

Date of issue: Tuesday 17th October 2017

MEETING

**EDUCATION AND CHILDREN'S SERVICES
SCRUTINY PANEL**

(Councillors Brooker (Chair), Kelly (Vice Chair),
Anderson, Carter, Chahal, Chohan, N Holledge, Pantelic
and Qaseem)

Education Non-Voting Co-opted Members

Mercedes Hernandez Estrada (Secondary School
Teacher Representative)

Maggie Stacey (Head Teacher Representative)

Non-Voting Co-opted Members

Hamzah Ahmed (Slough Youth Parliament)

DATE AND TIME:

WEDNESDAY, 25TH OCTOBER, 2017 AT 6.30 PM

VENUE:

VENUS SUITE 2, ST MARTINS PLACE, 51 BATH
ROAD, SLOUGH, BERKSHIRE, SL1 3UF

**SCRUTINY OFFICER:
(for all enquiries)**

DAVE GORDON

01753 875411

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



ROGER PARKIN
Interim Chief Executive

AGENDA

PART 1

APOLOGIES FOR ABSENCE

CONSTITUTIONAL MATTERS

1. Declaration of Interest

All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.

The Chair will ask Members to confirm that they do not have a declarable interest.

All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.

2. Minutes of the Meeting held on 18th July 2018 1 - 6

3. Action Progress Report 7 - 8

4. Member Questions

(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).

SCRUTINY ISSUES

5. Children's Social Care Ofsted 3rd Monitoring Visit 9 - 18

6. Five Year Plan - Outcome 1 Group Progress Report 19 - 58

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8. Childhood Obesity - Overview and Scrutiny Committee Work Programme 63 - 66

ITEMS FOR INFORMATION

9. Forward Work Programme 67 - 70

10. Attendance Record 71 - 72

11. Date of Next Meeting - 7th December 2017

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

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Education and Children's Services Scrutiny Panel – Meeting held on Tuesday, 18th July, 2017.

Present:- Councillors Anderson, Brooker, Carter, Chahal, Chohan, N Holledge, Kelly and Pantelic

Also present under Rule 30:- Councillor R Sandhu

Education Non-Voting Co-opted Members

Jo Rockall – Secondary School Teacher Representative

Non-Voting Co-opted Members

Hamzah Ahmed – Slough Youth Parliament

PART 1

1. Declarations of Interest

Cllr Brooker declared his positions as Governor at Churchmead and Ryvers Schools. He also declared his membership of Slough Borough Council's (SBC) Foster Panel.

Hamzah Ahmed declared his membership of the Local Safeguarding Panel and his position as Governor at Cippenham Primary School.

2. Election of Chair for 2017-18

Cllr Pantelic nominated Cllr Brooker as Chair for the Panel. This was seconded by Cllr N Holledge.

Resolved: that Cllr Brooker be elected to the position of Chair of the Education and Children's Services Scrutiny Panel unanimously for the Municipal Year 2017 – 18.

(At this point, Cllr Brooker took the Chair).

3. Election of Vice-Chair for 2017-18

Resolved: that Cllr Kelly be elected to the position of Vice-Chair of the Education and Children's Services Scrutiny Panel unanimously for the Municipal Year 2017 – 18.

4. Minutes of the Meeting held on 19th April 2017

Resolved: That the minutes of the meeting held on 19th April 2017 be approved as a correct record.

Education and Children's Services Scrutiny Panel - 18.07.17

5. Action Progress Report

The Children's Early Help Commissioning Board would be in place for the new academic year. Meanwhile, the matter of online training on safeguarding children would be pursued.

Resolved: That the Action Progress Report be noted.

6. Member Questions

The responses to the members' questions were circulated to the Panel.

Resolved: That the responses be noted.

7. Five Year Plan - Outcome 1 Group Progress Report

The Director of Children's Services had been put in charge of the delivery of the outcome. The outcome was one of five, and (as with the others) a group had been established to oversee progress. The outcome also reported to Cabinet and featured in individual staff appraisals, and therefore featured at all levels of strategic planning.

However, some elements of the outcome did not fit within the Children's Services directorate (e.g. childhood obesity); outcome one had significantly more cross-cutting themes than the other four outcomes. As a result, the outcome delivery group reflected this in its diverse membership. The group was also establishing baselines for performance, although in some areas (e.g. proportion of local children subject to child protection plans) this was inappropriate and in other areas it would take a significant length of time before the suitable baseline was apparent.

The Panel raised the following points in discussion:

- The Overview and Scrutiny Committee would discuss the matter of childhood obesity on 14th September 2017, with a view to commissioning a Task & Finish Group.
- Regarding the proportion of local children subject to child protection plans, the numbers involved were not indications of 'success' or otherwise in isolation. However, figures which were at significant variance from previous levels would generate discussion.
- Several initiatives were underway on childhood obesity. Some were targeted at children who were already deemed to be overweight (e.g. 'Let's Get Going'), whilst others were preventative (e.g. 'Daily Mile', efforts to make the school day less sedentary). In addition to these programmes, SBC was working across departments and also considering how SBC could be role models and leaders in the area. The wider context (e.g. housing, leisure strategy, parenting) were also

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part of discussions and would feature in any future Task & Finish Group.

- The leisure strategy had seen significant expenditure; however, members stated that involvement of the public and connection with public health and schools would improve outcomes.
- As well as the major policy areas, SBC should consider the messages sent out by all of its actions. As an example, the vending machine in St Martin's Place reception currently sold carbonated drinks, sweets and crisps. A more healthy set of options may support efforts to boost outcomes for local children.
- The current wording of the target was 'reduce the rise in prevalence of childhood obesity'. The level of ambition in this was questioned; in addition, how would SBC ensure that responsibility for this was not so diffuse that no-one was ultimately held to account for its progress?
- Some members argued that the recent rise in type 2 diabetes may necessitate a more radical approach (comparable with the public smoking ban introduced in 2007). In addition, it may be necessary to identify specific schools or geographical areas of Slough where obesity was significantly higher than elsewhere in the borough.
- Whilst SBC was confident of the approaches taken by schools on healthy eating, it was recognised that further investigation into the causes of obesity was required. A radical collective partnership response would be needed to resolve the matter effectively.
- A meeting of the leaders of the strategic solutions to obesity would be held in the summer of 2017. This would identify the barriers to progress and the issues involved.

Resolved:

1. That an item on 'Stay Safe' be added to the agenda for 25th October 2017.
2. That an item on 'Achieve Economic Wellbeing' be added to the agenda for 8th February 2018.
3. That an item on 'Enjoy and Achieve' be added to the agenda for 14th March 2018.
4. That an update on the Overview and Scrutiny Committee's work on childhood obesity be added to the agenda on 25th October 2017.

8. School Improvement Partnership

The report was based on previous discussions the Panel had held regarding underachievement amongst white British children. The paper outlined the relationship SBC had with local schools; rather than being able to dictate to schools what their policies would be, SBC worked in partnership with them on strategic planning.

SBC had set aside £150,000 to spend on the Slough Teaching School Alliance (STSA). In addition to this, a Liaison Officer had been appointed to operate as a bridge between SBC and schools. This individual worked for 2 days a week on their responsibilities, and also had an established reputation in Slough as an experienced head teacher. Schools were asked to submit

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bids for a part of the £150,000, with each of the institutions being aware that they were likely to receive around £3,000; as a result, joint bids were being welcomed to increase that figure. Some proposals (e.g. bids for supporting English teaching) had already received funding.

Schools were also being encouraged to offer each other support as appropriate; for example, Upton Court Grammar School was giving help to Ditton Park School on teaching students with higher ability. In general, SBC was moving away from a traditional 'tick list' approach of school inspections towards an ongoing, collaborative partnership style of working.

The Panel raised the following points in discussion:

- The new approach was also a result of the money being used coming from the Designated Schools Grant (DSG). Given the role of the Schools Forum in deciding this allocation of money, partnership working was a desirable outcome.
- SBC was also able to use its position to inform schools on the overall strategic situation across Slough. This helped with initiatives such as the English Hub, which helped with English teaching across the area.
- The measurement of the benefits accrued by these initiatives was agreed with the participant schools on the basis on the project's remit. For example, the English Network was clearly targeted on the new specifications for A Level and GCSE English, and was aimed at consistency of appraisal so that students entered examinations with a clearer idea of expectations. This would therefore help with student attainment.
- South Buckinghamshire District Council also had a similar arrangement, with some of its ideas (e.g. joint inset days) possibly applicable in Slough.
- SBC now had consultants for primary and secondary schools; these individuals could advise and encourage schools but were unable to enforce policies.
- STSA was one element of schools improvement. SBC was also committed to gathering strategic intelligence, holding challenging conversations with schools as appropriate. However, regarding the Panel's interest in white British underachievement, this had not been the subject of any school's proposal and SBC had not compiled a complete analysis of the situation yet.
- Overall, SBC was satisfied that it had recruited to key posts in the education team. Whilst much work remained to be done, the overall direction of travel was welcomed.
- The Schools Forum would discuss matters such as the future of the Senior Education Liaison Officer and other issues relating to funding. However, it was a desire of the Forum that initiatives would not be halted during an academic year.

Resolved: That the report be noted.

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9. Soulsbury Pay Scale - Verbal Update

The matter remained with Human Resources; management had recently held a discussion on the issue, and had requested more information. The question had been raised by SBC's problems with recruiting for 3 Educational Psychologists, despite advertising for these positions on a number of occasions. SBC's salaries had been identified as a potential factor in this.

The request for information focused on 2 questions; proof that other authorities paid the Soulbury Pay Scale and evidence that any decision to pay it in this case would not have further implications for SBC. On the second question, officers were confident that Soulbury's applicability solely for Education Psychologists and School Improvement staff would contain any increase in pay.

Members reflected their previously stated wish to have information from Human Resources on the history of the decision.

Resolved: That the Panel receive information regarding the questions raised at the meeting on 19th April 2017.

10. Forward Work Programme

Resolved:

1. That an item on 14 – 19 provision and links to economic strategy be added to the agenda for 8th February 2018.
2. That an item on school standards in Slough be added to the agenda for 14th March 2018.
3. That an item on the role of school to school support in Slough be added to the agenda for 18th April 2018.

11. Date of Next Meeting - 25th October 2017

Chair

(Note: The Meeting opened at 6.32 pm and closed at 8.04 pm)

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Education and Children’s Services Scrutiny Panel – Actions Arising

19th April 2017

Minute:	Action:	For:	Report Back To: Date:
59	The development of a Children’s Early Help Commissioning Board had not been on track at the time the current Interim Director of Children’s Services took her position. This placed the risk at ‘amber’, but was now due to meet in the near future; all parties were confident this would be completed by the new deadline of July 2017.	Director of Children’s Services	ECS Scrutiny Panel 25 th October 2017
59	Resolved: That the online training on safeguarding children be extended to Councillors.	E-learning Team	ECS Scrutiny Panel 25 th October 2017

18th July 2017

Minute:	Action:	For:	Report Back To: Date:
9	Resolved: That the Panel receive information regarding the questions raised regarding the Soulsbury Pay Scale at the meeting on 19 th April 2017.	Human Resources	ECS 25 th October 2017

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SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Services Scrutiny Committee

DATE: 25th October 2017

CONTACT OFFICER: Nicola Clemo, Chief Executive, Slough Children's Services
(For all Enquiries) Trust
(01753) 875751

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

CHILDREN'S SOCIAL CARE OFSTED 3RD MONITORING VISIT

1. **Purpose of Report**

- 1.1 To update the Education and Children's Services (ECS) Scrutiny Panel on the findings of the 3rd Ofsted monitoring visit, which took place on 14-16 June 2017.
- 1.2 The 3rd monitoring visit focused on progress made since the full inspection in 2015, with a focus on child protection work.
- 1.3 The letter from the 4th Ofsted monitoring visit, which took place on 20-21 September 2017, will be tabled for discussion at the meeting, as it will be published by Ofsted on 23 October 2017.

2. **Recommendation(s)/Proposed Action**

- 2.1 The Panel is requested to discuss the findings from the 3rd Ofsted monitoring visit.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

Priority 1 – Protecting vulnerable children

3b. **Five Year Plan Outcomes**

Outcome 1: Our children and young people will have the best start in life and opportunities to give them positive lives

4. **Other Implications**

(a) **Financial**

There are no financial implications specific to the recommendation in this report.

(b) Risk Management

There are no risks identified in relation to the recommendation in this report.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act or other legal implications relating to the recommendations in this report.

(d) Equalities Impact Assessment

There is no identified need for the completion of an EIA in relation to this report.

5. **Overview of findings**

5.1 The full Ofsted letter setting out their findings is attached as Appendix A to this report. Some of the key findings included:

Staffing

5.2 There had been a steady reduction in the numbers of agency staff employed by the Trust, and substantial improvement was seen the level of permanent staff in the child protection and child in need hubs, increasing from under 50% in 2015, to 70% at the time of the monitoring visit. In addition to this, the senior leadership of the Trust was now permanent as well. These changes were reducing the disruption and instability for children and families in their contact with the service.

Decisions

5.3 Section 47 decision making was found to be sound, including escalating some cases from early help when appropriate. This provided reassurance that the right cases are entering the child protection system, and therefore not placing unnecessary stress on families.

Evidence-based decision making

5.4 There is a need to set out clear rationale for decisions that are taken, particularly in circumstances where we are closing a child protection plan. This will strengthen the support that is in place for these families going forward. The use of safety mapping (Signs of Safety) is providing a useful tool/framework for social workers, managers and families themselves to understand the challenges that they face.

Management oversight

5.5 Regular hub discussions of cases are taking place, but are not challenging enough of lack of progress, which means there are some delays in tackling complex family difficulties. In follow up on these, the management oversight of consultant social workers (frontline managers) and Group Managers, is not strong enough to drive plans forward, leading to drift.

Public Law Outline

5.6 The use of Public Law Outline should be considered earlier in cases where children have been subject to repeat or long-standing child protection plans.

Children with Disabilities

- 5.7 Children with disabilities are receiving effective support, so children are happier and their outcomes are improving

Innovation funding

- 5.8 The success of the Trust's innovation funding bid has enabled the development of specialist work to be introduced, such as the PAUSE project. The Measuring What Matters research project by the University of Bedfordshire provided positive evidence of families experiences with children's social care.

Context

- 5.9 It is important to be aware of the demand context within which the Trust is currently operating: the normal expected spike during the summer term has been replaced by a continuing surge in referrals throughout the summer holidays. This has been the picture across the country.
- 5.10 In Slough a record number of children (64) are in legal proceedings, with the associated impact of pressure rolling back from the Trust's Court Hub into the child protection hubs. In addition to safeguarding legal proceedings there has been continuous rise in demand for pre-legal social work, often requiring lengthy human rights assessments on families claiming destitution who have been declared intentionally homeless after being placed in Slough by other local authorities. In addition, increasing numbers of age assessments and other activity susceptible to judicial review, including that related to unaccompanied asylum seeking children and families with No Recourse to Public Funds, remains a feature.
- 5.11 New legislation concerning modern slavery has also impacted on the Trust's social work capacity; along with the surfacing issues concerning safeguarding of children living in inappropriate accommodation with their parents.

Response to monitoring visit findings

- 5.12 Whilst addressing individual issues highlighted by the monitoring visit, there were some key themes in the findings from the Ofsted monitoring visit, and improvement activity has looked to target these as a priority, specifically:

Targeting drift in child protection cases

- Looking to strengthen management oversight through the introduction of a new supervision policy clearly establishing expectations of compliance and quality standards within the supervision process.
- Implemented new escalation process for Child Protection Chairs to strengthen challenge of drift in cases.
- Establishment of a new 9 month and re-referral child protection review group so that there is oversight of all long-standing child protection cases.
- Ongoing review of social work and multi-agency capacity, such as that in the hub structure.

Improving the use of Public Law Outline

- We have been reviewing our use of Public Law Outline, with numbers increasing, but this is still a developing area of practice.

- Alongside this, we have been strengthening our permanency planning from the front door with the introduction of permanency planning meetings, chaired by senior officers.

6. **Conclusion**

Ofsted recognised that they have seen evidence of improvements, and that there were areas of strength identified during the monitoring visit in key aspects of the support that children and families received. However, they are keen that the pace of embedding changes needs to happen quicker.

The focus of improvement work since that time has been on putting in place the structures which will lead to improved management oversight over the coming months, as this is an underpinning theme which will impact on a range of practice across all service areas.

The Trust and council are clear that the general strategy to address the required improvements is correct, but that there needs to be a more rapid improvement, with sustainable change evident over the coming six months.

7. **Appendices Attached**

- A - Monitoring visit of Slough Children's Services
(Letter: Ofsted, 14th July 2017)

8. **Background Papers**

None.

14 July 2017

Cate Duffy, Strategic Director of Children, Learning and Skills, Slough Borough Council
Nicola Clemo, Chief Executive, Slough Children's Services Trust
St Martins Place
51 Bath Road
Slough
SL1 3UF

Dear Nicola and Cate

Monitoring visit of Slough children's services

This letter summarises the findings of the monitoring visit to Slough children's services on 14, 15 and 16 June 2017. This was the third monitoring visit since the local authority was judged inadequate in February 2016. The inspectors were Stephanie Murray SHMI and Andy Whippey HMI.

The council and the trust have established stable and increasingly skilled teams to provide help to the children considered during this visit. Senior managers have identified the key areas of weakness highlighted during this visit, and have taken positive steps to build the foundations of good practice. However, practice remains too inconsistent, and there is still some way to go before vulnerable children can rely on a service that meets their needs and reduces the risks that they experience.

Areas covered by the visit

We reviewed the progress made since the last inspection, with a focus on four themes.

- The application of child protection thresholds, in particular whether to create or cease a child protection plan.
- The effectiveness of child in need and child protection work with families, including children who have disabilities.
- How well the voices and experiences of children are captured in child protection and child in need work, including the provision of formal advocacy support.
- The effectiveness of pre-proceedings work with families, where risks to children increase or the change is too slow.

The visit considered a range of evidence, including electronic case files, meetings with social workers and managers, discussions with key senior and political leaders and partners, and analysis of relevant documents and data.

Overview

A comprehensive restructuring of the teams that support children in need of help and protection is beginning to have a positive impact on the quality of service that they receive. Trust and council leaders have continued to work hard to secure a more permanent workforce and, as a result, the number of agency staff is steadily reducing. All of the senior leadership team are permanent members of staff. Seventy per cent of the staff in the new child protection and child in need hubs are now permanent. This is a substantial improvement from the inspection, when over half of these staff were employed by an agency. As a result, the high turnover of staff, which previously caused disruption and instability for children and their families, is reducing.

Leaders within the trust and the council continue to work together cooperatively towards shared goals. They actively seek new opportunities and additional investment to help them to achieve their ambition to deliver good support to children.

Once children are transferred to the child protection and child in need hubs, they receive a better and safer service than at the time of the inspection. However, the practice improvements have largely been achieved in the last two to three months. For some children, the lack of purpose in tackling complex family difficulties and delays in carrying out key actions have led to their circumstances not improving, or even becoming worse.

Findings and evaluation of progress

Based on the evidence gathered during this monitoring visit, we identified some areas of strength, some progress that has been made in key aspects of support to children and a number of areas in which we considered that change has not been achieved as quickly as needed. We found that most practice requires improvement to be good, with some examples of children's outcomes improving because of skilled, consistent and caring support. However, in a number of cases, we identified a lack of progress in meeting children's needs or reducing risks. We saw a marked contrast between the best and worst practice, and the trust's own audits continue to find a significant minority of work to be inadequate, due to weaknesses such as poor management oversight or lack of attention to the voice of the child.

- All staff in the child protection and child in need hubs have undergone a comprehensive induction programme, with high-quality training in the systemic practice provided to social workers, family support workers and line managers. For some staff, this training is very recent and the skills are yet to be fully embedded in practice. Children are regularly discussed in hub meetings, which are chaired by managers and attended by clinicians. Although these analytical discussions are supportive of practitioners, with new hypotheses being considered and actions being agreed in each meeting, in some cases the meetings are not challenging enough to ensure that practice weaknesses are identified and important actions are progressed.

- Innovation funding is enabling the trust to create additional hubs to undertake discrete and specialist work with families. The commitment of senior leaders to increasing the skills of frontline staff is evidenced by the appointment of a clinician to support each hub to work in a systemic way with families and a lead clinician to oversee this work. A recent research project in partnership with a university demonstrated improvements in the helpfulness of social work support, with 16 of the 17 families spoken to saying that this is different and better.
- We found that decisions about whether a child protection conference is needed are proportionate in the vast majority of cases. Some of the cases that we looked at had been appropriately stepped up from early help.
- Work undertaken with children subject to child protection plans is variable. In the majority of cases, children benefit from frequent and purposeful social work visits, regular and well-attended multi-agency core groups and timely reviews. Overall, children's views are captured well through thoughtful direct work. Children's diverse needs are considered, but not always in sufficient depth. However, for some children, key actions are not progressed, core groups do not analyse whether children are safer as a result of the help provided and there is a lack of focused direct work to understand children's complex lives. In these cases, the oversight of consultant social workers and group managers has not been sufficiently interrogative to identify and resolve the issues, leading to drift.
- We identified a number of cases in which the decision to end a child protection plan was not firmly based on evidence of sustained changes in children's lives or the effectiveness of multi-agency interventions, but rather a period of relative calm with no new worries noted. For some of these children, further concerns about their circumstances later led to further harm, subsequent re-referrals and repeat child protection plans.
- At the time of the visit, surprisingly low numbers of children were subject to the pre-proceedings phase of the Public Law Outline. In some cases seen during the visit, managers had not considered legal action early enough in response to escalating or continued risk. Once the decision is made that the pre-proceedings threshold is met, the letters sent to parents do not always provide enough clarity about the changes that they need to make and by when. A routine process to consider whether children who have been subject to repeat or long-standing child protection plans should be escalated to this legal process is not in place.
- Work to support children in need, including those who have disabilities, is effective, overall, based on the cases seen during the visit. Regular and helpful review meetings, meaningful practical help that is provided jointly with family support workers and skilled work to address specific concerns, such as domestic abuse, are evident. As a result, children are happier and their outcomes improve. Social workers say that they have more time to spend with children, particularly to undertake direct work, and they talked to us confidently about using artwork and specific tools and toys, such as puppets,

to encourage children to talk to them through fun activities. Children who have disabilities considered during the visit benefit from up-to-date assessments, regular reviews and helpful packages of support.

- Safety mapping, where this is used, is helpful to social workers, managers and families in crystallising dangers and strengths. Leaders have sourced external support to help practitioners to learn from other local authorities that do this well. Child protection and child in need plans are comprehensive, with key actions clearly recorded. However, outcomes are not described in straightforward enough language to enable families and professionals to understand how they will know when children are happier and safer.
- Quality assurance work is improving, with a busy and well-integrated case audit programme that staff at all levels say is helpful to them in analysing their practice. Senior managers are active in case audit work. A practice development officer, who has been in post for three months, is taking positive steps to accelerate practice improvements. However, the quality assurance and learning cycle requires further development. The oversight and challenge provided by child protection chairs has increased since the inspection, for instance through their midway monitoring of child protection case files. However, the impact of this intervention is not always apparent, and child protection chairs do not have a strong enough voice to enable them to influence wider practice.
- A quarterly quality assurance report is now in place, which includes findings from case audits and helpfully analyses key performance information. The report would be improved by the inclusion of feedback from child protection chairs and a wider range of quality assurance findings, such as those identified through complaints.
- Private fostering numbers are low, and the training of children's services staff to ensure that they understand their duties towards these children has not been robust enough.
- Meetings to oversee children who are at risk of child sexual exploitation continue to be well attended, and the minutes evidence detailed discussions about the reasons why risks to children are decreasing or increasing. Sometimes, actions are delayed by not having all the available information about children's circumstances. It is a positive that, since the inspection, the council has taken steps to provide training to almost all – over 800 – taxi drivers and operatives to raise their awareness of child sexual exploitation.
- Progress has been made in response to the recommendations from the last inspection, although in some areas work is not yet complete. For example, much work has been undertaken across the partnership to improve the early-help offer to families and to develop a comprehensive multi-agency early-help strategy. The strategy is due to be launched in summer 2017. Sufficient formal advocacy services are in place, but this support is not yet routinely offered to children who are subject to a child protection plan. The neglect policy is in place, but requires further development, because it includes insufficient detail about how local professionals should identify, assess and

respond to neglect within families. Tools to assess the impact of neglect on children are available, but are not consistently used.

- Performance information is comprehensive and is used appropriately to identify and interrogate trends and potential strengths and weaknesses in practice. During 2016–17, the trust’s own data shows a substantial decline in the number of children subject to child protection enquiries and child protection plans. During the same period, the number of children supported through early intervention hubs significantly increased, adding substantial pressure to this service. It is a positive that, although this performance is now more in line with statistical neighbours, the trust continues to explore the reasons for this change, and managers have reviewed all relevant cases to assure themselves that children are receiving the right service to meet their needs.

I am copying this letter to the Department for Education. This letter will also be published on the Ofsted website.

Yours sincerely

Stephanie Murray
Senior Her Majesty’s Inspector

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SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Services Scrutiny Panel

DATE: 25th October 2017

CONTACT OFFICER: Cate Duffy – Director of Children, Learning and Skills
Rodney D'Costa – Service Lead Children's Commissioning,
Partnership & Performance
Sandra Davies – Head of Performance & Quality Assurance,
SCST

(For all Enquiries) (01753) 875751
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WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

FIVE YEAR PLAN – OUTCOME 1 GROUP PROGRESS REPORT

1. **Purpose of Report**

This report provides an update to Members on Outcome 1 (“Our children & young people will have the best start in life and opportunities to give them positive lives”) of the Council's Five Year Plan 2017/2021, specifically the Key Outcome “Ensure children and young people are supported to be “safe, secure and successful”.

2. **Recommendation**

The Panel is requested to note and comment as appropriate on the report.

3a. **Slough Joint Wellbeing Strategy Priorities applicable to this report**

1. Protecting vulnerable children

3b. **Five Year Plan Outcomes applicable to this report**

Outcome 1 – Our children and young people will have the best start in life and opportunities to give them positive lives.

4. **Other Implications**

(a) **Financial**

There are no financial implications relating to this report.

(b) Risk Management

Each of the actions that comprise the Outcome 1 Group plan are already contained within the service planning framework of the relevant Council Directorates and overseen by the corporate Five Year Plan Board, Cabinet and Scrutiny committee. Monitoring reports including identification of risks and mitigating action will be reported through this governance process.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications relating to this report.

(d) Equalities Impact Assessment

None required.

(e) Workforce

There are no workforce implications relating to this report.

5. **Supporting Information**

5.1 The current Five Year Plan has five priority outcomes. Outcome 1 (“Our children and young people will have the best start in life and opportunities to give them positive lives”) is led by the Director of Children, Learning & Skills (DCLS). The bulk of the Strategic Actions associated with this Outcome 1, however, are delivered elsewhere in the Council and by Slough Children’s Services Trust (SCST).

5.2 At the 18 July 2017 meeting of Education and Children’s Services Scrutiny Panel (ECSSP), Members received a report that outlined the work of the Outcome 1 Group. Members agreed for updates to be provided to ECSSP on a thematic basis to enable proper scrutiny of progress. This report therefore covers the Key Outcome “*Ensure children and young people are supported to be safe, secure and successful*” and the related Strategic Actions:

- Children are made subject to a Child Protection Plan (CPP) where significant risk of harm is identified; and
- Early identification of and response to problems for children and families.

Tables 1 and 1.1 below provide details of the latest position on the Strategic Action relating to CPP.

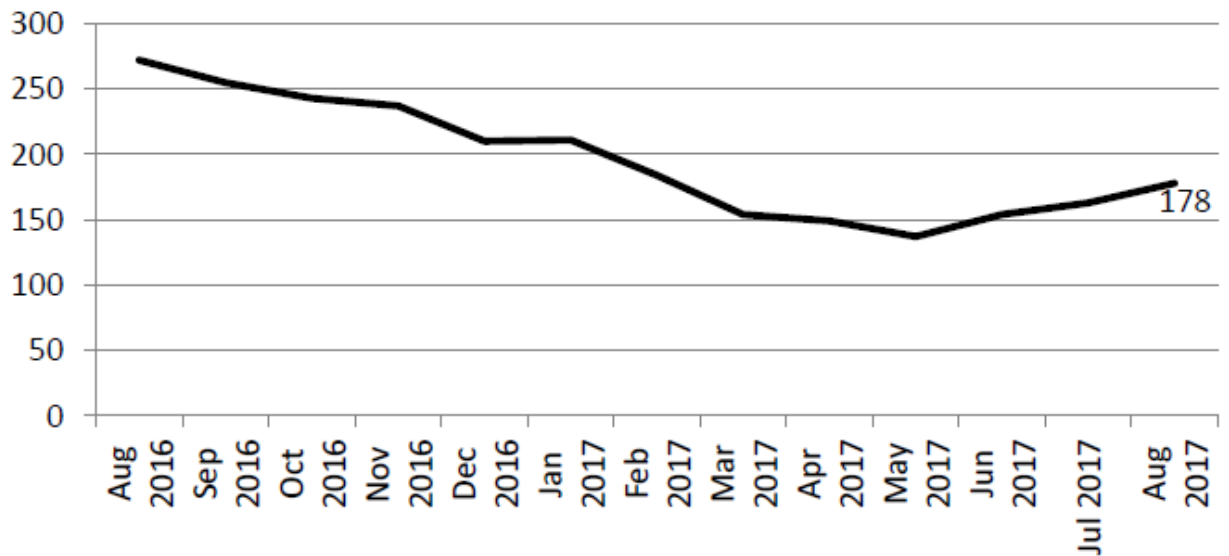
Table 1

Extract Key Outcome (“Ensure children and young people are supported to be safe, secure and successful”) and related Strategic Actions (b) and (c)

1	2	3	4	5	6	7	8	9	10	11	12	13
Key Outcome	Strategic Actions	Key Performance Indicator	Baseline	Actual with Benchmark as appropriate	Target	Direction of Travel	RAG Rating	Lead Service / Officer	Linked Services	Key Partners	Linked Strategies / Plans	Linked Strategic Boards / Outcome Groups
2. Ensure children and young people are supported to be safe, secure and successful	b) Children are made subject to a Child Protection Plan (CPP) where significant risk of harm is identified	Rate of children (per 10,000) subject to a CPP	(31/03/2017) 38.0 (154 children)	Slough at end August 2017 is 43 (178 children) England rate at end March 2016 is 43.1 and Statistical Neighbour rate is 47.1	Not Applicable	Not Applicable	Not Applicable	Head of Quality & Safeguarding (SCST)	Not Applicable	TVP, Health, Schools, ASC	Ofsted Delivery Plan, LSCB Business Plan	Joint Improvement Board
	c) Early identification of and response to problems for children and families	a) Produce Early Help Strategy (related metrics TBC)	TBC (potential KPIs include reduction in referrals to high cost placements and increase in needs being met via Universal services)	Early Help Strategy launched 18.09.2017	TBC	↗	A	Service Lead Children's Commissioning, Partnerships & Performance	SCST	SCST, Schools, YPS, Health, TVP, Housing, Voluntary Sector	Ofsted Delivery Plan	Joint Improvement Board
	b) Launch x4 Local Area Collaborative (related metrics TBC)	x4 launched	Sept. 2017	↗	A							

Table 1.1

Number of Slough children subject to a Child Protection Plan at month end



5.3 Elsewhere on this Agenda there is a report covering progress on the other Strategic Action “Ensure Children’s Services are rated ‘Good’, validated through Ofsted Inspection”. That report deals with the third quarterly Ofsted Monitoring Visit, which examined the areas of Children in Need and Child Protection. Members will wish to note that the most recent (fourth) Ofsted Monitoring Visit on Children in Care, which took place 20 – 21 June 2017, will be reported to a future meeting of ECSSP once the findings have been published by Ofsted.

Rate of children subject to a Child Protection Plan (CPP)

- 5.4 Tables 1 and 1.1 show that at the end of August there were 178 children subject to a Child Protection Plan, equivalent to a rate of 43.0 per 10,000 children aged 0 – 17 years. At the end of March 2016 (the latest available data), the England and Slough statistical neighbour* rates for CPP were respectively 43.1 and 47.1 per 10,000.

* **Note:** Statistical neighbours comprise: Birmingham, Coventry, Ealing, Hillingdon, Hounslow, Leicester, Luton, Reading, Redbridge, and Sandwell.

- 5.5 It should be noted that the data shows the number of children on a CPP at the end of each month at a fixed point in time. This does not reflect the movement of children into and out of child protection. For example, in the first five months of this reporting year (1 April to 31 August) 101 children have been made subject to a CPP and 77 children have ended a CPP.
- 5.6 The decision to end a plan is made through a multi-agency Child Protection Conference and those agencies who are working with the child and their family are satisfied that the risk of significant harm has been reduced and the child is no longer in need of a CPP.
- 5.7 The reasons that a child is made subject to a CPP are recorded under four main categories: Neglect, Emotional Abuse, Physical Abuse, and Sexual Abuse.

In Slough, the highest category where children are subject to a CPP is Neglect, followed by Emotional Abuse, Sexual Abuse and Physical Abuse.

- 5.8 There has been some work to understand better the category Neglect and a multi-agency audit of children's cases has helped to identify some key areas for further development. This includes having more information available for professionals and tools to help them to recognise neglect and the impact this has on children over time.

Early Help Strategy (EHS)

- 5.9 Early help means providing support as soon as a problem emerges, at any point in a child's life – from pre-birth, the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if provided as part of a support plan where a child has returned home to their family from care. Providing early help is therefore more effective in promoting the welfare of children than reacting later.
- 5.10 Effective early help relies upon local agencies working together:
- To identify children and families who would benefit from early help
 - Undertake an assessment of the need for early help; and
 - Provide targeted early help services to address the assessed needs of a child and their family, which focuses on activity to improve significantly the outcomes for the child

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

- 5.11 The Ofsted Delivery Plan for Slough Children's Services included a recommendation (No 9) for an EHS and related governance to be developed with key partners, including the Slough Children's Services Trust (SCST). Following agreement of a scoping report by the JIB on 20 March 2017, work progressed on

developing a strategy and establishing an Early Help Board (EHB). This Board, which is accountable to the Slough Wellbeing Board, held its inaugural meeting on 18 September 2017, at which meeting the draft EHS was agreed subject to minor amendments from partners. An implementation group will now drive forward and embed the strategy at an operational level amongst partners as well as formulate metrics to measure the impact of the strategy.

5.12 Subject to agreement by the EHB, the following outcomes measures will be used to measure the impact of the strategy:

- Increase in the number of children who are school ready as measured by the Early Years Foundation Stage Profile (EYFSP)
- A reduction in referrals to specialist services and an increase on those that are accepted and supported by an Early Help Assessment appropriate to need and risk
- A decrease in persistent absence figures in primary and secondary schools
- A decrease in the number of young people Not in Education, Employment or Training (NEETs)
- Reduction in recorded levels of obesity at ages 4/5 and 10/11

Local Area Collaboratives

5.13 Two Collaboratives were launched in July 2017, followed by a further two in September and October. The collaboratives are based on four ward-based geographic areas in Slough (Central, North West, South West and East). Collaboratives complement the early help approach in the following ways:

- Enable local settings and services to work effectively together improving outcomes for children, young people and their families, and reducing levels of inequality
- Improve the effectiveness and efficiency of early help support, in defined local areas, through effective collaboration between school, nursery, children centre, family support services, health and other key partner services
- Provide broader inter-agency direction and governance of provisions and services for children and families at a local level where services can be most responsive and flexible to need, best designed and delivered.

5.14 The remit of collaboratives is to:

- Analyse specific need in the local area, accessing local authority and partner data, tracking the progress of children in current provisions, and sourcing local knowledge
- Identify children, families, and groups presenting particular needs that impact upon children's outcomes, and identify priorities for action
- Work together to identify the most vulnerable and troubled families, and to ensure the delivery of best-informed and coordinated interventions that will change outcomes
- Review the current menu of service delivery and build capacity: exploring opportunities for greater flexibility and responsiveness; developing closer integration; gaining efficiencies in use of existing resources; and working to best utilise future resource
- Learn from evidence based best practice both nationally and locally
- Provide a "collaborative identity" between statutory, private and independent partners that will be well placed to make best use of any future targeted funding opportunities

- 5.15 Previous experience in other parts of the country shows that it takes approximately 12 to 18 months to embed collaborative working. Monitoring the impact of this new initiative will therefore take time but is expected to be closely aligned to that of the Early Help Strategy e.g. increased promotion of universal provision leading to a reduction in referrals to specialist services.

6. **Comments of Other Committees**

None.

7. **Conclusion**

Members are invited to note and comment on this update of the Outcome 1 Group relating to the Strategic Actions: Children are made subject to a Child Protection Plan (CPP) where significant risk of harm is identified; and Early identification of and response to problems for children and families.

8. **Appendices Attached**

Slough Multi Agency Early Help Strategy 2017 – 2021 (agreed by Early Help Board 18 September 2017).

9. **Background Papers**

None.

Partner Branding – SBC,
SCST, Slough CCG,
SCVS, Slough LSCB,
Slough TVP, Safer
Slough Partnership,
NHS Frimley Health
Foundation Trust,
Berkshire Healthcare
NHS Foundation Trust,
Slough Schools

Slough Multi-Agency Early Help Strategy for Children, Young People and their Families, 2017 – 2021

Putting People First: Our children
and young people will have the best
start in life and opportunities to give
them positive lives

M-A EHS vFinal, 18 September 2017
Next review: August 2018

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1 – Introduction

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life – from pre-birth, the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if provided as part of a support plan where a child has returned home to their family from care.

Effective early help relies upon local agencies working together:

- To identify children and families who would benefit from early help
- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and their family, which focuses on activity to improve significantly the outcomes for the child

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

(Working Together 2015)

There is a wealth of material relating to Early Help. For example, the Tickell¹ review of the early years foundation stage (Tickell 2011) and the Munro² review of child protection (Munro 2011). In essence, Early Help is a simple concept; it is about changing our culture and practice from an often-late reaction to chronic and acute need and re-focussing our activities, along with our resources, on the root causes of social problems. By doing so, outcomes for children and families improve and costly statutory interventions are avoided.

In Slough we use the term Early Help as the umbrella term that describes our continuum of service response from universal / preventative services to where a Team Around the Child / Family is required (see Section 5 for further details).

This strategy builds on the good work of agencies to date and sets out how, through our partnership approach, we will ensure that there is a consistent, high quality, early help response for children, young people and families. A joined up early help system will promote the identification of emerging needs and earlier intervention which is based on a whole-family approach. One of the measures that will indicate the early help system is working will be a reduction in the inappropriate demand for statutory social care services and more families being supported appropriately by services according to need and risk.

This 3-year strategy will be the overarching document that governs and describes the early help partnership approach and system. It is one of the 'golden threads' together with other strategies and plans – for example the Slough Joint Wellbeing Strategy – that will be weaved through all we do. A suite of documents will support this strategy, including an action plan, and operational / professional guidance and protocols relating to how professionals work with their client group within and across

partner agencies. These will become available as implementation of the Early Help strategy progresses.

2 – Why do we need to focus on Early Help in Slough?

National context

Estimates show that two million children in the UK today are living in difficult family circumstances, including children with family lives affected by parental drug and alcohol dependency, domestic abuse and poor mental health. It is crucial that these children and their families benefit from the best quality professional help at the earliest opportunity. Without Early Help for some families, difficulties escalate, family circumstances deteriorate and children are more at risk of suffering significant harm.

There is increasing evidence that supporting children and families at the earliest opportunity has significant impact in improving life chances and increasing outcomes long into adulthood.

A recent study found that 48% of adults would have suffered at least one adverse childhood experience, with 9% experiencing at least four (the latter equating to approximately 13,000 adults in Slough based on current demographics). The research showed that this cohort is nine times more likely to be involved in violence and eleven times more likely to use heroin / crack or be incarcerated during their adult life. As these types of issues (others including mental health, domestic violence and worklessness) also impact on children in the family, not only will this have an adverse outcome on the child's outcomes but often likely to create a generational cycle of adverse impact.

Reducing the need for high cost statutory and child protection services is evident in managing the sustainability of resources and changing expectations, particularly in the context of recent Local Government Association³ (LGA) data which suggests that “children's services face a £2bn funding gap by 2020 with early intervention at greatest risk”.

Nationally the Early Intervention Foundation⁴ (EIF 2016) estimates that nearly £17 billion (equivalent to £287 per person) is spent by the public sector on late intervention (of which £6.2bn is on children's social care), much of which could be avoided by significantly less spending on early help – Figure A below refers. More specifically, the analysis estimated that the total annual late intervention cost for Slough is £46m, equivalent to £312 for every person in Slough. Figure B below, shows spend per person for all England local authorities. Figure C below, shows Slough relative to its statistical neighbours.

Figure A – Late Intervention Spend On Each Social Issue

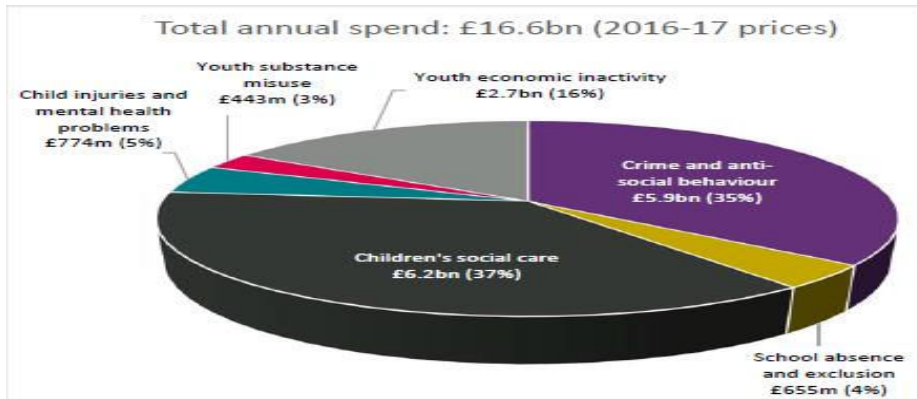
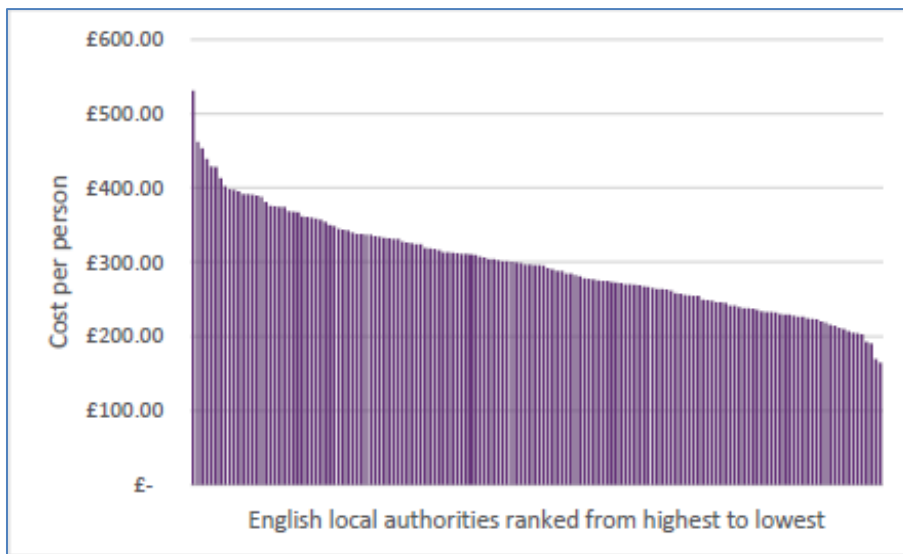


Figure B – Late Intervention Spend Per Person (English Local Authorities)



(Slough cost is £312 per person)

Figure C - Late Intervention – Total Annual Cost and Per Capita for Slough's Statistical Neighbours, EIF, 2016)

Statistical Neighbour	Annual Total Cost for Late Intervention	Per Capita
Birmingham	£397m	£357
Coventry	£129m	£374
Ealing	£92m	£268
Hillingdon	£81m	£272
Hounslow	£76m	£284
Leicester	£106m	£310
Luton	£68m	£317
Reading	£52m	£324
Redbridge	£76m	£254
Sandwell	£97m	£304
Slough	£46m	£312

The economic argument for Early Help and family focussed approaches is that more effective assessments and swifter, coordinated responses will ultimately lead to a reduction in the numbers of families whose needs are met by specialist and high cost services. "Backing the Future"⁵, a report by the New Economics Foundation and Action For Children, estimated that for every £1 invested in early help, there is a financial benefit to society of between £7.60 and £9.20.

Local context

Our local data gives us a strategic overview of trends in Slough, and a clear understanding of the factors that influence local need and what our children and young people are telling us. This local data includes:

- Joint Strategic Needs Assessment 2016 (JSNA⁶)
- Slough Story 2016⁷
- Slough Joint Wellbeing Strategy 2016 – 2020⁸
- Children and Young People's Plan 2016⁹

Section 6 sets out how we will measure our success and Appendix 1 provides a demographic profile of Slough; however, some of the cross cutting headlines relevant to Early Help include the following:

- With a population of approximately 145,000, Slough Borough Council (SBC) is made up of a significantly younger than average population compared to any of the south east local authorities: approx. 40,400 (28%) 0-19 year olds live within its boundaries
- 39.2% of all households contain dependent children - this is the third highest proportion across England and Wales
- A key issue for the planning and delivery of local services is the wide range of languages spoken in Slough – over 150 languages spoken in our schools in 2012
- Since 2010 there has been a slight shift towards greater deprivation in Slough relative to the rest of England, particularly in relation to crime, barriers to housing and services and income deprivation affecting older people
- Slough has the highest levels of childhood obesity in east Berkshire and the south east (at end of Year 6, 2015/16 Slough prevalence is 39.4%, compared to South East 30.8% and England 34.2%)
- 41% of children with Free School Meal (FSM) status did not reach a Good Level of Development (GLD)¹²⁶ in 2014/15, compared to 62% nationally
- Whilst GCSE attainment levels across the borough are better than the England average, they are heavily influenced by the performance of the borough's grammar schools; meaning that the gap between some of the borough's more vulnerable children (those from low income families, certain BME groups, children with SEN) and their peers continues to be an issue

3 – Ambitions, Outcomes and Approach

In Slough, we want **safe**, **secure** and **successful** children, young people and families.

Our vision means that the outcomes we are aiming for are that children, young people and families are:

- Self-reliant, confident and resilient
- Thriving and physically / emotionally well
- Reaching their maximum potential
- Living in safe, strong families and communities

Key to our approach in Slough is a commitment to using a range of evidence-based interventions. Early Help is a collaborative approach not a service.

All children and young people will receive **universal services**. We will promote self-help for parents, carers, children, young people and families, encouraging them to access and use services independently. Through a variety of appropriate communication platforms, we will develop and promote services and signpost families to local resources such as Children Centres.

Some children, either because of their needs or because of circumstances, will require early help to be healthy and safe and to achieve their potential. Children and their families who receive early help are less likely to develop difficulties that require intervention through a statutory assessment under the Children Act 1989.

In Slough, we recognise that a timely response is essential for families who need some support and to achieve this we continually hone our early help approach. Early help may be needed at any point in a child or young person's life and we will offer support quickly to reduce the impact of problems that may have already emerged. Families are best supported by those who already work with them through our universal services.

For children whose needs and circumstance make them more vulnerable, a coordinated multi-disciplinary approach is usually best, based on an Early Help Assessment with a Lead Practitioner to work closely with the child and family to ensure that they receive all the support they require.

Where there are significant / urgent concerns about the safety of a child or children, rather than starting or completing a common assessment, practitioners should:

Office Hours (Mon – Fri) 9am to 5pm

- Call the **First Contact Hub on 01753 875362** and send the electronic multi agency **referral form** (MARF) to Child.Protection@slough.gcsx.gov.uk; or deliver it to: First Contact, Slough Children’s Services Trust, St Martins Place, 51 Bath Road, Slough, Berkshire, SL1 3UF.

Outside Office Hours

- Call the **Emergency Duty Team on 01344 786543**, email EDT@bracknell-forest.gov.uk or dial **999**

Children and young people live in families and therefore it would not be prudent to ignore problems faced by the whole family. Many adults have additional needs – for example, substance use, mental health needs, parental learning disabilities and domestic violence, which can impair their parenting capacity. We therefore will build on a whole-family approach.

This strategy builds on existing joint working in Slough and proposes a robust and more consistent delivery model; providing a vehicle for better understanding the needs of children, young people and families and our ambition to promote fair access to early help services to reduce inequalities and close the gap in relation to health and education outcomes.

4 – Principles

The principles that underpin our approach are focused on producing ways of working that add value to existing work at acute levels of need and our ambition is to increasingly, and at pace, shift the focus of this work to prevention and early intervention.

We will test our work against the following principles:

1. Support all families through our universal services in Slough – we will therefore....

- Ensure there is strong universal provision which will meet most of our families' needs, most of the time
- Have no “wrong door” – families will be able to ask for help wherever they feel comfortable
- Build capacity within universal provision to identify needs early and respond to families
- Work with and invest in the Private, Voluntary and Independent (PVI) sector to provide support and activities for children, young people and families

2. Provide support to families who have additional needs at the earliest opportunities – we will therefore....

- Ensure that services are locally accessible; working within the existing geographical location / structure to develop multi-agency and joint services which are clear about what support is on offer and how it can be accessed
- Our approach will involve listening to and working with families, rather than assuming that we know what is best for them
- Working together across the partnership to share intelligence and identify needs at the earliest opportunity, building confidence so practitioners identify needs as early as possible and take responsibility for getting them resolved
- Reach out to those families and communities who are reluctant to engage to ensure that the needs of vulnerable children and young people are met. Building relationships and trust with children, families and communities and providing a range of services from hands on practical support through to specialist provision

3. Work to build resilience in families – we will therefore....

- Give families, children and young people, and communities the skills and confidence to do things for themselves, working with families rather than ‘doing’ interventions to them. We will help them to develop skills and capabilities which will prevent their needs from escalating and support them to thrive without additional intervention
- Focus services and training for staff on how to build resilience in children, families and communities and to develop sustainability by working with a wide range of networks in families and neighbourhoods, maintaining a proportionate involvement whilst a family needs us

4. Build strong relationships to achieve and sustain change – we will therefore....

- Engage with families to assure that their needs are being met, recognising the strengths and skills of family and community networks in securing the best outcomes
- Whilst being respectful of professional boundaries, we will use multi-agency team working and whole-family action plans to co-ordinate support for a family

5. Provide services that react quickly and flexibly to meet the needs of families – we will therefore

- Invest in the initial point of contact to ensure we provide families with the right support at the right time
- Ensure that our workforce feels responsible for enabling successful family outcomes and providing a timely response
- Use outcome based systemic assessment and intervention tools to identify need and to plan and monitor progress
- Use the voices of children, young people and families to inform and shape service delivery
- Develop a performance framework that demonstrates impact (not only outputs)

5 – Early Help Model

Our early help model has three key elements:

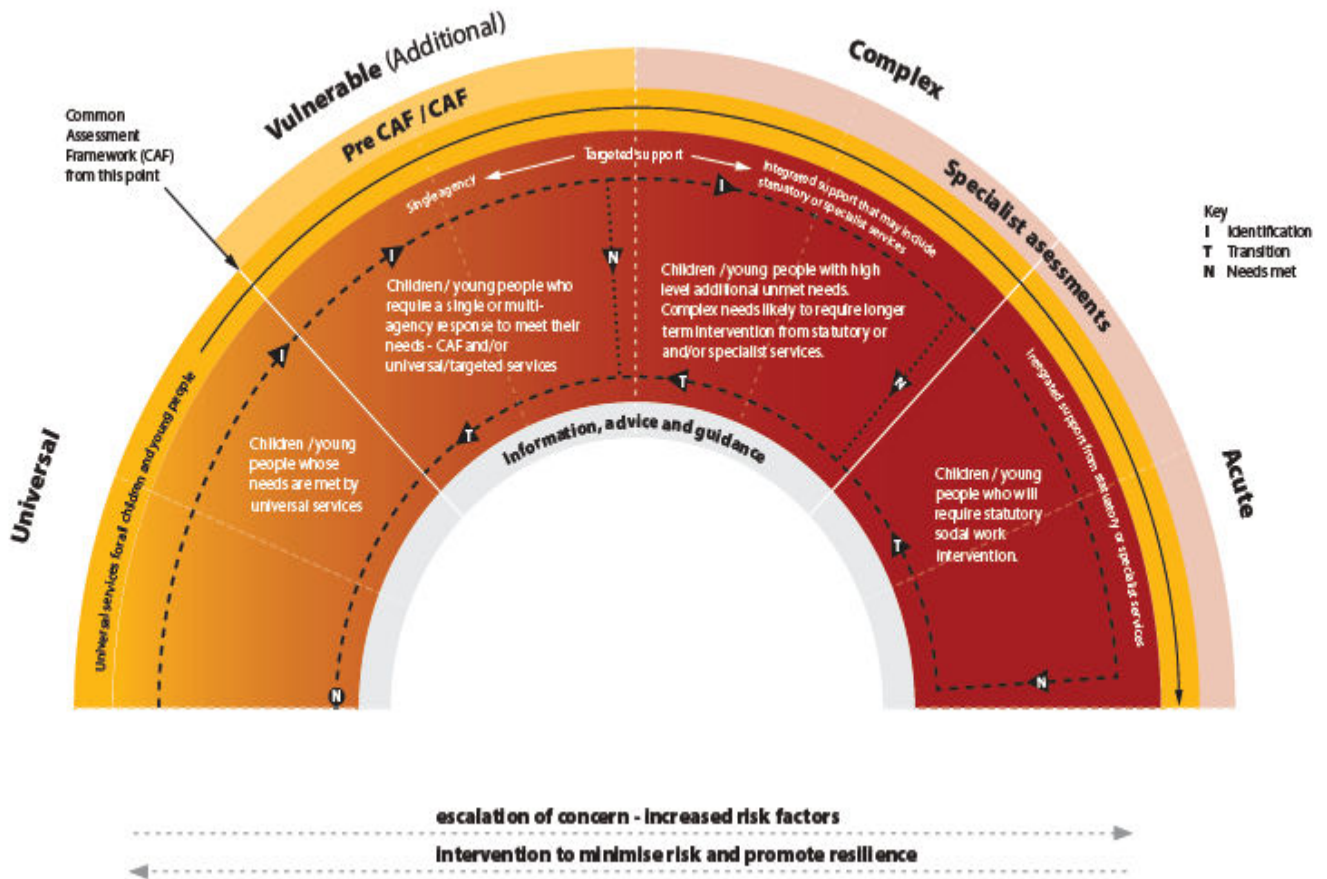
1. The Continuum of Need – families will be entitled to universal services and most of the time this will be enough. However, at times, their needs may become more acute and additional support is required.
2. The responses from services – there are a range of services with practitioners from across the partnership, responding to different and changing needs, relevant to their remit and expertise.
3. Building capacity and providing support – these are the things that will enable our wider workforce to become competent and to help them support families to navigate and move between types of interventions and services, whether they are “stepping up” (escalation of needs requiring extra help) or “stepping down” (families whose needs are becoming less complex).

It is important to remember that depending on a family’s needs:

- The response to multiple needs can and will usually be met from a variety of services at or along the continuum service delivery
- Assessments should build on each other as needs change so that children and parents will tell their stories the least times possible
- Service should feel like one big service because they are integrated around common points of entry
- Practitioners can hold the baton and appropriately transition i.e. not letting go of families and remaining involved, helping families move along the continuum of services as their needs change, whether “step-up” or “step-down” services, to ensure that children and families continue to receive help appropriate to their need

1 – Early Help Model: Continuum of Need

The diagram below demonstrates the continuum of needs for children, young people and their families. This Early Help Strategy deals with how Slough will respond to children with no needs up to children with multiple additional needs that require targeted support (essentially the sectors “Universal” and “Vulnerable (Additional)” in the diagram below).



2 – Early Help Model: Service Response

There is a strong commitment to partnership working in Slough to support prevention and early intervention (including non-statutory and statutory services).

A range of universal and targeted services relating to early help is available in Slough from a variety of agencies, as listed below. Collaboration amongst all these partners via this strategy, to strengthen and shape provision and build capacity and resilience will all contribute to effective early help in Slough.

Children’s Centres / PVI

In Slough, we realise the importance of Early Years development. There are 10 Children’s Centres across the Borough whose remit include:

- Providing targeted / universal parenting and family support programmes and interventions. These include domestic abuse services, advice and guidance to address finance and housing difficulties, mental health and emotional wellbeing support. All of which help improve family and environmental issues which impact on parenting capacity and as a result improve outcomes for the child
- Equipping young children to be socially and emotionally resilient and ready for school
- Supporting child development through health service provision on site e.g. Health Visitors and Midwifery support; focused play sessions that encourage parents and children to interact and build positive relationships
- Sessions linked with, for example, the Council’s Adult / Community Learning section, East Berkshire College and the Workers Education Association to develop and support pathways into learning and employment

The Council also works closely with the local PVI sector supporting both Ofsted and non-Ofsted regulated providers, for example in terms of training and signposting for parents.

Health – Slough Clinical Commissioning Group (CCG)

Slough CCG commissions a range of health services for the assessment of need and treatment of children and young people, within a variety of settings and with a variety of partners, including Frimley Hospital Foundation Trust, Berkshire Healthcare Foundation Trust (BHFT), SBC and the Voluntary Sector.

<http://www.sloughccg.nhs.uk/local-services/services-for-children>

East Berkshire CCGs commission a range of emotional wellbeing and specialist mental health services for children and young people. The emotional well-being services are funded through the East Berkshire CAMHS (Child and Adolescent Mental Health Services) Transformation Plan and they include:

- Kooth which is an on line information, advice and counselling service
- Number 22 humanistic counselling service
- Psychological Perspectives in Education and Primary Care which is a mental health awareness training programme for professionals working with children and young people

- Autism Berkshire
- The Autism Group
- Parenting Special Children
- Eating Disorder Services
- CAMHS Rapid Response/Crisis service
- The Little Blue Book of Sunshine was produced and distributed to all schools, to the Local Authority, GP surgeries and CAMHS venues offering young people with advice, guidance and contact details of people who can help when they are feeling unhappy

Specialist CAMHS services are provided by BHFT through a block contract. BHFT also provide children and young people's community services, including:

- Speech and language therapy
- Physiotherapy
- Occupational Therapy
- Dieticians
- Children Looked After Health service
- Community Paediatricians
- Children's Community Specialist Nursing Team for children with life limiting illnesses

Additional support is provided to the SCST Youth Offending Team (see page 16 below) via a dedicated speech and language therapy nurse. Additionally, there is a Specialist Community Equipment and Wheelchair service for children and young people with additional needs.

The CCG also has responsibility for commissioning:

- Perinatal and maternity services
- Palliative care services

Schools

A number of Slough schools now employ their own Family Support Workers who work closely with Slough Children's Services Trust's (SCST) Special Educational Needs and Disability (SEND) service* and SBC's Access & Inclusion Team, to meet the increasing needs of pupils and their families. Examples of early help include nurture support, pastoral care and practical interventions to promote school attendance. Included within this category are Slough's special schools and a traded service, which provides schools with the support, advice and training to enable them to meet the needs of pupils with Social, Emotional and Behavioural Difficulties (SEBD Outreach Service).

**Note – From 1 October 2017, the SEND service will transfer back to SBC.*

Slough Council for Voluntary Services (SCVS)

SCVS exists to support and develop the voluntary sector in Slough, working in partnership with SBC and Health to provide information, advice, guidance and training to individuals and families. As an example the initiative SPACE (Slough Prevention Alliance Community Engagement), includes the offer "Wellbeing

Prescribing”, a programme where health professionals link up patients to activities and support in the community that may benefit them – a non-medical prescription. It can be particularly effective in helping individuals to manage long-term conditions, mental health problems and social isolation. The voluntary and community sector (VCS) plays a crucial role in wellbeing prescribing by delivering the activities and groups that make up a wellbeing prescription. The advantage of working with the VCS groups under one umbrella is that provision can be “wrapped around” the client’s individual needs whilst promoting a “tell us once” approach. In relation to SPACE, the impact is measured against five health and wellbeing questions, and this is then rechecked after three and six months to measure individual improvement and collective impact on a community.

Public Health (PH)

PH is part of SBC and commissions services, and provides expert advice and support in order to improve the health of Slough residents. Services commissioned by the team include tobacco control and smoking cessation services, lifestyle and weight management services, health visiting and school nursing services and sexual health services. The PH team works proactively both across SBC departments and outside the local authority with NHS and other partners to highlight health needs and to advocate a public health approach, which affects Early Help.

Health Visitors* are all qualified nurses or midwives providing support and guidance for children and their families, for example: practical support and health advice within the home and community on topics including breast-feeding, sleep, immunization and teething.

School Nurses* provide the following services to children and their families attending Slough schools:

- Height and weight measurement for all children in Reception and Year 6 as part of the National Childhood Measurement Programme (NCMP)
- Hearing screening for children
- Vision screening for children
- Health questionnaires for all children
- Support and health advice to families with children and young people of school age on a range of health topics including:
 - Long-term medical conditions such as asthma, epilepsy and acute allergy
 - Bedwetting (nocturnal enuresis), which includes advice on toilet training and use of nappies, drinking patterns, bed wetting alarms and medical therapies
 - Behavioural / emotional difficulties
 - Working with other health services to ensure children and young people with non-complex needs or disabilities get the specialist services they need
 - Children and young people who have been identified as in need of safeguarding or Looked After by the Local Authority

** Note – From 1 October 2017, Solutions 4 Health will provide Health Visiting and School Nursing services.*

Slough Children's Services Trust (SCST)

Within SCST, combining the traditional Early Help and Children in Need services to create a new Early Intervention Service (EIS) means that problems can be caught earlier with increased opportunities to build positive relationships with all children and families as soon as the issues are identified. The outcome is a more dynamic 7-day service for vulnerable families.

SCST has mainstreamed the former "Troubled Families" approach into the EIS (one lead worker, one assessment, one plan, and intensive intervention with the whole family) meaning:

- Whole families receiving a meaningful earlier intervention
- More families receive an early help assessment which will result in the right intervention being delivered
- Fewer families who are re-referred to the Trust within a 12 month period

SCST successfully bid for Innovation Funding (DfE 2016¹⁰), to create an Enhanced (Innovation) Hub, which provides a bigger multi-agency wrap around team, including representatives from the Police, Adult Mental Health and Substance Misuse. This means that the EIS can focus on "pure" Early Help issues, leaving the Enhanced Hub to deal with the more complex cases on the continuum of need.

The Trust has introduced a new model of Assessment, Response & Recovery for families affected by Domestic Abuse (DA), including families in the EIS, where DA is an extremely prevalent issue. Features of the new model include:

- Professionals assessing the dynamics and risk of the whole family to help them to make more informed, evidence based decisions on what is the right intervention at the right time as opposed to practice that measures the risk of a single person at a single point in time
- Working with both the victims and perpetrators of families that want to stay together

Slough Youth Offending Team (YOT), part of SCST, is a multi-agency team that brings together the experience of Police, Social Care, Parenting, Probation, Education and Health, in order to prevent offending and re-offending by children and young people. Having representatives from all agencies based in one team helps to ensure that a more comprehensive and cohesive service is provided.

The YOT includes the Youth Inclusion Support Programme (YISP), which works closely with those children and young people identified as being on the periphery of getting involved in offending or anti-social behaviour and tailoring a package around them in order to divert them away from offending behaviour.

The **YISP** supports the Early Help agenda by promoting a range of workshops and one to one sessions, aimed at offering young people a variety of activities, which promote their involvement in positive lifestyles.

The YOT also work closely with the Police in order to prevent first time entrants into the Criminal Justice System. This is done by the promotion and use of Out of Court

Disposals such Community Resolutions, Youth Cautions and Youth Restorative Disposals.

With the recent development of the Serious Youth Violence initiative within Slough, the YOT and Police deliver preventative intervention within schools, colleges and community settings with the aim to prevent the children and young people becoming involved in weapon, drug or gang related behaviour or its associated abuse.

Young People's Service (YPS)

SBC's YPS comprises the Engagement (Youth Voice and NEET), Targeted Support, PHSE (Personal, Health, Social and Education) & Street Team, and Universal Youth Provision.

Youth Voice supports young people through the Youth Parliament to influence and be involved in decision-making in the town and represent young people of Slough nationally. Youth Voice supports the early help agenda by ensuring that young people are consulted so they have an opportunity to influence the way services are commissioned and shaped.

The **NEET Team** (Not in Education, Employment, Training) are focussed on supporting young people to not become NEET and if they are NEET to access support from youth workers to get them into EET (Education, Employment and Training).

The **Targeted Support Team** works closely with external partners, including SCST to support vulnerable young people. The team intervenes in a range of complex issues including emotional well-being, healthy relationships and building confidence. The majority of referrals come into the service directly from SCST. Schools also directly refer to YPS and request collaborative coordinated approaches to early intervention and systemic support for young people and families. All referrals for targeted support are scrutinised by the YPS referrals coordinator to ensure a thorough screening of children and young people's needs. Targeted support is aimed at young people with varied issues, including: emotional regulation, Child Sexual Exploitation (CSE), Domestic Abuse (DA), young carers, children missing, substance misuse, NEET, behaviour issues, confidence, emotional wellbeing, gangs, housing, and Anti-Social Behaviour.

The **PHSE & Street Team** are highly responsive to identified situations & develop bespoke group work projects and working with identified individuals resulting from referrals or emerging local information. The trigger for responses can be:

- Partner agencies (often including SCST's Children Looked After / Leaving Care Teams, and Supported Housing Providers)
- Police intelligence
- Supporting strategic initiatives, for example combatting gang related crime

This team attend a number of relevant forums led by Thames Valley Police, which informs the direction of their street-based work. They also maintain strong relationships with the local community and are attuned to areas and groups of need.

This often results in the delivery of specific area based pieces of work – for example focused on the local Roma community.

The Team are responsible for delivering a new life skills programme. The “Skills for Life” project will work closely with SCST to implement a programme designed to enable young people to move confidently towards independence.

Universal Youth Provision – the YPS commissions its Universal Youth Work provision through Youth Engagement Slough (YES), a consortium of Slough based providers of services to young people led by Aik Saath (Together As One), Resource Productions and SWIPE. YES deliver many different kinds of provision for young people – see website for examples <https://yesslough.wordpress.com/>. Whilst the work is commissioned, YES are seen by YPS as an extension to the service and the close partnership working is both valued, successful and seen as a key part of the services contribution to Early Help.

Safer Slough partnership (SSP)

The SSP’s vision is that Slough is a town where all people feel safe and secure. The partnership’s focus is on reducing crime, violence and harm and increasing community resilience so that people are able to help each other to live in a diverse, evolving and vibrant community. The SSP goals include action on CSE, Violence Against Women & Girls and Modern Slavery. Early intervention and preventative measures are stitched into our ways of working to ensure we focus on reducing risk to our communities.

The Community Safety Team provides management support to the SSP. The team works to identify emerging risks, gaps in service and combines research with subject expertise to coordinate responses and solutions that deliver positive impacts as early as possible for families. The team can be contacted at communitysafety@slough.gov.uk for advice about victimisation, exploitation and how to report concerns.

Prevent

The aim of Prevent is to ‘stop people becoming terrorists or supporting terrorism’. Local authorities are seen as having a major role to play in preventing people from being drawn into terrorist activity. The Government regards Prevent as a key part of CONTEST and do not believe it is possible to resolve the threats we face simply by arresting and prosecuting more people. Prevent addresses all forms of terrorism, extremism and radicalisation, but continues to prioritise according to the threat they pose to our national security.

The Prevent strategy identifies that young people are more likely to be vulnerable to violent extremist or terrorist narratives. Schools and colleges have a duty of care to their pupils and staff which includes safeguarding them from the risk of being drawn into terrorism. Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views that terrorists exploit. Prevent should be seen as part of the existing school or college safeguarding framework; a local approach to ensuring the safety and well-being of all children and young people.

The role of the Prevent Coordinator is to work with community groups, organisations, Faith establishments, and voluntary and statutory partners to build sustainable partnerships to deliver Prevent. The role of the Prevent Education Officer is to work within the Education Sector and provide advice, support and training.

Examples of Good Early Help Partnership Working

The following examples of collaboration from a Children's Centre, Primary School / Health /Children's Centre; and YPS / SCST / Thames Valley Police illustrate the multi-agency nature of early help. In some cases, the incidence of early help and intervention can prevent problems escalating – though in other cases “step-up” may also be appropriate. Equally, more complex or acute cases can sometimes be “stepped down” to early help after a period of intervention.

Children's Centres – Family A

Mum S and children 1, 2 and 3 came into Slough after fleeing DV, housed in Langley area and a school place arranged for the eldest child. The family came into the Children's Centre looking for support. An Early Help Assessment was completed – the Family Services Officer took on the case and support was given as follows:

- Funded place for 3-year old son with diagnosis of ASD at Children's Centre
- Access to play and learn groups to support development of baby and reduce level of social isolation for family
- Access to Freedom Programme
- Access to English classes (English was second language)
- Support with accessing benefits and legal support
- Crèche provision for court dates attended (relating to DV and access to children)
- Grant funding for stair gates and beds for the children

Following ongoing support from the Children's Centre and partner agencies (DASH, Adult Learning, School, CAB), the family are doing well, the 2 eldest children are now in school and the youngest is accessing his funded place at the Children's Centre. Mum S has increased in confidence, and has taken part in the FAST Programme with Save the Children at her children's school, which led to her becoming a parent volunteer on the second programme run.

Primary School / Health / Children's Centre – Child B

Teaching and support staff noticed that Child B's attendance was poor. His increasingly gaunt appearance, behaviour towards other children and staff also gave cause for concern. His schoolwork was suffering.

With the involvement of the School Nurse, the school's Safeguarding Lead completed a Multi-Agency Referral Form to SCST and an Early Help Assessment was completed. There followed further work involving the family and the Trust as B had a younger sibling who was considered at risk. In the meantime, a temporary foster placement was arranged for B, who continued to attend his school. School and Trust staff worked closely with the foster parents to ensure that B's emotional and other needs were met during this period.

The school Safeguarding Lead also worked with colleagues in the local Children's Centre to support Mum with her application for housing benefit, other financial signposting and parenting strategies. B eventually returned home to join his family.

Slough Young People's Service / SCST / Thames Valley Police – Girl C

YPS received a referral from a social worker following a police stop and search on 12-year old Girl C, and her friend. A knife was found on C's friend. C was involved with other young people known to be sexually active and at risk of exploitation. C also had difficult behaviour issues at school and with other young people resulting in several temporary exclusions. C appeared to be sensible but easily influenced by her peers to get into trouble.

Agreed actions to address issues with C

- Support to understand risks relating to sexual exploitation
- Online safety
- Sexual health
- Developing healthy relationships
- Increased resilience and self esteem
- Maintaining school placement

Outcomes achieved for C

- Greater awareness of safety issues, relationships and able to make informed choices
- Access to sexual health information to make informed choices
- Allocated a named sexual health worker
- Greater confidence and ability to express fears and anxieties
- Regular school attendance

Feedback from C

- "I've learnt to be safe and a better understanding of relationships.....I feel happy"
- "It helped me attend all my exams and improve my attendance"
- "I learnt that when I get upset just take a breath and do something that makes me happy"
- "My experience with my youth worker was good because she was helpful and she cared"

What makes Slough unique and what should we build on?

There is a rich history of multi-agency working in Slough and a professional context that needs taking into account as we develop our Early Help Strategy going forward, described in this section.

- ➔ Following Department for Education (DfE) intervention, SCST was established to deliver children's social care services on 1 October 2015 on behalf of SBC. The Council, SCST and other partners have worked and will continue to work collaboratively to ensure that there are excellent outcomes for Slough's children, young people and families.
- ➔ Education services (Children's Centres, Access & Inclusion, School Improvement, Education Psychology, and Business Support) formerly outsourced to Cambridge Education, transferred back to SBC in a staged process over September to December 2016. We see this as a positive opportunity to promote more joined up working to benefit residents in Slough.
- ➔ SCST successfully bid for Innovation Funding (DfE 2016¹⁰) which will provide a significant boost to transforming services, including Early Intervention Services (page 15 refers).
- ➔ Local Area Collaboratives were launched in July 2017. These networks bring together local leaders to look at collective resources in order to address local issues (see overleaf for further details).
- ➔ With the launch of the new 0 to 19 (25) years' public health nursing services contract from 1 October 2017, we have an excellent opportunity to use this new contract to improve the health and wellbeing of families and young children in Slough.
- ➔ With effect from 1st October 2017, the Special Educational Needs and Disability (SEND) and the Family Information Service (FIS) Teams transfer from SCST to SBC, helping to strengthen our approach to early help, particularly in relation to the provision of advice, information and guidance. This will be a crucial element in our model (page 22 refers).

With SBC as the lead coordinator, this strategy therefore represents a solid commitment to ensure that we have an integrated seamless early help service offer and pathway for residents in Slough. This means we will do the following:

Universal services such as schools, Primary Care e.g. General Practitioner (GP) services, meet most children's needs. Our aim is to support organisations at a local level to deliver more services where possible to meet potential needs at the earliest stage e.g. school nurses providing emotional health and wellbeing support on the school campus. We will therefore need to develop a workforce development plan as part of our strategy and always encourage families to self-help and access services independently as far as possible. In turn, this will mean we need to develop appropriate technology and communication platforms and networks within local communities.

Targeted Support becomes more focused around individuals and families as their needs become more complex and risk increases e.g. a practitioner in a school who delivers a self-esteem programme to a group of young people or who provides additional learning support to a child in a school for a finite period.

The nature of the issue or intervention may involve more than one agency, in which case an integrated response is required, which usually involves the following elements: **Lead Practitioner**; **Team Around the Child / Family**; and **Early Help Assessment** (completed with the agreement of parents). Through engagement with partners to reduce duplication – for example, a common understanding of our Early Help Assessment process, joining up case allocation and review, and clarity of thresholds and step-up / down protocols – we will need to ensure that there is commonality on how agencies approach the challenge of delivering good early help.

Specialist Support services respond and work with children with complex needs and usually require a specialist referral e.g. CAMHS (Children and Adolescent Mental Health Service), Youth Offending Service, and Child Protection cases. We will work to ensure that our Early Help offer aligns with these specialist services so that children, young people and families have appropriate timely support, based on the continuum of services as their needs change.

Local Area Collaboratives

Local Area Collaboratives launched in July 2017, based on four ward-based geographic areas in Slough. The brief for collaboratives is to:

- Enable local settings and services to work effectively together improving outcomes for children, young people and their families, and reducing levels of inequality.
- Improve the effectiveness and efficiency of early help support, in defined local areas, through effective collaboration between school, nursery, children centre, family support services, health and other key partner services.
- Provide broader inter-agency direction and governance of provisions and services for children and families at a local level (within Slough these are local wards in clusters as follows: Central, North West, South West and East) where services can be most responsive and flexible to need, best designed and delivered.

The remit of collaboratives is to:

- Analyse specific need in the local area, accessing local authority and partner data, tracking the progress of children in current provisions, and sourcing local knowledge.
- Identify children, families, and groups presenting particular needs that impact upon children's outcomes, and identify priorities for action.
- Work together to identify the most vulnerable and troubled families, and to ensure the delivery of best-informed and coordinated interventions that will change outcomes.
- Review the current menu of service delivery and build capacity: exploring opportunities for greater flexibility and responsiveness; developing closer integration; gaining efficiencies in use of existing resources; and working to best utilise future resource.
- Learn from evidence based best practice both nationally and locally.
- Provide a "collaborative identity" between statutory, private and independent partners that will be well placed to make best use of any future targeted funding opportunities.

The continuum of need diagram (page 12) and above landscape of service responses can be summarised in the following Table, which provides a common description of needs and associated risks and support the correct response to a child / young person or family over time:

Level of Need	Description	Service Response	Examples of Service Provision
Universal need	Children who are enjoying general wellbeing, accessing education and health services and maintaining good overall progress in all areas of development	Universal Services	<ul style="list-style-type: none"> • Schools & Colleges • PVI nurseries and child-minders • GPS & Health Visiting surveillance • Leisure & Arts providers • Social Landlords • Local Voluntary and Faith group child and youth activities
Additional need	Children who have an identified need and whose health, development and / or learning is starting to be adversely affected as a result	Lead Practitioner / Early Help	<ul style="list-style-type: none"> • Universal and Early Help Services e.g. Children's Centre services • Behaviour support • Speech & Language support • Portage • Parenting Support services • Youth clubs • Education Welfare Officers
	Children who have unmet needs, who as a result are not maintaining satisfactory health, development and / or learning and who are increasingly vulnerable and at risk of future harm	Intensive Family Support	<ul style="list-style-type: none"> • Targeted Youth Support • Short Breaks • Occupational Therapy and equipment; CAMHS therapy services • Paediatric health care
Complex need	Children and families in crisis, with complex, acute need who are vulnerable and at risk of future harm	Intervention, Treatment & Care	<ul style="list-style-type: none"> • Youth Offending • Child Protection, Children Looked After and Care Leaver services • CAMHS treatment services • Paediatric A&E

3 – Early Help Model: Building Capacity and Support

Previous sections described the Continuum of Need and our service responses to meeting this need. This section is about how we will build capacity, competence and assurance within and throughout the system. Some of the elements below are already in place and need further development whereas others are new concepts that we will implement as part of this strategy.

The elements critical to the success of our Early Help are illustrated by the following diagram and explained below:



Advice, Information and Guidance

Advice, information and guidance are central to our model. Our ambition is that high quality information, advice and guidance is readily available and accessible to all our children, young people, families and practitioners.

As part of this strategy, we will:

- Promote self-help and access to information for families – for example, the transfer of the FIS Team to SBC presents an opportunity to review the interface / points of contact between agencies and residents, as well as the Family Information Service website, and other public information in libraries, schools and GP practices. SBC will lead and coordinate this work.
- Use quality conversations with our Lead Practitioners, families and communities as to what needs to be better for them and how we make it better for them.

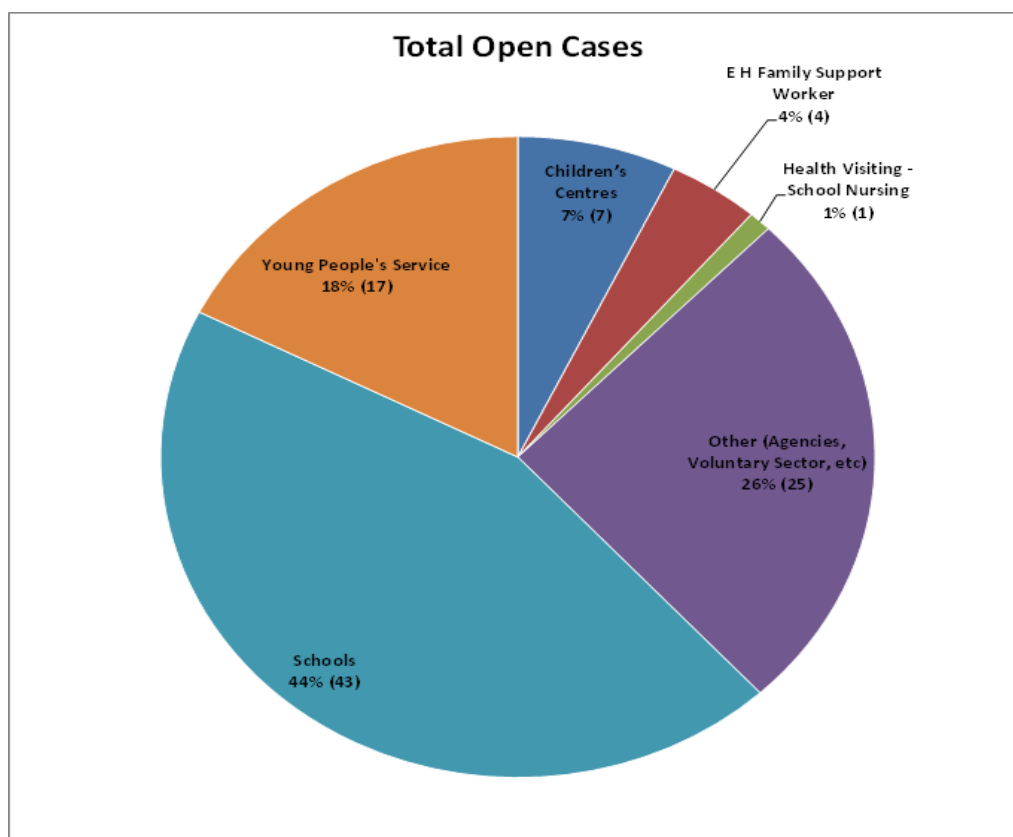
Pathways & Systems

These two elements share some overlaps. Our ambition is that families and practitioners can easily access and navigate the pathways and systems so that we have a common understanding and uniform approaches, processes and systems to support early help. This includes information, advice and guidance through to step up / step down. In the context of the continuum of need, the latter is where needs and risk are escalating or where needs are met and require less intensive support.

In Slough, we use Liquid Logic's Early Help Module (EHM) for early help assessments. This Module is separate from the core Integrated Children's System (ICS) used in children's social care. The following Table and Pie Chart illustrate the current (week commencing 04/09/2017) breakdown of "open" files by number, % and agency.

Breakdown of "Open" Cases on EHM (w/c 04/09/2017)

Young People's Service	17	18%
Schools	43	44%
Other (Agencies, Voluntary Sector etc)	25	26%
Health Visiting - School Nursing	1	1%
EH Family Support Worker	4	4%
Children's Centres	7	7%
Total	97	100%



We know that there is variation and issues in how EHM is used and accessed, including the interface with ICS. We will therefore:

- Review roles, professional guidance and processes including information governance.
- Review how the Early Help Module is used, by whom, its interface with ICS and related pathways to ensure that there is clarity on thresholds and protocols for step up / down in the context of the continuum of need.

Competent Workforce

Our ambition is to have a capable and competent workforce where individual practitioners (irrespective of their employing agency) feel able and confident in undertaking the Lead Practitioner role and participate in any multi-agency wraparound response to families. We want the partnership to use a common language that everybody, including families will be able to understand. We will therefore:

- Look to develop a comprehensive Workforce Development Plan which identifies core skills needed to deliver effective early help, how our existing workforce (across partners) matches up to this and the actions required to close any skills gap / enhance capacity, including a review of training needs.

6 – Performance Measures

We will measure our success in delivering Early Help through the following outcomes measures:

- Increase in the number of children who are school ready as measured by the Early Years Foundation Stage Profile (EYFSP)
- A reduction in referrals to specialist services and an increase on those that are accepted and supported by an Early Help Assessment appropriate to need and risk
- A decrease in persistent absence figures in primary and secondary schools
- A decrease in the number of young people Not in Education, Employment or Training (NEETs)
- Reduction in recorded levels of obesity at ages 4/5 and 10/11

These indicators will form the “bell weather” indicators of our Early Help strategy, supported by a Performance scorecard – still to be developed.

7 – Governance

SBC is the lead agency for coordinating our Early Help response on behalf of all partners. Individual agencies are signed-up to this strategy and will be accountable for their service delivery and practice in line with organisational procedures and responsibilities. When an integrated response is required to meet the needs of a child, young person or family, organisations will be responsible for their individual contribution to multi-agency working (Team Around the Child / Family). The following Table summarises how we will drive the strategy and hold partners to account for the delivery of Early Help.

Board / Forum	Key Publications	Priorities / Values
Slough Wellbeing Board	Joint Wellbeing Strategy 2016-2020	<ul style="list-style-type: none"> - Protecting vulnerable children - Increasing life expectancy by focusing on inequalities - Improving mental health and wellbeing - Housing
Slough Borough Council	Children & Young People’s Plan 2016	“Keeping children and young people safe, giving them the best start and creating positive opportunities for healthy, happy lives”
Slough Children’s Services Trust Board + Partner Agencies	SCST Annual Report 2015-2016 ¹¹	“Safe, Secure and Successful”
Slough Local Safeguarding Children’s Board	Threshold Document ¹²	“Safeguarding is everyone’s responsibility”
Early Help Board	Early Help Strategy 2017-2021	<ul style="list-style-type: none"> - Evaluate the quality and effectiveness of early help processes and services to inform and improve future planning and service delivery so as to improve outcomes for children, young people and families
↓		
Sub Group (To Be Confirmed): Early Help Implementation Group		<ul style="list-style-type: none"> - Drive the delivery of the objectives of the M-A EHS
↓		
x4 Local Area Collaborative		

Appendix 1 – Slough Profile

Developing an effective early help offer is dependent upon understanding the needs of children, young people and families within the Borough. This involves having a strategic overview of trends in the area, a clear understanding of the factors that influence local need and listening to what children and young people are telling us.

In developing this strategy, we used published data from the Joint Strategic Needs Analysis⁶ and The Slough Story⁷ – see below.

<http://www.slough.gov.uk/downloads/JSNA-summary-2016.pdf>

<http://www.slough.gov.uk/downloads/The-Slough-Story.pdf>



The Slough Story
(March 2016).pdf

Key Facts

Population

- 2014 mid-year estimates of the Census 2011 however show that Slough now has a total population of 144,800 residents (approx. 72,400 males and 72,400 females)
- The borough is made up of a significantly younger than average population compared to any of the south east local authorities: approx. 40,400 (28%) 0-19 year olds live within its boundaries
- ONS projections suggest there will be 35,500 0 -19 year olds by 2014 (26.5% of all residents), growing to 38,600 (27.2%) by 2020, and 41,400 (27.1%) by 2030
- 12,800 (9.1%) of these were aged 0 – 4 years old
- The town also has a higher proportion of young adults aged 25 to 44 which suggests that there are possibly a large number of young families living in Slough
- Conversely Slough has a much smaller older population than the national average
- 20.0% of Slough's 50,766 households are one family units with dependent children
- 8.9% of households comprise lone parents with dependent children (4,503 households)
- 39.2% of all households contain dependent children - this is the third highest proportion across England and Wales
- Slough was one of the most ethnically diverse local authority areas outside of London in the United Kingdom
- The proportion of BME groups is however higher amongst Slough's child and young adult populations
- Slough's demography shows a high transient population, continuing to attract high levels of refugees and asylum seekers, many of whom have opted out of the formal 'dispersal' system (and are not registered for vouchers) which can make them vulnerable and in need of key services

Languages

- A key issue for the planning and delivery of local services is the wide range of languages spoken in Slough
- The school census recorded over 150 languages spoken in our schools in 2012

Deprivation

- Since 2010 there has been a slight shift towards greater deprivation in Slough relative to the rest of England, particularly in relation to crime, barriers to housing and services and income deprivation affecting older people
- There are large disparities between different areas across the borough: Britwell and Northborough, Elliman, Chalvey and Colnbrook and Poyle are all in the 20% most deprived decile of deprivation

Health

- In terms of life expectancy, a child born in Slough today is predicted to live until the age of 78.4 years (if male) and 82.5 years (if female). These rates are broadly similar to the average English rates of 79.4 for men and 83.1 for females
- Slough's rates of low birth weight in babies who have been born at term was 2.9 per 1,000 live births in 2014 which is the same as the England average
- Slough had the lowest uptake amongst the six Berkshire unitary authorities, particularly for MMR 2014/15
- Slough has the highest levels of childhood obesity in east Berkshire and the south east
- In 2014/15, child obesity in reception year children (aged 4 – 5) was 9.8% (down from 11.7% in 2013/14) compared to 9% nationally
- Amongst children in year 6 (aged 10 – 11) child obesity was 24.2% in 2014/15 (up from 21.7% in 2013/14) compared to 19% nationally²⁹
- In 2013/14, 23.5% of boys compared to 18.8% of girls were obese by year 6. This difference is less pronounced at reception with 11.9% of boys and 11.7% of girls³⁰ being obese
- Slough has a high level of tooth decay in children below the age of 5. A dental survey of 5 year olds in 2012 examined 65.3% of the 5 year old population and found that 38% had experienced tooth decay. This means that by the age of 5, children are assessed as having more decayed, missing or filled teeth (dmf) on average in Slough than in England as a whole
- Chronic Obstructive Pulmonary Disease (COPD) and asthma are a key concern in Slough
- Modelled estimates suggest that 194 (0.45%) under 19 year olds in Slough have COPD
- Approximately 4,568 (10.6%) under 19 year olds in Slough have asthma

Early Years

- 40% of children in Slough did not reach a Good Level of Development (GLD)¹²⁴ in the Early Years Foundation Stage (EYFS) (i.e. school readiness) in 2014, compared to 42% nationally, which could impact on their later educational attainment and developmental outcomes
- 41% of children with free school meal status did not reach a Good Level of Development (GLD)¹²⁶ in 2014/15, compared to 62% nationally
- In terms of ethnicity it is the children of White British and White Other (which includes newly arrived children from Eastern Europe - where language skills may be a problem) groups that appear to be experiencing difficulties during the early years stage

Education of children and young people

- There are five nurseries, 30 primary (including infant and junior), 14 secondary schools and three special schools and pupil referral units serving Slough
- The percentage of Slough pupils achieving Level 2B at Key Stage 1 in Reading, Writing and Maths, has consistently remained in line with the national average over the past four years
- There has also been steady improvements in attainment levels during the early years of primary school education
- Slough pupils also achieved Level 4 or above at Key Stage 2 in line with national averages, demonstrating the strength of Slough's primary schools
- Slough secondary schools also continue to perform strongly and are in the list of top 10 best performers in the country at GCSE level
- In 2014, Slough's GCSE results moved up to seventh place in the country: 72.4% (1,193) of pupils left school with a minimum of 5 A*-C grades (with English and maths) compared to 60.8% nationally
- It should however be noted that while GCSE attainment levels across the borough are better than the England average, they are heavily influenced by the performance of the borough's grammar schools; meaning that the gap between some of the borough's more vulnerable children (those from low income families, certain BME groups, children with SEN) and their peers continues to be an issue

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SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Services Scrutiny Panel

DATE: 25th October 2017

CONTACT OFFICER: Cate Duffy – Director of Children, Learning and Skills
Rodney D'Costa – Service Lead Children's Commissioning,
Partnership & Performance

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PART I
FOR COMMENT & CONSIDERATION

SECTION 11 AUDITS1. **Purpose of Report**

This report provides an overview of work in the Council relating to Safeguarding, specifically Section 11 of the Children Act 2004.

2. **Recommendation**

The Panel is requested to note and comment as appropriate on the report.

3a. **Slough Joint Wellbeing Strategy Priorities applicable to this report**

1. Protecting vulnerable children

3b. **Five Year Plan Outcomes applicable to this report**

The responsibilities of Section 11 cut across services which support all the priority outcomes "putting people first", with a specific focus on Outcome 1 – Our children and young people will have the best start in life and opportunities to give them positive lives.

4. **Other Implications**(a) **Financial**

There are no financial implications relating to this report.

(b) **Risk Management**

Each of the actions that comprise this update report are already contained within the service planning framework of the relevant Council Directorates and overseen by the corporate Five Year Plan Board, Cabinet and Scrutiny committee. Monitoring reports including identification of risks and mitigating action will be reported through this governance process.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications relating to this report.

(d) Equalities Impact Assessment

None required.

(e) Workforce

There are no workforce implications relating to this report.

5. **Supporting Information**

5.1 Section 11 of the Children Act 2004 places a duty on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

5.2 Specifically, Section 11 places a duty on local authorities that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing and youth services. The responsibilities of Section 11 cuts across all Council services and those of Slough Children's Services Trust (SCST).

5.3 Eight national standards are used to assess s11, reproduced below:

- 1) Senior management have commitment to the importance of safeguarding and promoting children's welfare
- 2) There is a clear statement of the agency's responsibility towards children and this is available to all staff
- 3) There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare
- 4) Service development takes into account the needs to safeguard and promote welfare and is informed, where appropriate, by the views of children and families
- 5) There is effective training on safeguarding and promoting the welfare of children for all staff working with or, depending on the agencies primary functions, in contact with children and families
- 6) Safer recruitment procedures including vetting procedures and those for managing allegations are in place
- 7) There is effective inter-agency working to safeguard and promote the welfare of children
- 8) There is effective information sharing

5.4 An initial audit of s11 work against the eight standards was undertaken across the Council and reported to CMT in May 2016 and to the summer meetings of the Local Safeguarding Children's Board (LSCB) and Education and Children's

Services Scrutiny Panel (ECSSP). A presentation on s11 was made to the Council's Senior Leadership Team on 28 February 2017 as a precursor to launching a corporate s11 Champions' Group with meetings scheduled during the year to track progress against s11. The aforementioned initial audit was refreshed in March 2017, utilising a Pan-Berkshire s11 Audit Tool, and reported to the Audit Committee of the Pan-Berkshire LSCB on 20 June 2017. The Minutes (extract) from the Pan-Berkshire LSCB Audit Committee noted that:

"..... Slough had submitted a good return providing useful evidence of their journey to date. There were areas noted which would benefit from further scrutiny and challenge. The panel suggested the inclusion of more comprehensive evidence and links and challenged some of the section grading."

Current progress

- 5.5 The s11 Champions Group was established, launching on 21 June 2017 with meetings scheduled on a bi-monthly basis. The last meeting, held on 22 August, agreed the Terms of Reference and updated the s11 Audit Tool based on a discussion which reflected the findings from the aforementioned meeting of the Pan-Berkshire LSCB Audit Committee and on-going work within SBC.
- 5.6 The governance for the s11 Champions Group is such that the Terms of Reference, Agenda and Minutes, Action Log and extant version of the Audit Tool are on a shared drive available to the Group, which includes ex-officio members, i.e. Director of Children's Services and Chief Executive. This process therefore reflects the ethos of the Group that its work is transparent, crosscutting, that attendees (which include Slough Children's Services Trust) are representatives of their service area and with a collaborative brief – in short, the governance underlines the principle that safeguarding is everyone's business.
- 5.7 In the current context of the Council's senior management restructure, membership of the Champions' Group will need to be refreshed to take account of new colleagues / roles.
- 5.8 Members will wish to know that a Member Safeguarding Training session was arranged for 18 October 2017 and that there have been recent appointments to two new posts in Children, Learning & Skills (CLS) Directorate: Education Safeguarding, and Prevent.
- 5.9 The latest self-assessment against the eight national standards used for s11 are summarised below and in the Table 1 overleaf:
- 1) Standard 1: Action – Develop a corporate Volunteer Strategy and Policy to provide assurance that there is consistency with paid staff re safeguarding training (induction, refresher, role-specific and appraisal). This action is currently assigned to the Service Lead Communities & Leisure and Service Lead People, with timescales to be confirmed.
 - 2) Standard 2: Action – Revised Procurement guidelines to include standard contract clause that providers are required to demonstrate regard to the need to safeguard and promote the welfare of children. This action is currently assigned to the Head of Procurement, with a completion date of June 2017.
 - 3) Standard 3: Action – None
 - 4) Standard 4: Action – None

5) Standard 5: Actions - (a) Develop corporate systems for monitoring compliance from On-boarding through to induction for staff and volunteers; (b) Assurance on compliance by employees / volunteers attending Induction which includes Safeguarding element. Actions (a) and (b) are currently assigned to Service Lead People with timescales to be confirmed.

6) Standard 6: Action – Consider a separate Safer Recruitment Policy. This action is currently assigned to Service Lead People.

7) Standard 7: Action – None

8) Standard 8: Action – None

Table 1

Section 11 Audit Tool - Score Summary

Totals for each area

Standard	No of questions	Not met	Partly met	Fully met	Unanswered
1. Senior management commitment to the importance of safeguarding and promoting children's welfare	2	0	1	1	0
2. A clear statement of the agency's responsibility towards children is available to all staff	5	0	1	4	0
3. A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children	2	0	0	2	0
4. Service development takes account of the need to safeguard and promote welfare and is informed by the views of children and families	2	0	0	2	0
5. Staff training on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families	6	0	3	3	0
6. Recruitment, vetting procedures and allegations against staff	10	0	1	9	0
7. Inter-agency working	4	0	0	4	0
8. Information sharing	3	0	0	3	0
Total All Areas	34	0	6	28	0

5.10 Once compliance with s11 is substantially embedded across the Council in the context of the new senior management structure, the remit of the Group will need to refocus on embedding cultural change across SBC and partners.

6. **Comments of Other Committees**

None.

7. **Conclusion**

Members are invited to note and comment on this update of s11 progress with the Council.

8. **Appendices Attached**

None

9. **Background Papers**

None.

SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Services Scrutiny Panel

DATE: 25th October 2017

CONTACT OFFICER: Dave Gordon, Scrutiny Officer
(For all enquiries) (01753) 875411

WARD(S): All

PART I
FOR COMMENT AND CONSIDERATION

CHILDHOOD OBESITY – OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME

1 **Purpose of Report**

To provide information to the Education and Children's Services (ECS) Scrutiny Panel on the work to be undertaken by the Overview and Scrutiny Committee (OSC) on childhood obesity.

2 **Recommendation**

The Panel is recommended to note the information and suggest other areas that the Overview and Scrutiny Committee may wish to assess in future meetings.

3 **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a **Slough Joint Wellbeing Strategy Priorities**

The information covered in this report relates to the following outcomes in the Five Year Plan:

- Protecting vulnerable children

3b **Five Year Plan Outcomes**

The information covered in this report relates to the following outcomes in the Five Year Plan:

- Our children and young people will have the best start in life and opportunities to give them positive lives
- Our people will become healthier and will manage their own health, care and support needs

4 **Implications**

(a) Financial

There are no financial implications associated with this report.

(b) Risk Management

Risk	Mitigating action	Opportunities
Legal	None	
Property	None	
Human Rights	None	
Health and Safety	None	
Employment Issues	None	
Equalities Issues	None	
Community Support	None	
Communications	None	
Community Safety	None	
Financial	None	
Timetable for delivery	None	
Project Capacity	None	
Other	None	

(c) Human Rights Act and Other Legal Implications

There are no significant Human Rights Act or other Legal implications.

(d) Equalities Impact Assessment

There is no need for an equalities impact assessment.

(e) Workforce

There are no workforce implications.

5 **Supporting Information**

- 5.1 At its first meeting of the Municipal Year (18th July 2017), ECS Scrutiny Panel took an item on Outcome 1 of the Five Year Plan. The wording of this outcome is as follows:

“Our children and young people will have the best start in life and opportunities to give them positive lives.”

The first key action associated with this Outcome is “enable children and young people to have physically and emotionally healthy lives”. This has a focus on healthy lifestyles and tackling obesity in local children.

- 5.2 The other key actions in Outcome 1 relate to 4 areas covered in the Government's "Every Child Matters" initiative ("Stay Safe", "Enjoy and Achieve", "Achieve Economic Wellbeing" and "Make a Positive Contribution"). Responsibility for scrutinising these remains with ECS Scrutiny Panel. However, as work on the key action referred to in section 5.1 lay with the OSC, an update on this was requested. This update is provided in this report.
- 5.3 At its meeting on 14th September 2017, OSC discussed the commissioning of a Task & Finish Group. Whilst there had been initial indications that this would focus on childhood obesity, the discussion did not conclude that this should be the subject matter. Given that such a review had been conducted recently (early 2014) and still had a series of live recommendations, it was felt that to repeat this work would not be a productive use of member or officer time. Instead, the Task & Finish Group commissioned will focus on improving the internal policies and procedures of Slough Borough Council (SBC).
- 5.4 OSC decided to undertake its work on childhood obesity through other methods. The Chair of OSC declared her particular concern regarding secondary schools, where it seemed that less effort was being made on encouraging healthy diets than was the case in primary schools. As a result, OSC will be kept informed as to the outcomes of the 'Let's Get Going' initiative, which is in the process of being commissioned. Given the fact that this project remains in its early stages, no date can yet be provided for when this item will come before OSC. However, it has been added to their work programme.
- 5.5 OSC will also be overseeing the KPIs relating to childhood obesity. At present, SBC's metrics on this are likely to remain at a 'red' rating for some time to come. As a result, this may need some other measurements so that a more detailed picture of any progress being made can be provided. Once these targets have been defined, they will be forwarded to OSC. At this point, OSC will decide the approach to be taken to monitoring progress.
- 5.6 Should ECS Scrutiny Panel members wish to be kept informed on this matter on an ongoing basis, they are requested to pursue this with members of OSC. It is not intended for this update to become a standing item on ECS Scrutiny Panel agendas. Rather, they will be provided only when a significant development has taken place.

6. **Conclusion**

Childhood obesity and the relevant key action will continue to be scrutinised by OSC.

7. **Comments of Other Committees**

This report is based on the minutes of OSC's meeting of 14th September 2017.

8. **Appendices Attached**

None

9. **Background Papers**

Childhood Obesity Task & Finish Group report, January 2014
(This was included in the agenda papers for the OSC meeting on 14th September 2017)

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SLOUGH BOROUGH COUNCIL

REPORT TO: Education & Children's Services Scrutiny Panel

DATE: 25th October 2017

CONTACT OFFICER: Dave Gordon – Scrutiny Officer
(For all Enquiries) (01753) 875411

WARDS: All

PART I
TO NOTE

EDUCATION & CHILDREN'S SERVICES SCRUTINY PANEL
2017/18 WORK PROGRAMME

1. **Purpose of Report**

1.1 For the Education and Children's Services Scrutiny Panel (ECS Scrutiny Panel) to discuss its current work programme.

2. **Recommendations/Proposed Action**

2.1 That the Panel note the current work programme for the 2017/18 municipal year.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3.1 The Council's decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities. The ECS Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The work of the ECS Scrutiny Panel also reflects the priorities of the Five Year Plan, in particular the following:

- Our children and young people will have the best start in life and opportunities to give them positive lives

4. **Supporting Information**

4.1 The current work programme is based on the discussions of the ECS Scrutiny Panel at previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.

5. **Conclusion**

5.1 This report is intended to provide the ECS Scrutiny Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. **Appendices Attached**

A - Work Programme for 2017/18 Municipal Year

7. **Background Papers**

None.

EDUCATION AND CHILDREN'S SERVICES SCRUTINY PANEL

WORK PROGRAMME 2017/18

Meeting Date
7 December 2017
<ul style="list-style-type: none"> • Slough Children's Services Trust – annual update • Elective Home Education • Joint Parenting Panel – quarterly update
8 February 2018
<ul style="list-style-type: none"> • Annual Update on school standards and achievement • School Place Planning • 5 Year Plan – 'Enjoy and Achieve'
14 March 2018
<ul style="list-style-type: none"> • 14 – 19 provision and links to economic strategy • Quarterly report on the work of the Joint Parenting Panel • 5 Year Plan – 'Achieve Economic Wellbeing'
18 April 2018
<ul style="list-style-type: none"> • The role of school to school support in Slough– including the impact of Academy sponsorship • School Governance • Teacher Recruitment and Retention

To be programmed:

- Progress with SEND reforms implementation
- Progress with 30 hours Early Years entitlement

MEMBERS' ATTENDANCE RECORD
EDUCATION & CHILDREN'S SERVICES SCRUTINY PANEL 2017 – 18

		MEETING DATES						
COUNCILLOR	18/07/2017	25/10/2017	07/12/2017	08/02/2018	14/03/2018	18/04/2018		
Anderson	P							
Brooker	P							
Carter	P							
Chahal	P							
Chohan	P							
N Holledge	P							
Kelly	P							
Pantelic	P							
Qaseem	Ab							

P = Present for whole meeting
 Ap = Apologies given
 P* = Present for part of meeting
 Ab = Absent, no apologies given

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