



<b>Present</b>		
Cllr Jan Gavin	JG	Lead Members for children's services
Cllr Jane Stanford-Beale	JSB	Councillor
Stan Gilmour	SG	Local Area Commander, Thames Valley Police
Jill Lake	JL	Executive Member, RCVYS
Ben Cross	BC	Development worker, RCVYS
Esther Blake	EB	Partnership Manager, RBC
Andy Fitton	AF	Head of Service, Early Help and Intervention, RBC
Gerry Crawford	GC	Regional Director, BHFT
<b>Young People in attendance</b>		
<b>Business Support:</b>		
Donna Gray	DG	Minute Taker
<b>Apologies:</b>		
Ann Marie Dodds		Director of Children, Education and Early Help Services
Fran Gosling-Thomas		Reading LSCB Independent Chair
David Dobraszcyk & Youth Cabinet		Youth Cabinet

### 1. WELCOME AND INTRODUCTIONS

Round table introductions took place. Youth Cabinet were not in attendance today; they are a new group and will join future meetings. Tom Woolmer has now left his position. SG offered some TVP support for the Meeting in form of cadets/school officers as it is important that the child's voice is heard at this meeting. JG advised it would be good to understand the work that TVP does in Schools.

### 2. YOUTH CABINET UPDATE

Not applicable.

### 3. PRIORITY AREA – KEEPING CHILDREN SAFE

Today's sessions will focus on the re referrals into social care. The subject is being discussed in other forums and is not just the responsibility of this Board. The Data received is from the CSC monthly dashboard which shows referral numbers, % of referrals and the number of re referrals. At this time CSC cannot supply the data of where these referrals are coming from.

AF explained what a referral is; a call to MASH is a contact. MASH then look at the case and if it needs further action it moves to A&A and at this point it becomes a referral.

Percentage of re referral – National Average is: 22.3% and Statistical Neighbours Average: 20.8%.

Re Referrals are above national average but from Jul 16 to Nov 16 the figure dropped. AF explained that the re referral number is per child not per family so if it is a larger family being referred it could alter the figures.

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The argument is that the intervention that happened the first time round was not sustained so the family have had to be re referred. This means the interventions that take place need to be reviewed.

SG would be keen to know the numbers of children re referred nationally so we can look to see if our figures are good or bad.

BC asked if the numbers include the families that meet the need for disability assessments as this might affect the numbers as well. AF advised that it does.

The figures aren't improving rapidly enough in Reading. AF handed out case studies to colleagues to review and asked colleagues to answer the 2 following questions:

1. What could people take away as an ownership for their agency?
2. What can be done differently?

There needs to be a joined up approach that highlights a range of interventions. A deep dive audit can be undertaken of re referral cases to see what range of early help interventions can be offered by the wider partnership with the results from the audit it may be possible to identify those families who need longer term early help interventions.

SG would like to be part of the process of identifying a different approach to these families as if we are not making a rapid difference then we need to try something new. Discussions took place about identifying the top 5-10 families and place them into the innovation fund to potentially offer something different through the troubled families programme.

There is the absence of a consistent person all the way through the families' journey; cases get signed off because another professional is working them. JL doesn't think that the processes work for all families and if there was a consistent agency or person providing continuity to the family this may help.

JG advised that a multi-agency audit would be the role of the LSCB and the CTB can ask them to do that with the view of improving practice to reduce re referrals in conjunction with troubled families.

JG asked if there are more referrals where lower level support has been considered initially and has not been successful or is it cases where there has been higher level social care intervention.

BC advised that there may be voluntary projects that can provide support to the family in the longer term. Conversations with wider partners need to take place.

JL asked if re referral is a bad thing and if it is costly? AF advised it's about recognising missed opportunities as families don't want to keep being referred to social care.

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BC asked what role Health Visitors have in preventative work with families so something can be done before it escalates further. GC advised that the FNP would have done this work with families. There needs to be a level of targeted work to identify what strategies are making a sustainable difference and where families aren't engaging then these cases need to be followed up before they reach crisis point again.

JG asked how many re referrals come from the Health Visiting Team. AF advised it is not known at this time as the RBC system does not break the data down this far. JG challenged that we need to know which areas need targeting. The Troubled Families analysis may be able to help with gaining data and the results can be used to decide what work can be done to identify and target families. AF agreed to discuss this with Troubled Families colleagues.

BC felt that the voluntary sector are overlooked and advised that colleagues want to be engaged in supporting families.

### **Conclusion:**

- AF will ask the Troubled Families Team to do some analysis around the number of re referrals to look at the following parameters: when cases were accepted were they level 3 or 4, what was the outcome and where are we now with that family.
- From the Troubled Families data to identify a group of repeat families to target them in the community that we should be working with. AF will take the top 8-10 families to the innovation fund.
- GC asked if AF would consider teleconferences so that BHFT and other agencies can contribute virtually; teleconferencing, skype etc. GC will speak to colleagues about what other work is going in BHFT.
- BC will look again a voluntary sector involvement with stepdown cases.
- LSCB will be asked to consider an audit being added to the programme around re referrals (Need analysis from Troubled Families Team).
- AF will ask SG to find out from his Berkshire wide colleagues what work is going on across the piece.

JG asked for colleagues to begin this work now so that feedback can be given at the next meeting. Information on work that has taken place can be captured in discussions at the next meeting so we can see what hold we have on the situation.

### **4. MINUTES AND MATTERS ARISING**

Ofsted Action Plan – Ensure that more Voluntary Sector Organisations can refer appropriately into MASH, Early Help Hub and the LADO: BC has done analysis of training and over the last year 139 people from 64 different organisations attended a training course which provided them with the tools and information to refer cases appropriately.

The minutes were approved as true reflection of discussions.

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### 5. UPDATE ON OFSTED MONITORING VISITS

One monitoring visit has taken place with the next visit due in late February and the focus is likely to be CIN cases but this hasn't been confirmed this in full as yet. The headline is that there has been progress. Ofsted spent a lot of time in A&A looking at S47 Strategy Discussions. RBC still has a way to go to ensure the right information is on MOSAIC with management oversight and following up Missing & CSE cases appropriately. It was noted that the morale of workers in A&A has improved.

The Minister wrote to the Local Authority before Christmas and advised that he is accepting the recommendation of the Commissioner which was not to make a decision until the end of April; they will continue to work with the authority until the end of April and make a recommendation in early May. JG advised that the commissioner is concerned about the financial sustainability of the Local Authority.

JL asked if the newly recruited social workers have been embedded as yet. JG advised that this is an ongoing process with an ongoing recruitment programme. 10 new starters joined the Local Authority at the beginning of January and a new service manager has been recruited for the QA service. There will be no new overseas workers at this time as they are trying to embed those workers.

GC asked what the turnover of staff was and AF advised it is very varied. Permanent staff turnover has improved but there still high levels of agency workers. The ratio between permanent and agency workers is improving and a permanent leadership structure is in place.

Ann Marie Dodds is the new Director of Children's Services and will be until the recommendation of the commissioner has been received.

### 6. INFORMATION ITEMS

LSCB Annual Report – <http://www.readinglscb.org.uk/about-lscb/readinglscb-annual-report>

Children's Centre Consultation – Meetings are taking place in each cluster and stakeholder meetings will be organised. Consultation began on 4<sup>th</sup> January 2017 and ends 29<sup>th</sup> March 2017

### 7. ANY OTHER BUSINESS

None noted.

### 8. FUTURE ITEMS

Suggested workshop topics:

- Education and learning – 5th April 2017
- TBC – 19th July 2017
- TBC – 18th October 2017