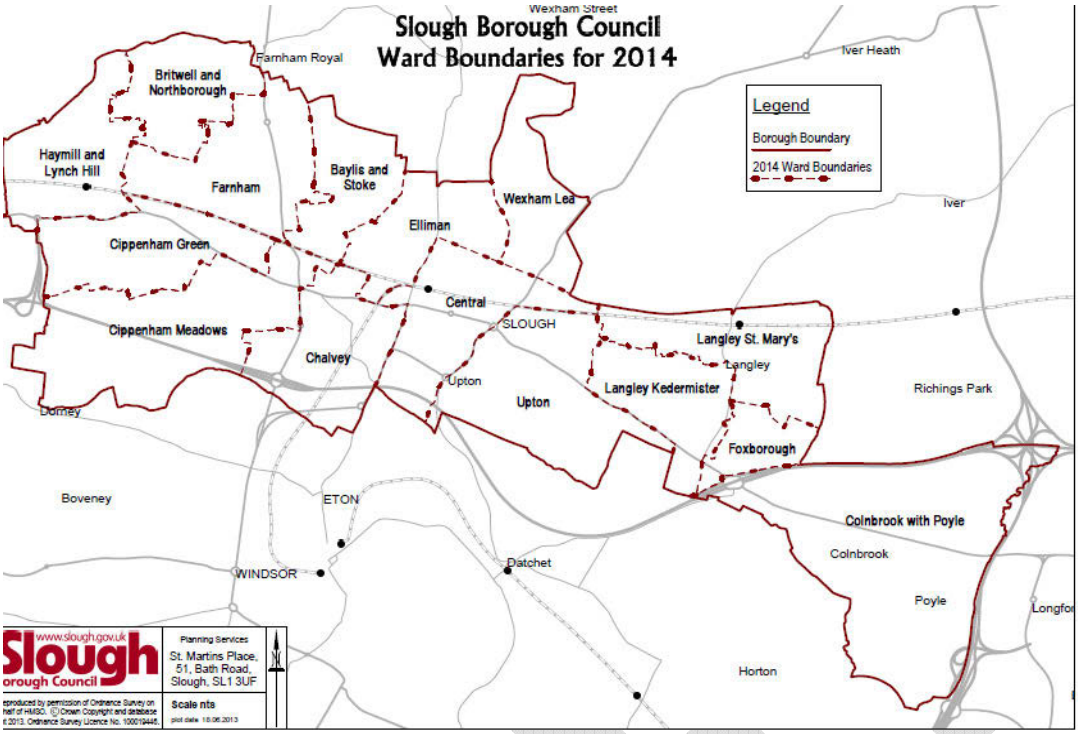
6.1 Local drivers

Slough has a number of key local strategies / policy documents which include:

- Slough Joint Wellbeing Strategy 2013-16
- Slough Joint Strategic Needs Assessment 2013.
- Berkshire Adults Safeguarding Policy and Procedures.
- Berkshire Local Safeguarding Children Board Child Protection Procedures.
- Adult Social Care Local Account 2013/14.
- Slough Supported Accommodation Strategy 2011-16
- Sloughs Putting Me First Strategy 2010 (Personalisation Strategy)
- Aiming High Short Breaks Strategy 2013
- Slough short breaks statement 2012-13
- Slough Clinical Commissioning Group Strategy 2013/14
- Children and Young People's Partnership Board Commissioning Strategy 2013/14
- Children and Young People's Partnership Board Commissioning Plan Refresh 2013-15
- Early Help Strategy 2013
- Slough's Economic Development Strategic Plan 2013-16
- Slough's Local Offer for children to be in place by September 2014

6.2 Overview of Slough's Population

Diagram 7: Map of Slough's wards



Slough is an urban area situated 25 miles to the west of Central London. It is a densely populated area, only 7 miles long and 3 miles wide and has a population of around 141,838 (Office of National Statistics Carers – ONS Mid-Year Estimates 2012). This produces a population density of approximately 4,359 people per square kilometre. It is the most ethnically diverse local authority area outside London and is home to a diverse community from over 80 different countries who live and work together harmoniously. 39% of our population were not born in the UK.

Slough is a multicultural town with approximately 48 per cent of its adult residents from a black or minority ethnic background (Census 2011). It has the highest percentage of Sikh residents across England and Wales, making up 10.6% of Slough's population, more than any other local authority. It also has the seventh highest percentage of Muslim (23.3%) and tenth highest percentage of Hindu residents (6.2%) across England and Wales.

Slough thrives as an exciting and diverse town with people from all around the world who choose to live and work here and whilst we can all be proud of the success the town achieves we are also right to be concerned about the social and economic challenges this diversity brings.

6.3 Health Profile of Slough

In terms of future planning of health and social care services, the following key themes are identified in the Joint Strategic Needs Assessment 2012.

- The general health of many local people is poor and many people in Slough experience more years of ill health and disability than average.
- There are high rates of coronary heart disease and pulmonary disease (chest and lungs) and this is the single most common cause of all premature death.
- Diabetes is significantly above national rates.
- There is a higher than average number of people who are HIV positive or have AIDS and there has been a rise in the rate of TB.
- There are high numbers of people with mental health problems with rising numbers of people with problems of misuse and addiction to drugs or alcohol.
- There are high rates of obesity and people who smoke and these factors will impact on health and disability.

Many of the above factors will affect people with autism and their families as other members of Slough's community. It is crucial that they are actively supported to seek medical assessment and treatment when required.

7.0 Local Profile

7.1 Children and Young People with Autism

The School census undertaken in May 2013 identified that there are currently 26,660 children educated within Slough schools ranging from nursery age to year 14 (age group 2- 18). In July 2013, 403 Children and Young People were known to the Slough Service for Autism. This is broken down as follows:

- 31 in Nursery schools
- 139 in Primary schools
- 89 in Secondary schools
- 104 in Special schools
- 15 in alternative local provision
- 25 in out of authority provision

This data indicates that there are more children in Slough with a diagnosis of autism than in the population of the country as a whole (1.5%), compared to the national

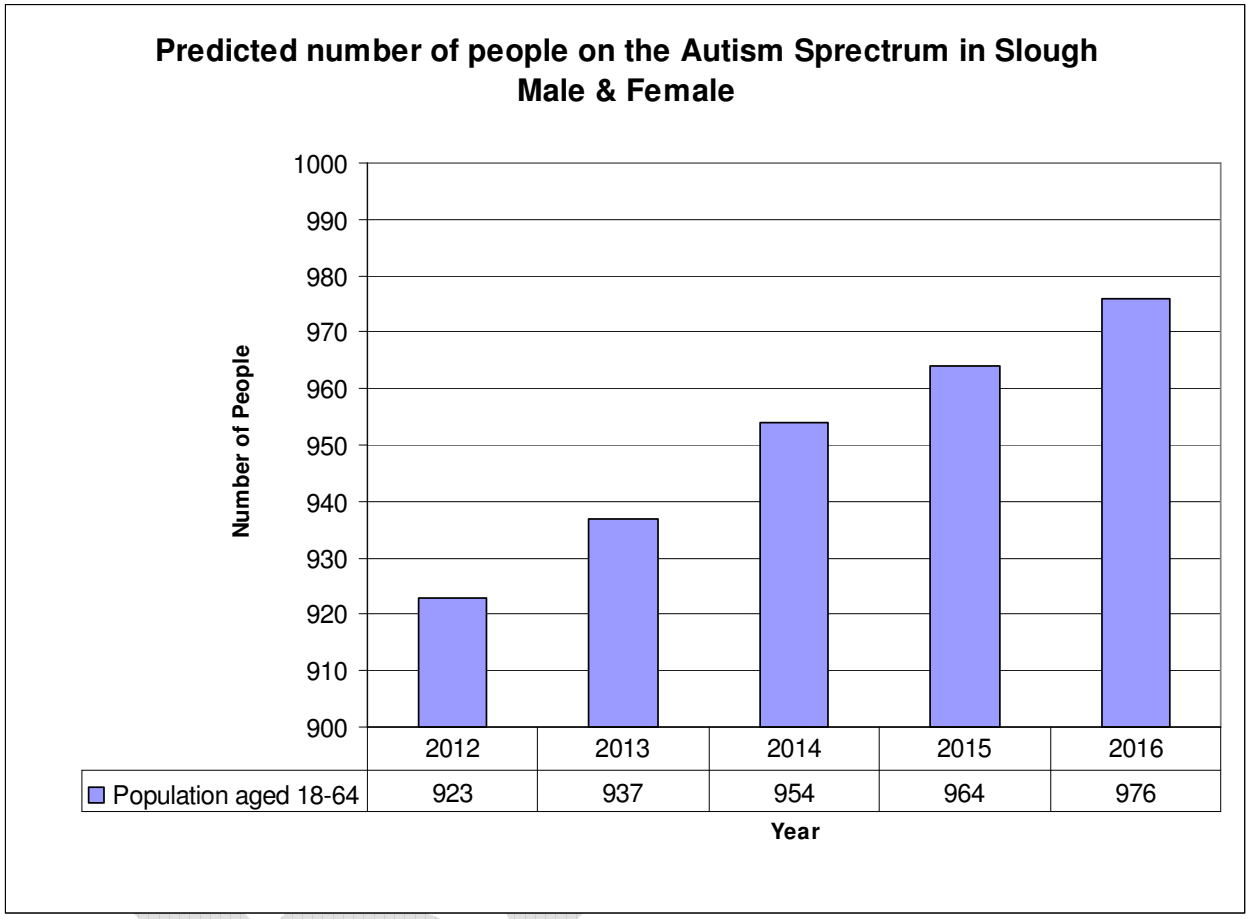
73 young people with autism within Slough aged between 13-19 years have been indentified through transition planning arrangements as either currently of likely to be in receipt of support form adult social care as they move into adulthood.

7.2 Adult population

The Projecting Adult Needs and Services Information (PANSI) System using Office for National Statistics population projections provide estimates of the number of adults on the autistic spectrum aged 18 to 64. This is based on 1% of adult population having autism. Estimated numbers from this source for Slough are illustrated in below. Numbers are predicted to increase slightly year on year.

Numbers predicted to be autism spectrum in Slough aged 18-64 years	**2012**	**2013**	**2014**	**2015**	**2016**
Total males	833	846	862	871	882
Total females	90	91	92	93	94
Total population of adults with autism aged 18-64	923	937	954	964	976

Diagram 7: Total predicted numbers of people on the Autism Spectrum in Slough aged between 18-64



Currently there are 44 adults with a diagnosis of autism that meet SBC assessed eligibility criteria for social care. Of these, 35 have also been identified as having a learning disability and 9 as having mental health problems. In addition 42 people with a learning disability in receipt of adult services are believed to be showing autistic traits. However they do not have a formal diagnosis.

8.0 Service Delivery

Slough Borough Council in partnership with other statutory and third sector bodies is working to improve outcomes for local people with autism. The approach adopted is to raise awareness and understanding about autism as well as improve opportunities and support through greater accessibility mainstream services. Recent local initiatives include;

- Establishing the Autism Partnership Board to support and oversee the implementation of the Autism Strategy. Membership includes representation from statutory and non statutory bodies, people with autism and their family Carers.

- Developing and rolling out a training programme for SBC staff and partner organisations to raise awareness and understanding about autism.

- Working with universal services- to raise awareness about the needs of people with autism to improve communication and access.

- Supporting the Autism Alert Card developed by the Berkshire Autistic Society in partnership with local authorities, the police and other statuary and voluntary organisations. It is carried by people with autism and can be shown when the person may have difficulties in certain situations. It helps those presented with it to identify they are dealing with a person with autism. Currently 50 people with autism in Slough have been issued with the card

- NHS Berkshire CCG Federations collaborated with adult social care and developed a project board to deliver some key actions of the Winterbourne Concordat. One the agreed actions, is to move people out of the Assessment and Treatment Units (hospitals) into appropriate community based placements by June 2014. These moves will require the development of a joint health and social care strategic plan/s to show how Berkshire CCGs and the local authorities will pool resources to support people in crisis and provide intensive support for people with a learning disability, severe challenging behaviour and autism. The Winterbourne project board will also scope the development of an appropriate service model to this group of people with complex needs which will aim to provide proactive support to avoid crisis management and future hospital admissions.

- Job centre Plus provide personalised support to Slough people with disabilities including those with autism.

- East Berkshire College delivers a Personal Options Programme accessible to Slough young people with autism.

- Berkshire Agricultural College deliver a range of programmes accessible to Slough young people with autism.

- Youth Services currently provide support to young people with autism aged 18-25 that may not be eligible for adult social.

- The National Probation Service, Thames Valley Area, is currently undertaken local activity to identify possible people with autism coming into the Criminal Justice System. The Court Team in East Berkshire, in partnership with the Work Health Trainer, funded by the National Probation Service, is identifying offenders with a possible diagnosis of autism either whilst in the police custody prior to being charged for an offence or at their first court appearance. This enables an initial screening for autism and then if required a further advanced screening. The

outcome is to reduce numbers of inappropriate sentencing. In addition, a three month pilot scheme is also in operation, whereby the Work Health Trainer is screening all new offenders on orders and licences in Slough for autism. Comparisons are being carried out with a similar exercise being undertaken in Milton Keynes.

8.1 Service for Children and Young People with Autism

8.1.1 Specialist Autism service

In 2001 Slough Borough Council Education Department established a specialist Autism Service for children up to the age of 19yrs. It was established in response to local parent consultation.

This service was outsourced in 2013 to Cambridge Education, a national provider, to work in partnership delivering support, advice and training to schools, nurseries, parents/carers and professionals. It comprises of a full-time Head of Service for Autism, an Advisory Outreach teacher, a teacher of Social Understanding and an EarlyBird Outreach worker.

The service supports children and young people with a diagnosis of autism. Children are referred by the paediatric consultant based at Fir Tree House and Child and Adolescent Mental Health Service (CAMHS), following diagnosis and also by Slough schools supporting children and young people with the condition. The service includes:

- A variety of educational provision to meet the wide ranging demands of this spectrum disorder.
- Outreach Support to schools in the Borough by supplementing the schools own provision and assisting them in fulfilling their statutory responsibilities as outlined in the code of Practice, by encouraging a whole school approach to meeting pupil's individual needs and promoting inclusion.
- In-service training, visits to specific children, written reports, advice on management issues, attendance at Annual Review meetings, 'Team Around the Child' (TACs) and guidance on appropriate resources and relevant publications.
- The National Autistic Society EarlyBird Programme for parents/carers of pre-school children with a diagnosis of autism.
- The National Autistic Society EarlyBird Plus Programme for parents/carers and professionals supporting children aged 4-8yrs.
- Evening information sessions for parents of children receiving a late diagnosis.

- Delivering the Autism Education Trust Level 1 hub training materials to schools on behalf of the National Autistic Society.

- Mainstream Resource Bases at Slough Centre Nursery, Baylis Nursery, Godolphin Infant School, Godolphin Junior School, Ryvers, Castleview, Priory and Marish Primary Schools and Wexham Secondary School. Pupils benefit from person centred plans with trained staff and a high staff pupil ratio.

- Specialist Resource Bases at Arbour Vale School for pupils with autism and more complex needs.

- Residential provision at Arbour Vale House.

- A comprehensive training programme including bespoke training for Newly Qualified Teacher, Social Care staff, Special Educational Needs Coordinators, Learning Support Assistants , lunchtime supervisors, school governors and other relevant staff.

- Half-termly support surgeries for all school staff within the Borough and consultation on individual pupils as required.

- An autism handbook for schools providing information on autism and strategies for successful inclusion.

- Access to and guidance about the Inclusion Development Programme (IDP) materials.

- Access to and guidance about the National Autism Standards and competency framework.

- Access to and guidance about the Autism Education Trust (AET) Tools for Teachers and Teacher's Toolkit.

- An Autism Review Group that meets termly to ensure local need is identified and met.

- Multi - disciplinary partnerships with the Disabled Children's Team and Health, Education, Social services, Transition services and the third sector staff.

- Signposting to local and national support groups and Information about holiday schemes.

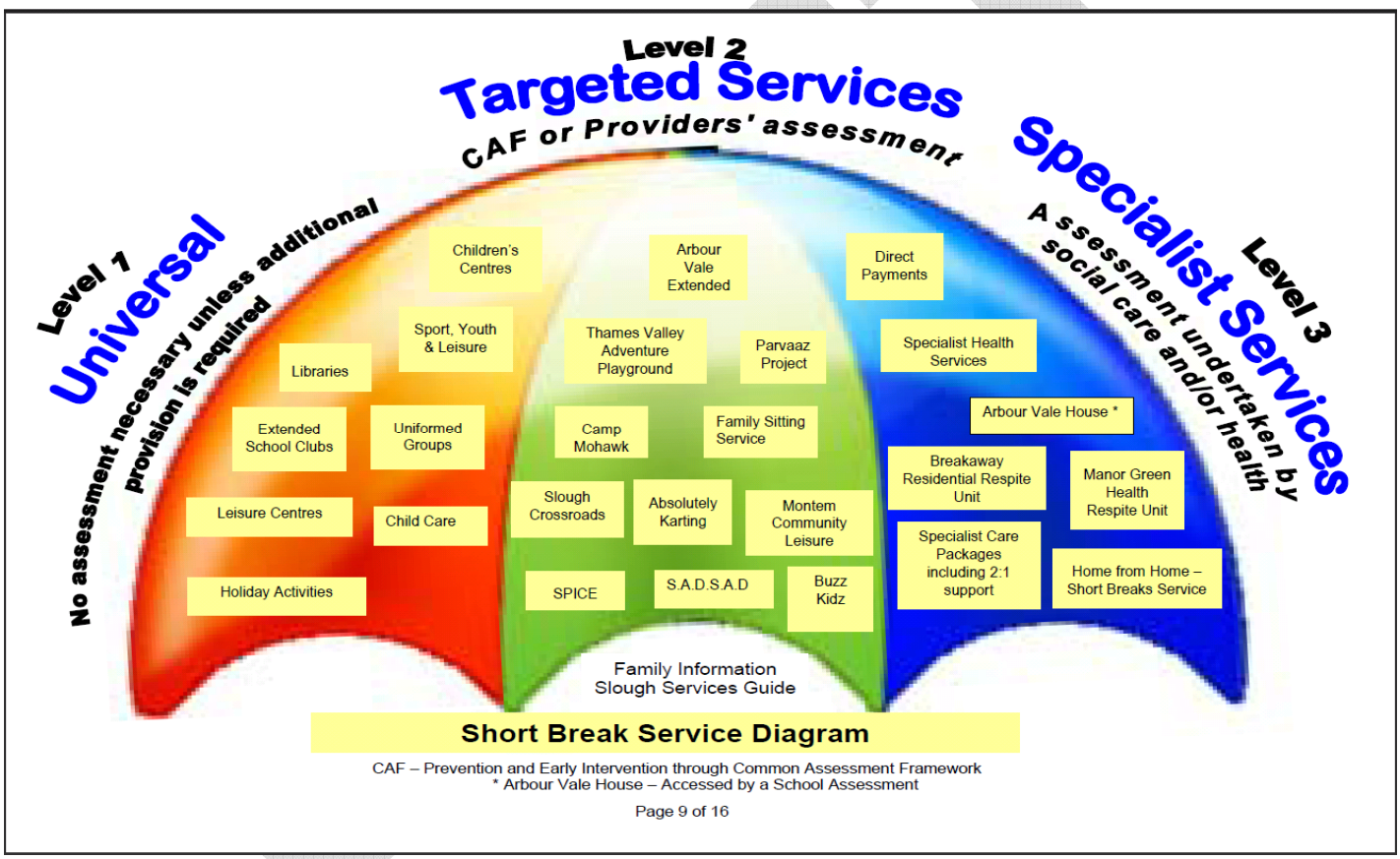
- Information about access to short break provision – see diagram below.

8.1.2 Social care support

The number of children with autism in Slough currently in receipt of social care packages is as follows:

Home from Home	Children's Social Care Respite Provision	Direct Payments
10	20	10

Diagram 8: Short Breaks



8.1.3 Summary of Slough Borough Council and CCG expenditure to support children and young people with autism 2013-14

Activity	Description	Expenditure
Social care packages	Person centred packages to meet individual needs of children with autism. This Includes Direct Payments.	£120,000
Short Breaks	Accessible to all children including those with autism and their families meeting eligibility criteria for short break support.	£272,000
Home to Home support	Respite provision for children with autism delivered by foster care families.	£37,000
Breakaway	In-house respite provision supporting all disabled children included those with autism and their families meeting eligibility criteria for the service. Currently 20 children with a diagnosis of autism access the service.	£662,000
Autism Team	Specialist team providing a range of services as indentified in 8.1.1	£181,184

8.2 **Services for Adults with Autism**

Adults with autism are currently supported through the following:

- All adults with autism will be entitled to an assessment of their needs under community care legislation.
- Early intervention and transition planning for young people with a diagnosis of autism known to children's services as they move into adulthood.
- Care management for adults with autism who meet the threshold for adult social care.
- All adults with a diagnosis of autism that are eligible for adult social care are entitled to a personal budget including direct payments. This enables them to purchase individually tailored support to meet their needs.
- All adults without a clear diagnosis but believed to be showing autistic traits meeting the Fair Access to Care eligibility are entitled to a personal budget including direct payments.
- Independent advocacy provision is available through the Gateway Service for all adults including those with autism that meets adult social care eligibility criteria.
- Carers support is also provided through the Gateway Service.
- All adults, including those with autism regardless of eligibility threshold, are entitled to information and advice through the Gateway Service.
- A support group has been commissioned for adults with autism.
- A training awareness programme has been developed and being rolled out relevant to their roles and responsibilities including adult social care staff, support providers those staf working in a general; customer support roles.
- A framework of supported living providers is in place meeting the housing and support needs of adults with autism.
- A framework of respite and community support providers are avialable for the Carer and for those with Autism. Providers can deliver all types of community base support services.
- Slough Employ-Ability is a specialist employment service delivered by SBC, supporting people that meet the assessed eligibility for social care into meaning part time or full time employment. The aim is to help people with disabilities and mental health needs into paid work or work placements/experience that can be seen as a

step towards paid work. Currently 7 adults with a diagnosis are receivng support though this service

- An Autism Diagnsotic and Treatment Service commissioned by CCG and delivered by Berkshire Healthcare Foundation Trust. Depedning on the outcome of the assemment, support is available through a six week post diagnsoic support group. For the period April 2013- Febuary 2014 , 15 adults were referred to the service.

8.2.1 Summary of Slough Borough Council and CCG expenditure to support adults with autism 2013-14

Activity	Description	Expenditure
SBC Adult Support packages77 adults with a diagnosis of autism or believed to be on the autism spectrum are in receipt of Adult social care funding	Range of personalised support in place to meet individual needs. Includes : • Supported living • Residential • Day opportunities • Direct payments • Slough Employ-Ability Service	£3,907,570
SBC Information , Advice and Advice service	• Adults with autism meeting FAC eligibility have access to advocacy • Adults with autism not meeting FAC criteria have access to Information and advice • Adults with autism have access to a local support group	£200,000
Autism Lead post and activity to support implementation of the	Strategic Lead for Autism. Role includes implementing Autism Strategy	£100,000

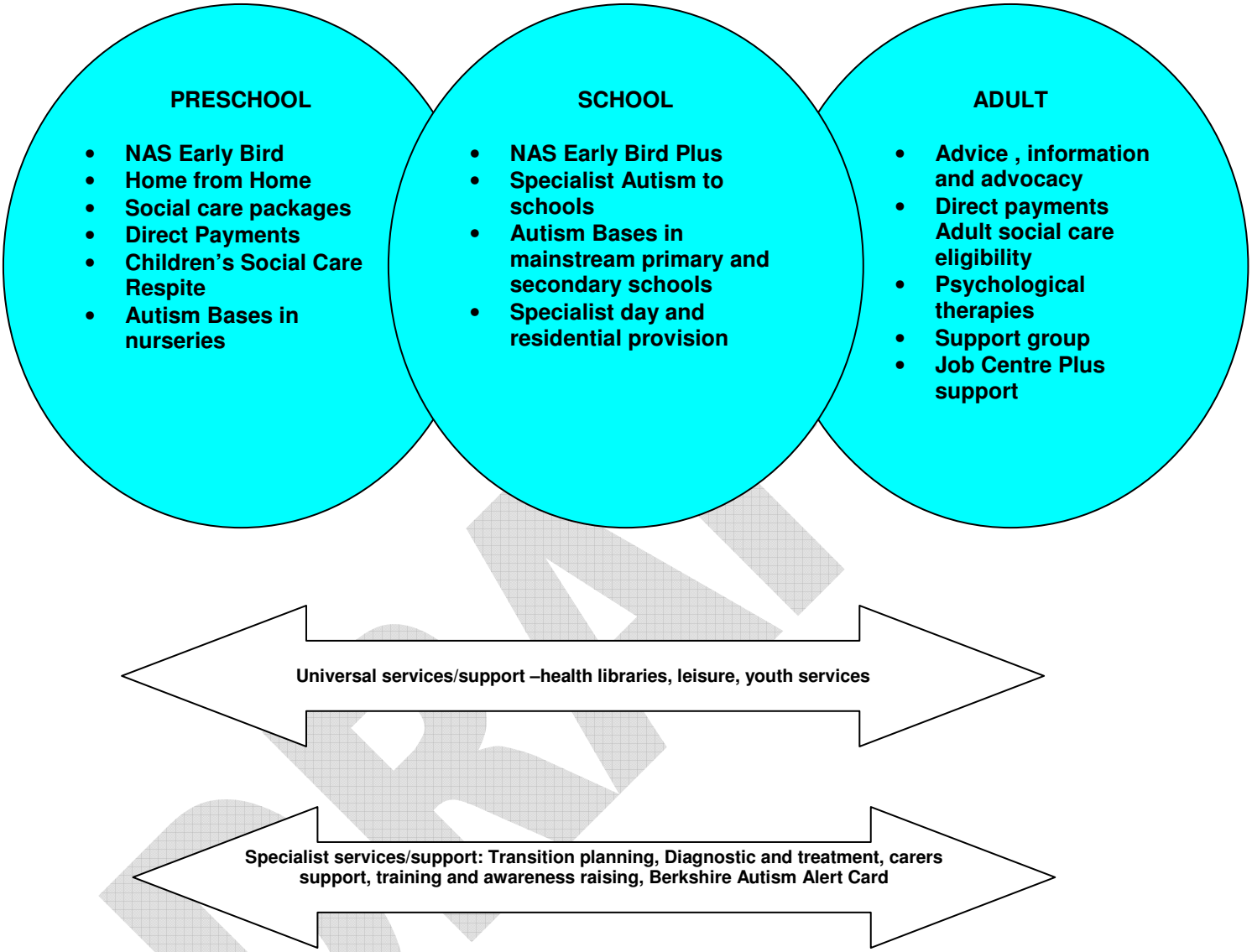
strategy		
Diagnosis and treatment service	The CCG commission Berkshire Healthcare foundation trust to • Deliver an assessment and treatment service – numbers. 15 people have been referred between April 2013 and February 2014 • Post Diagnosis support group "Being Me"	£60,000 **
Staff training and awareness	A comprehensive training programme is in place to support SBC staff working in both children and adult services and across departments. It is also delivered to partner organisation to raise awareness and understanding of autism	£4,000

* Contract in place until November 2014

** This includes CCG commissioning Berkshire East activity to support the Autistic Spectrum Disorder Service and the Attention Deficit Hyperactivity Disorder Service. It is not broken down by service or local authority

9.0 Summary of services

Local services to improve outcomes for people with autism and their carers



10.0 Delivering the strategy

10.1 Future Commissioning Intentions

Future commissioing activity will be focus on the following:

- Having a highly skilled workforce in place that understand and able to respond to the needs of people with autism and their families.
- Continuing to developing clear and consistent pathway for diagnosis of autism.

- Developing post diagnosis support to people with autism and their families at all stages in their lives.
- Supporting access to Health Services for people with autism.
- Developing clear and smooth pathways within adult social care to ensure people assessed as eligible get appropriate support.
- Developing and maintaining robust transition pathways as young people move from children's to adult services.
- Ensuring systems are in place whereby people with autism and their families meeting eligibility to social care have access to a person budget, enabling tailored support meeting individual needs.
- Developing the right housing is place to meet the needs of people with autism.
- Ensuring children and young people with autism have access to suitable education and training.
- Creating opportunities to enable people with autism to get supported to find and sustain employment into work.
- Raising awareness about autism to support people become more fully included within the local community.
- Developing and monitoring systems to ensuring people with autism are safeguarded from harm including hate crime.
- Raising awareness and understanding about autism at all stages within the Criminal Justice System.
- Providing high quality information, advice and advocacy to people with autism and their Carers.
- Supporting the Carers and Families of People with Autism.
- Specialist commissioned services are outcomes based.
- Having robust governance processes in place to oversee the implementation of the action plan supporting the strategy.

10.2 Monitoring our progress

An action plan has been developed to support the five agreed local priorities. In line with aims of Health and Social Care Act 2012 and the "no decision about me,

without me" culture, people with autism and their families will continue to be consulted throughout the implementation of it. The Autism Partnership Board accountable to the Wellbeing Board will oversee the implementation of the strategy, commissioning of future services as well as quality assurance and monitoring.

10.3 Quality Assurance

In addition to the Care Quality Commission and OFSTED, the Adult Social Care Outcomes Framework and the NHS Outcomes Frameworks, Slough will also have processes in place to monitor progress and create regular feedback opportunities for people with autism and their families. Outcome-based contract and monitoring arrangements will ensure services are based on best practice and provide value for money.

11.0 Appendix 1

11.1 Slough Autism Partnership Board Consultation Event

In March 2014 the Slough Autism Partnerhsip Board hosted a consultation event to support the development of the Autism Strategy. The event was attended by 85 people including people with autism, parents and carers and other key stakeholders. The aim of the day was to discuss and agree the five proposed local priorties to focus on within the Strategy . These were:

Local Priority Area 1: Improved Health and Wellbeing

Local Priority Area 2: Increased awareness and understanding of autism

Local Priority Area 3: Seamless transition processes

Local Priority Area 4: Improved social inclusion

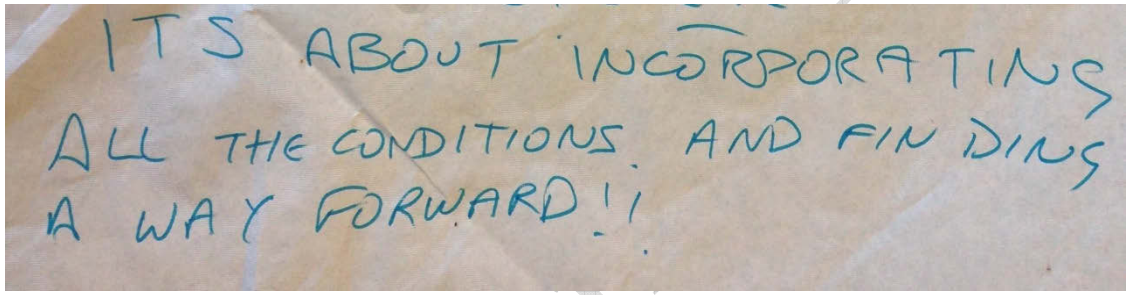
Local Priority Area 5: Increased support for people with autism and their families

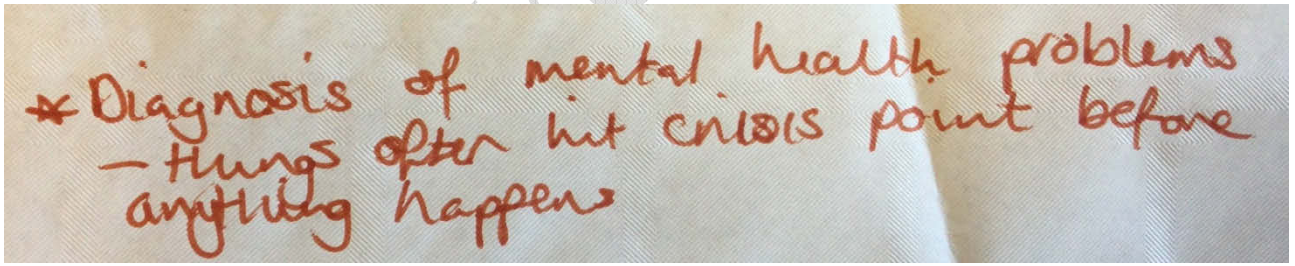
A summary of points identifed as important to people attending the conference are listed below under each proposed priority.

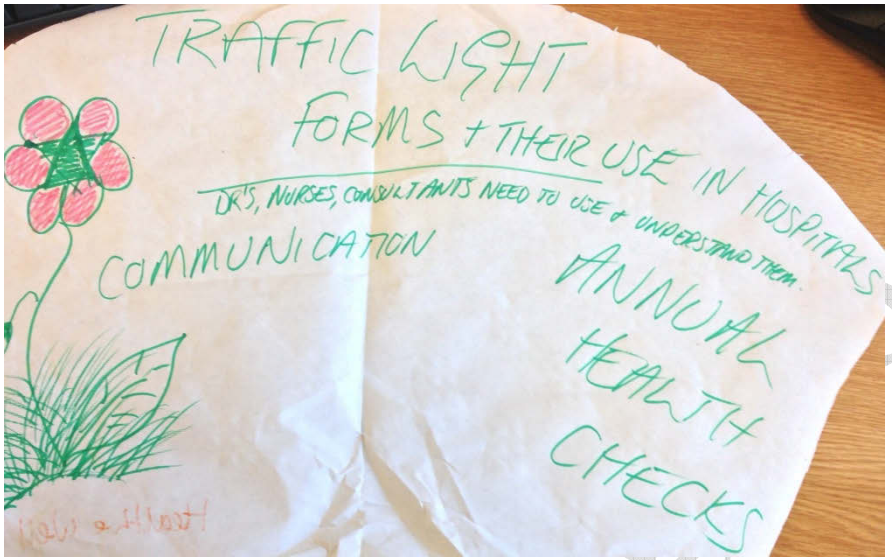
1. **Health and Wellbeing**

Looking after the physical, mental and emotional health of people with autism.

- It is important that all medical staff have a good awareness and understanding of autism and the sensory needs which may come with it.
- Sensory problems shouldn't be automatically attributed to the person's autism; there may be an underlining medical problem.
- There needs to be an increased focus on the mental health needs of someone with autism. Anxiety and depression can cause increased 'behavioural issues' which are often assumed to be a part of their autism.
- Continuity of care – one social worker, one doctor, and one nurse will make the journey through health and social care a more successful one for someone with autism.







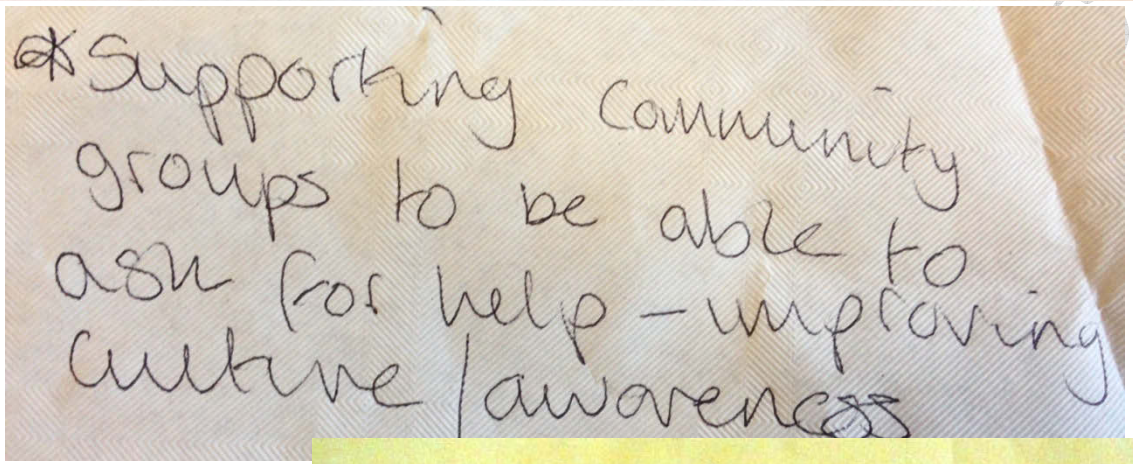
2. **Increased awareness and understanding of autism**

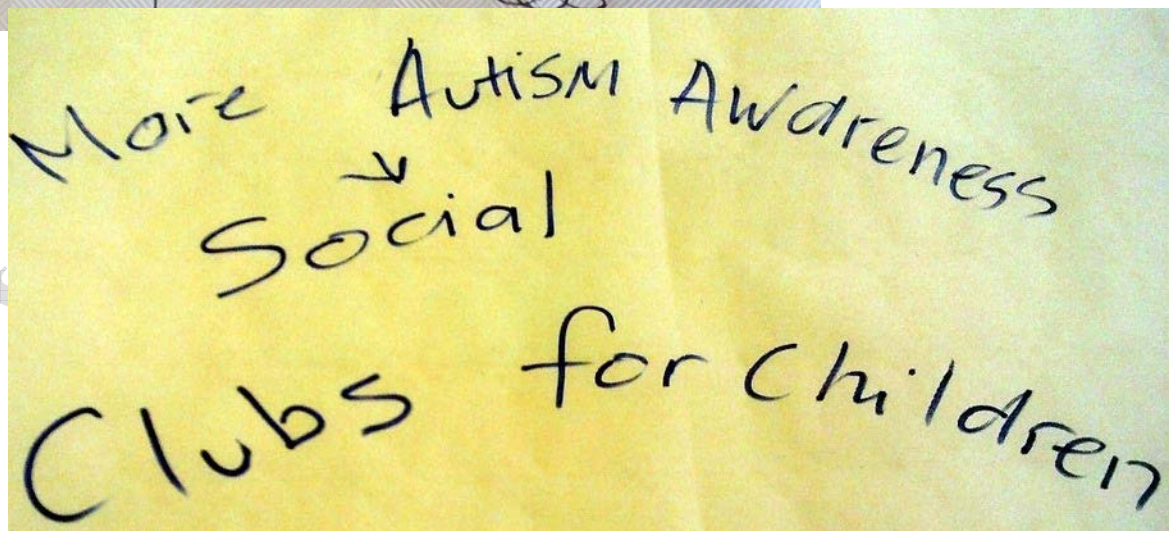
Helping local communities to understand and be aware of autism.

- Improved training and awareness about autism for everyone.

- Sessions at the cinema, swimming pool and other local activities should be autism-friendly. However, there was debate around whether the sessions should be identified as 'autism-friendly'. Should all public activities be more autism-friendly?

- Public services should ensure that their staff know how to support their customers with autism.

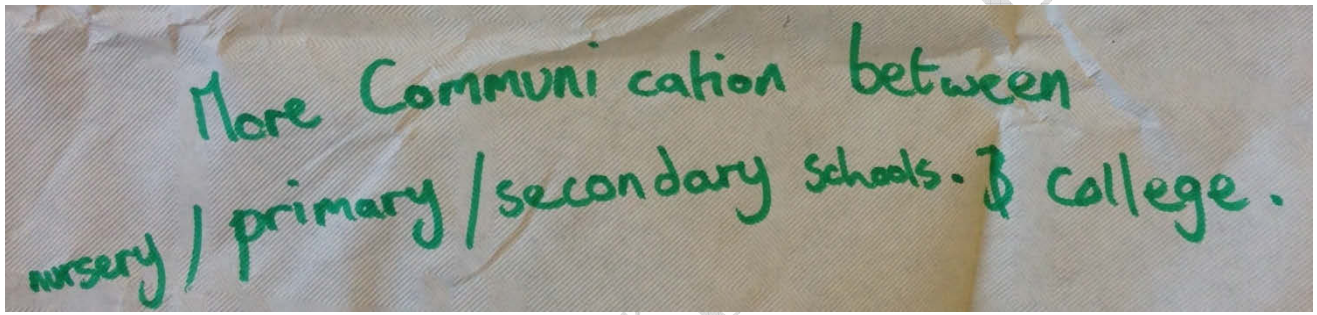


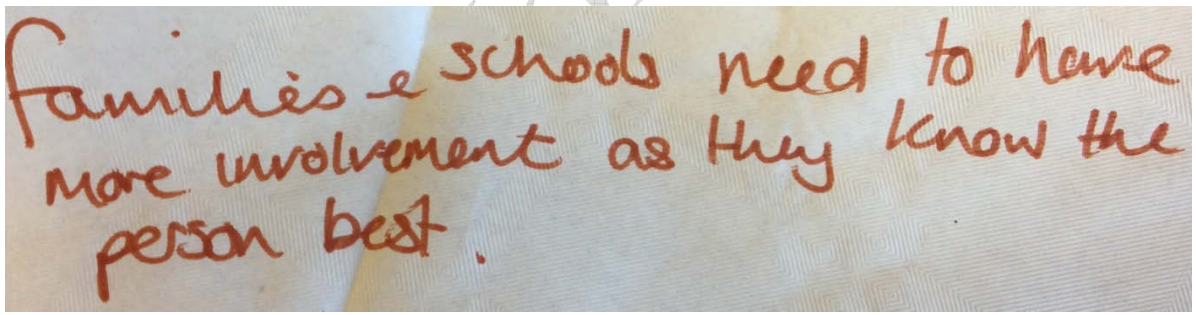


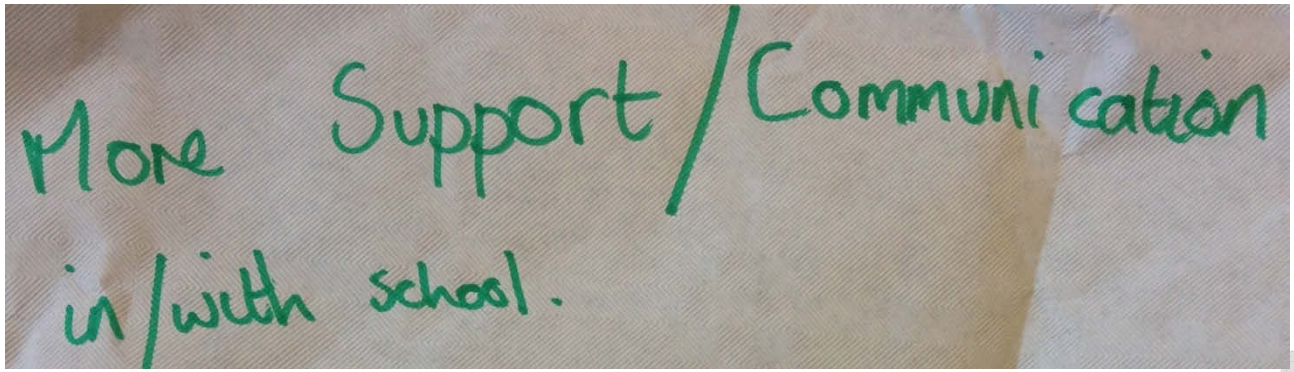
3. Seamless transition processes

Supporting people with autism through changes in life.

- Increased support through education – primary, secondary and college. Communication needs to be better, and families need to be listened to.
- Training for parents and families so they are better equipped to support their loved ones.
- Increased support through the move from children's to adult services, with better communication and more parent / carer involvement.
- Transition plans need to be holistic and think about the whole day.
- Consistent communication.



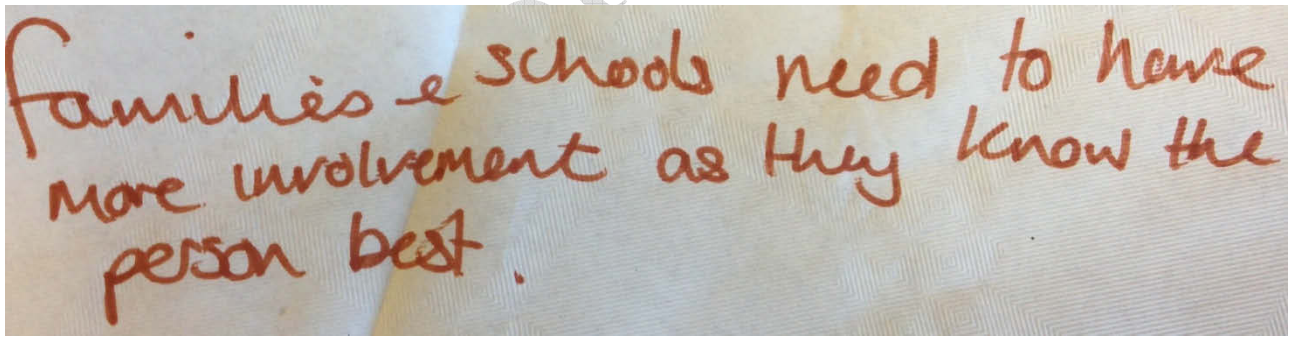


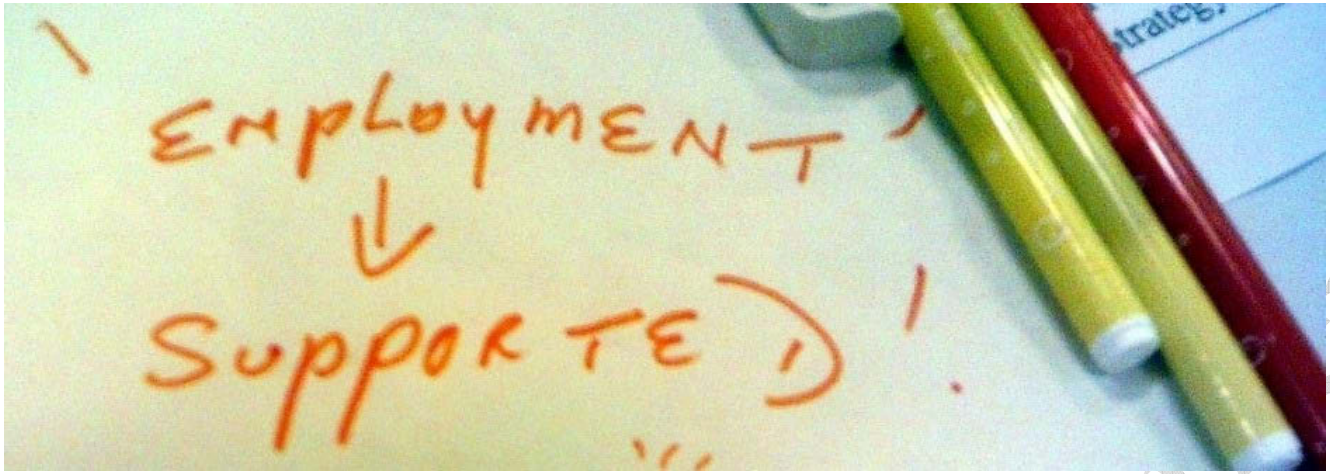


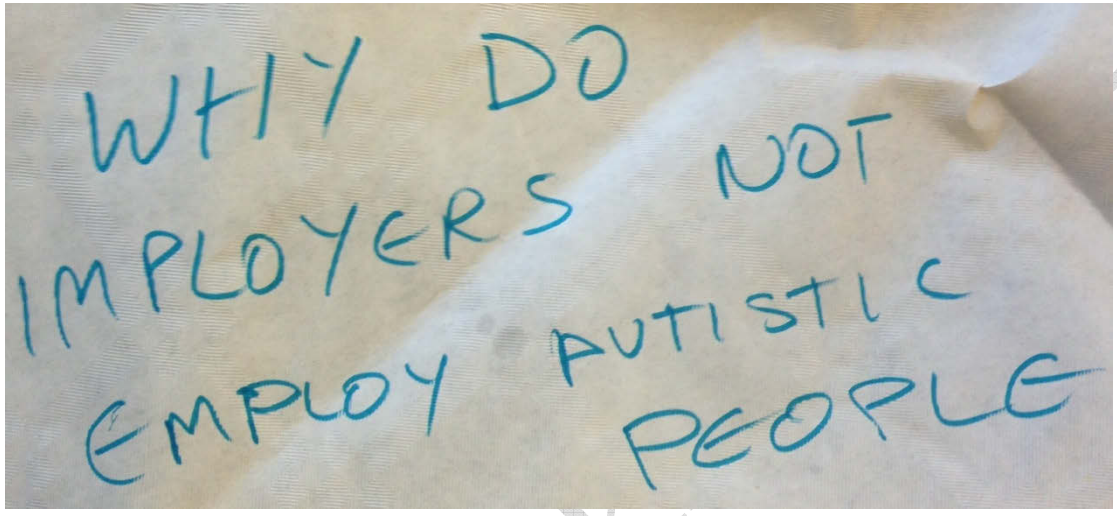
4. Improved Social inclusion

Supporting people with autism to build and maintain relationships as a valued member of society.

- More social clubs specifically for people with autism and their families – also through increased understanding and awareness it should be easier for people with autism to get involved with activities for the general public.
- Employment; people with autism are often very talented and capable. Employers need to be more open-minded and willing to employ people with autism.
- There need to be more support services for people with autism to find work. These services need to support all people with autism, not just those who are eligible for Social Care services.
- Training and support groups for people with autism about building relationships and coping methods.





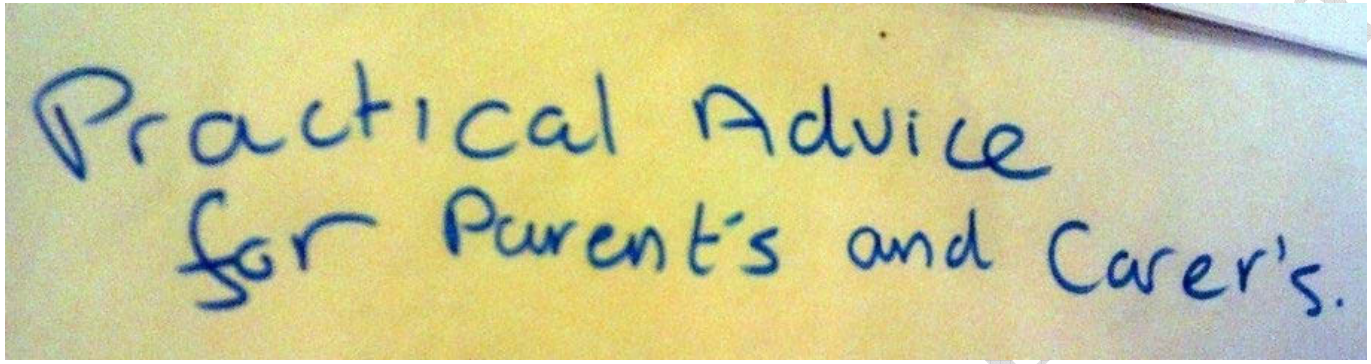


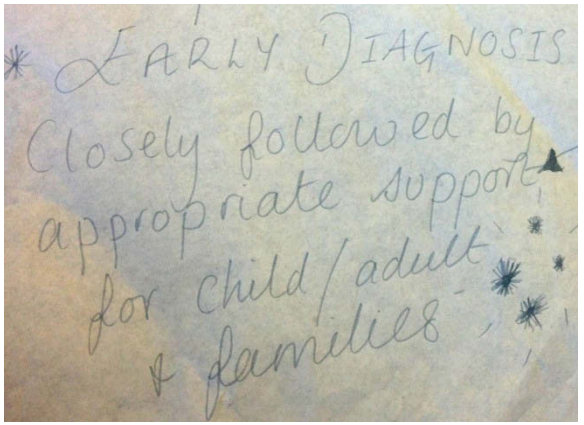
5. **Increased support for people with autism and their families**

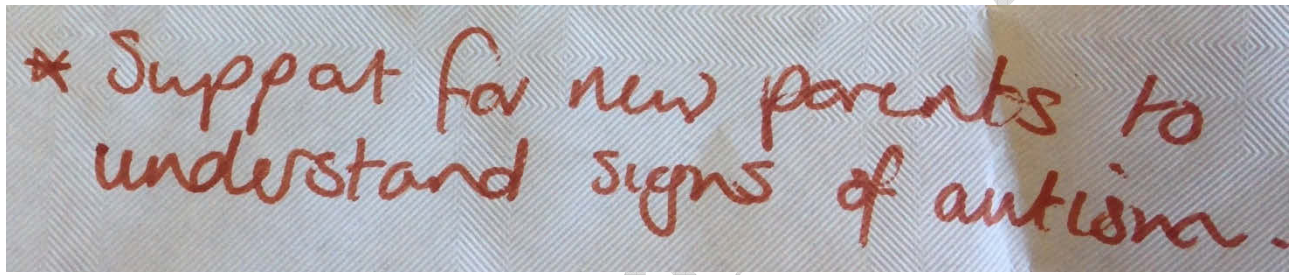
Improving and increasing support for people with autism and their families.

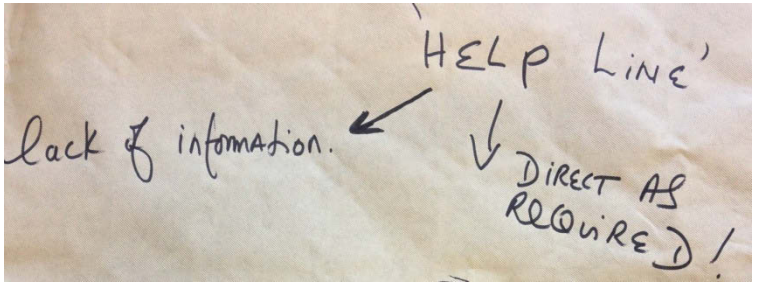
- Help and support through the diagnosis process, with clear guidance on the next steps.
- Consistent and easy to access information in a language that is easy to understand – no jargon.

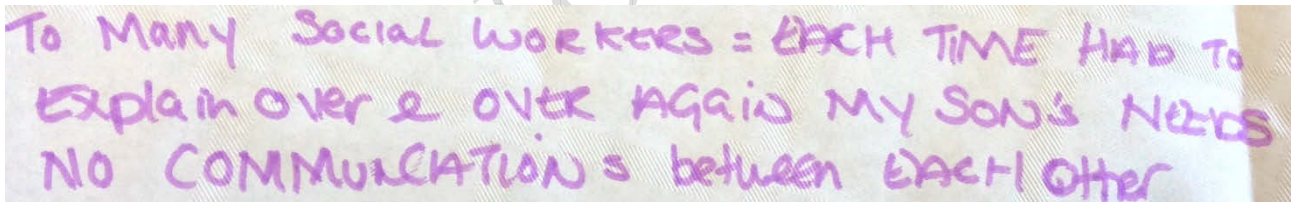
- More information for families and carers about respite services available locally.
- Consistent support staff; it takes time to build a trusting relationship, this needs to be respected.
- Support Services specific to problems often faced by people with autism, such as; agoraphobia, hoarding, anxiety, social activities, values, personal relationships.











The consensus view from people attending the event was approval of the identified priorities.

Attendees were also given the opportunity to individually identify which priority they considered to be was most important. The results were as follows:

- **Health and Wellbeing** – 25 votes
- **Improved knowledge and awareness of autism** – 26 votes
- **Positive transitions** – 21 votes
- **Social inclusion** – 28 votes
- **Better support for people with autism** – 30 votes

Feedback from the event showed that:

- 86% of people attending felt they were able to express their views.
- 90% felt they contributed to plans for the future.

12.0 Appendix 2

12.1 Joint Action Plan 2014-17

Key Actions	Outcomes	Lead	Timescale
Local Priority Area 1: Improved Health and Wellbeing			
• Develop a clear local Diagnostic Pathway utilising the NICE clinical guidelines. • Promote and implement the Diagnostic Pathway • Ensure systems in place to monitor number of Slough residents being referred and then diagnosed with autism	• More people are aware of the route for diagnosis. • More Slough people receive an accurate diagnosis for autism. • Increased demand for diagnostic assessments. • Increased number of people accessioning post diagnostic services.	CCG Transformation, Performance and Practice Manager Autism Practice Lead	December 2014
• Increased awareness about autism amongst GPs and other agencies. • GPs and other agencies better informed to make appropriate referrals.	• GPs receive relevant training. • People are appropriately referred by GPs and other agencies for a diagnostic assessment	CCG Autism Practice Lead	April 2015
• Ensure people with a diagnosis of autism that meet the eligibility criteria for adult social care have access to an assessment and	• People with autism receive personalised support to meet individual needs • Increase in numbers of adults with	Head of Care Group Commissioning	December 2014

Key Actions	Outcomes	Lead	Timescale
support where appropriate • Ensure people with a diagnosis of autism that do not meet the eligibility for adult social care are signposted effectively.	autism have access to a personal budget	Autism Practice Lead.	
• Health and social care receive appropriate training and supervision about autism in line with roles and responsibilities	• Reduction in avoidable hospital admissions • Reduction in out of area placements and residential provision • Reduction in admissions to acute Mental Health Services	CCG commissioner Head of Adult Safeguarding and Learning Disabilities Autism Practice Lead Head of Mental Health Services SBC and CCG s Training officers	January 2015 ongoing
• Identify and map specialist and universal services to support people with autism and their families • Promote specialist and universal services accessible to people with autism and their families	• Clear and accessible information in place • People with autism and their families access support	Autism Practice Lead Autism Partnership Board	December 2014
Local Priority Area 2: Increased awareness and understanding of autism			

Key Actions	Outcomes	Lead	Timescale
• Slough Borough Council(SBC) develop and deliver a training for in-house partner organisations • Training to be incorporated within SBC staff induction and equality and diversity programmes. • Launch of on-line autism training for SBC staff • SBC to review the impact of staff training on service delivery	• Increased inclusion for people with autism and their families • Improved access to services fro people with autism • Staff feel more confident in meeting the needs of people with autism	Cambridge Education Training Officer	Jan 2014
• Develop robust and reliable data collection processes to capture information about people with autism	• Have a clearer understanding about numbers of people with autism in order to facilitate future planning of services for people with autism.	Transformation, Performance and Practice Manager Autism Practice Lead, Head of Early Years, School Services and Special Needs	Jan 2015
• Ensure that needs of people with autism and their carers are included within all appropriate Slough strategies, policies and plans.	• The needs of people with autism and their carers are embedded within the planning and delivery of local services. • Increased local awareness of autism within Slough • More people with autism and their families receiving appropriate	Head of Adult Safeguarding and Learning Disabilities. Head of Service Care Group Commissioning	Jan 2015

Key Actions	Outcomes	Lead	Timescale
	support		
• Ensure the needs of people with autism are included in the Joint Strategic Needs Assessment (JSNA)	• The needs of people with autism have been identified and highlighted as a local priority	Commissioner , Consultant Public Health	Jan 2015
• Facilitate local autism awareness events • Re-launch Autism Alert Card • Develop, promote and distribute local and national autism material	• People with autism have access to information and receive greater support • Increased safeguarding of people with autism	Head of Adult Safeguarding and Learning Disabilities. Autism Practice Lead. Communications Officer. Head of Service Care Group Commissioning	March 2015
• Provide autism awareness training to include specialist training for Adult Social Care & Health staff and where applicable to staff in joint teams • Ensure Basic ASC Awareness is part of Equality & Diversity training • Look at feasibility of an online ASC awareness programme within SBC	• Increase in interest in ASC from staff and employees • Feedback from public and service users and service providers	Head of Adult Safeguarding and Learning Disabilities Autism Practice Lead Training Officer, Adult Health &	April 2014 ongoing

Key Actions	Outcomes	Lead	Timescale
		Social Care Cambridge Education in regards to CYP	
• To ensure that patient information is clear and easy to understand • Diagnosis of autism included in medical records • To ensure patient experience of people with autism in all aspects of health and social care services, is equal, accessible and with reasonable adjustments	• People with autism receive good quality health and social care • Improved satisfaction in patient/service user experience for people with autism	CCG General Manager CCG Lead Autism Practice Lead LD liaison Nurses WPH – Nursing Manager / Nursing Leads	December 2014
Local Priority Area 3: Seamless transition processes			
• Work with Children's Services to ensure that autism strategy	• (Leads in) Both services to continue to work together to ensure that both	Head of Adult Safeguarding and Learning	April 2014

Key Actions	Outcomes	Lead	Timescale
(Children and Adults) incorporates needs of children, young people and adults.	services work together to improve services for people with autism in Slough • All services have regard to the Autism Education Trust transition advice and resources	Disabilities Cambridge Education in regards to CYP	
• Work together across Children and Adult services to ensure that the single assessment process is effective for young people with autism.	• Work from the Children and Families Bill needs to take account and plan for young people with autism • The new EHC plans replacing Statements of SEN will take account of the specific needs of people with autism	Autism Children's Lead Cambridge Education in regards to CYP.	February 2015
• Continue to plan for children with autism as they transition into adulthood	• Continue to have regular transition planning meetings for young people aged 14-17 within the disabled children's social care team who will move to adult services. • Transition advisers attend the Annual Review meetings of CYP with autism at significant times in their education • Coordinate services and plan for young people outside of the Disabled Children's Social Care Team – plan and ensure young people enter the correct pathway from Children's to Adult services. • Transition advisers available to offer information about	Autism Children's Lead Cambridge Education in regards to CYP.	December 2014 June 2015 - ongoing

Key Actions	Outcomes	Lead	Timescale
	relevant/appropriate pathways and funding implications		
• Work to utilise existing children's data to project and model adult future health and social care needs. • Develop and maintain a database / record of children and young people with ASC known to services and their status to support ongoing needs analysis	• The Board will develop systems to collect and monitor this data and use it to predict future needs. • Existing Information about CYP with autism held by Education, Health and Social Care shared with adult services	Head of Adult Safeguarding and Learning Disabilities Autism Practice Lead Service Manager-Transformation, Performance & Practice CCG lead Head of Performance – children's / adult services Cambridge Education in regards to CYP.	September 2014 – March 2015 – ongoing
• All young people with a diagnosis of autism be given support for their transition to adulthood, even where they are not attending school	• Out of education CYP referred by attendance officer to Integrated Youth Support Services • Linear plan in line with national legislation – SEND reforms? • Multi agency working clear and apparent in smooth transitions	Cambridge Education in regards to CYP. Autism Practice Lead	April 2014 – April 2015 ongoing

Key Actions	Outcomes	Lead	Timescale
• Ensure that the Transition policy (from Childhood to Adulthood) encompasses the needs of people with ASC and their Carers	• All services have regard to the Autism Education Trust transition advice and resources	Policy Lead Autism Practice Lead Autism Children's Lead	September 2014 – September 2015
• Improved partnership between agencies / increased autism awareness training among schools / better information for carers	• Autism Education Trust training delivered to all Slough schools • All families aware of Berkshire Autistic Society as a supportive agency	Cambridge education in regards to CYP Berkshire Autistic Society	April 2015
• Promote awareness of Autism within the Criminal Justice system.	• Better outcomes for clients with autism from CJS • Clearer probation pathways into supported employment / housing / living	Autism Practice Lead Probation Lead	September 2015
Local Priority Area 4: Improved social inclusion			
• Delivery of ongoing awareness sessions / training to local employers	• Increase In job opportunities • Increase in autism clients in paid employment • Increase in autism clients in apprenticeships and work placements	Employment services – Employability / Job centre Plus / Graft / Aspire	September 2016

Key Actions	Outcomes	Lead	Timescale
		Autism Practice Lead EBC Employment Officers	
• Accessible form of the Joint Commissioning Strategy	• Feedback • Input uptake • Request for information	Autism Practice Lead Participation Officer	September 2014
• Support to develop social interaction opportunities and developing natural sustainability	• Reduction in requests for social care support • Increase in social groups attendance • Increase in network opportunities	Commissioning Lead for Preventative Services Head of Adult Safeguarding and Learning Disabilities Autism Practice Lead	September 2015 ongoing
• Improve links with support / services provided by a range of partner agencies	• Clearer pathway for people with autism	Autism Practice Lead	December 2015 - ongoing

Key Actions	Outcomes	Lead	Timescale
(Directions / Job Centre / Further Education etc) and local providers and identify Opportunities for wider support for people with autism. (supported by the development of a Directory of Services)	• Increase in referrals / walk ins / support given by included services • More linear support process evident	Cambridge Education in regards to CYP. Employment Agency Leads	
• Identify the number of people with autism requiring support into employment locally	• Data sets to use for comparison on action plan implementation • Clear evidenced need	Service Manager- Transformation, Performance & Practice Employment Service Leads Autism Practice Lead	December 2014 - ongoing
• Liaise with FE establishments to identify further education training opportunities and apprenticeships to meet and support needs of people autism.	• Measured progression of opportunities appropriate for people with autism • Clearer links form FE courses and employment opportunities • Clearer links from FE and university courses	Autism Practice Lead Cambridge Education in regards to CYP?	Jan 2016- ongoing

Key Actions	Outcomes	Lead	Timescale
		EBC / BCA lead	
• Promote the work of the supported employment services and ASPIRE Slough - identify best practice in removing barriers in recruitment and employment • Support services provided by a range of partner agencies (FE, job centre +, employability, charitable and voluntary agencies) are reviewed to ensure all needs are addressed but minimising duplication of work and resource.	• Measured progression of opportunities appropriate for people with autism • Increase In job opportunities • Increase in autism clients in paid employment • Increase in autism clients in apprenticeships and work placements	Autism Practice Lead Children's Service Lead Education and Autism Cambridge Education in regards to CYP. Employment Service Leads Head of Adult Safeguarding and Learning Disabilities EBC / BCA lead	Jan 2016 ongoing
• Begin Mapping future needs of people with autism from an earlier age	• More linear and clear single assessment plan from child to adult services • Joint transition boards	Policy Lead Autism Practice Lead	Jan 2016 ongoing

Key Actions	Outcomes	Lead	Timescale
Page 270	• Joint reviews • Clear referral and transition process	Cambridge Education in regards to CYP. Head of Adult Safeguarding and Learning Disabilities Transition Policy Officer / Project Officer Education Lead CCG Lead	
• Identification and Promotion of services supporting adults and children with autism to access mainstream services	• Significant increase in clients with autism accessing mainstream services – children and adults	Autism Practice Lead Cambridge Education in regards to CYP.	April 2016 ongoing
• Improve access to Psychological therapies involving Mental Health Services	• Increase in people with autism on waiting lists and treatment lists within IAPT and talking therapies	CCG Lead Head of Mental	April 2015 - ongoing

Key Actions	Outcomes	Lead	Timescale
	• Decrease in open Mental Health caseloads within Mental Health Services • Feedback from people with autism and their families and carers.	Health Services CAMHS lead IAPT lead Autism Practice Lead	
Local Priority Area 5: Increased support for people with autism and their families			
• Identify the number of people in receipt of Personal Budgets • Personal budgets created and managed in a person centred way. • Personal Budgets and Planning reach meaningful outcomes. • Service Providers deliver consistent person centred and positive outcome based support.	• Increase of service users with Autism in receipt of personal budget • Increase of personal assistants • Increase of person centred planning and personalised support • Decrease of adults with autism accessing higher level support • Increase of independent living in people with autism	Service Manager-Transformation, Performance & Practice Head of Adult Safeguarding and Learning Disabilities Commissioning / Contracts / Procurement lead Autism Practice Lead	January 2017 ongoing
• Ensure that more adults with Autism	• Decrease in people not eligible for	Commissioning	June 2016 ongoing

Key Actions	Outcomes	Lead	Timescale
who do not meet eligibility criteria have access to preventative services to include social inclusion and awareness • Ensure that there is appropriate signposting and information for those who do not meet eligibility criteria. • Create and Promote a Directory of Services for people with autism	services deteriorating and becoming more socially isolated. • Decrease in people with autism needing to access Mental Health Services. • Increased uptake in people with autism accessing charitable and voluntary organisations and groups. • Increase of people with autism accessing lower level and preventative services.	Lead Head of Adult Safeguarding and Learning Disabilities Autism Practice Lead	
Enable a clearer distinction between current Service Groups (Learning Disabilities and Mental Health) and Autism by providing a clearer support pathway.	• Clear Linear pathway of diagnosis, referral and support • Increased knowledge, information and signposting from individual services • Cascaded expertise throughout teams in Autism • Decrease in confusion over where Autism sits in regards to support and advice	Head of Adult Safeguarding and Learning Disabilities Autism Practice Lead	Jan 2017
• Have dedicated autism champions in Learning Disability, Mental Health Services, Children's and CAMHS Services	• Clear Linear pathway of diagnosis, referral and support • Increased knowledge, information and signposting from individual services	Service leads for Learning Disability, Mental Health, and CAMHS & Children's.	Jan 2015

Key Actions	Outcomes	Lead	Timescale
	• Cascaded expertise throughout teams in autism	Autism Practice Lead	
• Advocacy support commissioned and available for Adults / Carers / Families with autism • Increase awareness and understanding of autism for affected family	• Increase of opportunities appropriate for people with autism • Increase in autism clients accessing appropriate advocacy services • Decrease in complaints, difficulties faced by families and carers and people with autism	Commissioning Lead Autism Practice Lead Cambridge Education regarding CYP.	June 2016
• Identify areas of Learning and Development needs to support ongoing person centred support to adults with autism.	• Wider and clearer understanding of autism and its implication for support and care. • Appropriate brokerage and signposting service for autism – leading to appropriate provision and help.	Procurement / Brokerage Team Leads. Service Leads Autism Practice Lead	June 2017 - ongoing
• Carry out a mapping process with Housing Services and providers to identify appropriate supported/independent accommodation and collate a database of those in Order to meet corporate priorities.	• LDD change programme incorporating needs of people with autism and their families. • Reduction of adults and children being placed out of county • Reduction of children and clients being placed in residential services	Housing Manager and/ or Project Officers Autism Practice Lead	July 2018 – ongoing

Key Actions	Outcomes	Lead	Timescale
	inappropriately • Reduction of people with autism accessing mental health services unnecessarily.		
• Commence mapping and needs analysis based on current local provision and numbers of diagnosed with autism locally.	• Service gaps identified • Service gaps filled • Pathway of diagnosis and support is clear and efficient •	Autism Practice Lead CCG Leads.	May 2014 - ongoing
• Based on needs analysis commission for appropriate services that can deliver and meet the needs of people with autism locally Autism self and peer advocacy groups supported and developed	• Service gaps identified • Service gaps filled • Pathway of diagnosis and support is clear and efficient • Cost effectiveness and efficiency, appropriateness and positive outcomes evidenced.	Commissioning Lead. Autism Practice Lead	Jan 2015 ongoing
• Identify, plan and implement use of co-production, peer support and community engagement to bridge gaps in provision due to funding cuts and limitations	• Service gaps identified • Service gaps filled • Pathway of diagnosis and support is clear and efficient • Cost effectiveness and efficiency, appropriateness and positive outcomes evidenced.	Commissioning Lead Autism Practice Lead	Jan 2016 ongoing