Notice of Meeting

Health and Wellbeing Board
Councillor Dale Birch (Chair)
Nicola Airey, Frimley CCG (Vice-Chair)
Gabriel Agboado, Bracknell Forest Counciol (Public Health)
Councillor Dr Gareth Barnard, Bracknell Forest Council
Philip Bell, Involve
Nicholas Durman, Healthwatch Bracknell Forest
Neil Bolton-Heaton, Healthwatch
Dr Annabel Buxton, Clinical Lead (Bracknell Forest) Frimley CCG
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Jane Hogg, Frimley Health NHS Foundation Trust
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Sonia Johnson, Bracknell Forest Council (Children's Social Care)
Melanie O'Rourke, Bracknell Forest Council (Adult Social Care)
Dave Phillips, Bracknell Forest Safeguarding Board
Jonathan Picken, Bracknell Forest Safeguarding Board
David Radbourne, South Central Sub Region NHS
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)
Fidelma Tinneny, Berkshire Care Association

Tuesday 21 February 2023, 2.00 - 4.00 pm
Zoom Meeting

Agenda

All councillors at this meeting have adopted the Mayor's Charter which fosters constructive and respectful debate.

Item	Description	Page
1.	**Apologies**	
	To receive apologies for absence and to note the attendance of any substitute members. **Reporting:** ALL	
2.	**Declarations of Interest**	
	Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting. Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days. Any Member with an affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be	

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	notified of the interest, if not previously notified of it, within 28 days of the meeting. **Reporting:** ALL	
3.	**Urgent Items of Business**	
	Any other items which the chairman decides are urgent. **Reporting:** ALL	
4.	**Minutes from Previous Meeting**	5 - 8
	To approve as a correct record the minutes of the meeting of the Board held on 1 December 2022. **Reporting:** ALL	
5.	**Matters Arising** **Reporting:** ALL	
6.	**Public Participation**	
	QUESTIONS: If you would like to ask a question you must arrive 15 minutes before the start of the meeting to provide the clerk with your name, address and the question you would like to ask. Alternatively, you can provide this information by email to the clerk at committee@bracknell-forest.gov.uk at least two hours ahead of a meeting. The subject matter of questions must relate to an item on the Board's agenda for that particular meeting. The clerk can provide advice on this where requested. **PETITIONS:** A petition must be submitted a minimum of seven working days before a Board meeting and must be given to the clerk by this deadline. There must be a minimum of ten signatures for a petition to be submitted to the Board. The subject matter of a petition must be about something that is within the Board's responsibilities. This includes matters of interest to the Board as a key stakeholder in improving the health and wellbeing of communities. **Reporting:** ALL	
7.	**Winter Pressures**	9 - 16
	To outline ongoing winter pressures experienced across the Frimley Integrated Care System and detail the local and system wide response to these pressures with considerations for learning and next steps. **Reporting:** Sarah Van Heerde	
8.	**Census Data for Bracknell Forest on Health Related Matters**	17 - 66
	To provide headline information on key demographic and socio-economic changes that have occurred in Bracknell according to the 2021 Census which will impact on service and other plans of all agencies.	

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	Reporting: Gabriel Agboado	
9.	**Bracknell Forest Safeguarding Board Annual Report 2021/22**	67 - 128
	To receive the Bracknell Forest Safeguarding Annual Report. **Reporting:** Grainne Siggins	
10.	**Early Help Strategy**	129 - 234
	To discuss the Early Help Strategy. **Reporting:** Grainne Siggins	

Exclusion of the Press and Public

Agenda item 11 is supported by an annex containing exempt information as defined in Schedule 12A of the Local Government Act 1972. If the Committee wishes to discuss the content of this annex in detail, it may choose to move the following resolution:

That pursuant to Section 100A of the Local Government Act 1972, as amended, and having regard to the public interest, members of the public and press be excluded from the meeting for the consideration of the following item which involves the likely disclosure of exempt information under the following category of Schedule 12A of that Act:

(3) Information relating to the financial or business affairs of any particular person (including the authority holding that information).

11.	**Sexual & Reproductive Health Commissioning**	235 - 252
	To note the arrangements for the re-procurement of sexual and reproductive health services. **Reporting:** Rebecca Willans	
12.	**Agency Updates**	
	To receive any other agency updates. **Reporting:** ALL	

Sound recording, photographing, filming and use of social media is permitted. Please contact Derek Morgan, 01344 352044, derek.morgan@bracknell-forest.gov.uk, so that any special arrangements can be made.

Published: 15 February 2023

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HEALTH AND WELLBEING BOARD
1 DECEMBER 2022
2.00 - 4.00 PM

Bracknell Forest Council

Present:
Councillor Dale Birch (Chair)
Nicola Airey, ICB (Integrated Care Board) Director of Commissioning and Place Convenor Bracknell Forest (Vice-Chair)
Councillor Dr Gareth Barnard
Philip Bell, Involve
Nicholas Durman, Healthwatch Bracknell Forest
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Dave Phillips, Bracknell Forest Safeguarding Board
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)

Apologies for absence were received from:
Jane Hogg
Stuart Lines
Jonathan Picken

76. **Declarations of Interest**

There were no declarations of interest.

77. **Urgent Items of Business**

There were no urgent items of business.

78. **Minutes from Previous Meeting**

The minutes of the meeting held on 7 September 2022 were approved as a correct record.

79. **Matters Arising**

There were no matters arising.

80. **Public Participation**

There were no items submitted for public participation.

81. **Frimley ICS Strategy Update**

The Board received an update on the current Frimley Integrated Care System (ICS) "Creating Healthier Communities" strategy. It was noted that the two objectives of the strategy were improving healthy life expectancy and reducing health inequalities. The strategy included six ambitions.

The Frimley ICP (Integrated Care Partnership) was overseeing a refresh of the ICS Strategy in line with national timescales. As part of the engagement process for the strategy refresh a portal (Insight and Involvement) had been established with downloadable resources as well as links to provide feedback on each ambition. Members were invited to use the portal to comment on whether the ambitions still reflected the desired aims, what had changed since 2019, and what focus areas should be reflected in the strategy refresh.

The Board was briefed on the "Starting Well" ambition as an example of the content of the Insight and Involvement Portal. The current strategy described the purpose of Starting Well ambition to improve outcomes for children and families. Stakeholder events had highlighted pre-conception and early years as particular areas to focus on. The agreed priorities were vulnerable children and families and childhood obesity, promoting the habits of a healthy family and building on existing resources that children and families had access to. A number of achievements were noted, including the development of the Frimley Healthier Together website which had created a single digital front door for families and professionals. Additionally, 17 projects had been funded via the Innovation Fund's bespoke Children and Young People funding stream. The briefing also highlighted the emerging ideas for the strategy refresh for people to provide comments on.

82. **Health and Wellbeing Strategy Delivery Plans**

The Board considered a report on the delivery plans for Bracknell Forest which had been co-produced with partners. The Board had overall statutory responsibility for the strategy, but it was noted that each priority had oversight by various boards and forums, as well as a dedicated working group for each priority. Each priority had a number of key tasks (inputs), outputs, process milestones and outcome indicators.

In response to questions, the following was noted:

- A lot of milestones had already been achieved during the first year and would be reported on at Health and Wellbeing Board meetings. The first progress reports were expected by April 2023.
- A dashboard had been planned to track outcomes on all the indicators. The dashboard would take six months to pull together all the information as there was a need to understand what the baselines were. The final dashboard would be completed by the end of 2023, but draft dashboards would be produced during the year.

RESOLVED to AGREE:

1. to approve the delivery plans (appendix 2 of the report); and
2. to publish the delivery plans subject to any minor amendments to be agreed with the Chair of the Health and Wellbeing Board.

83. **Winter Plan**

The Board was briefed on the Bracknell Forest Winter Resilience & Preparedness Plan 2022/23. There were a number of considerations and challenges, including a finite workforce and increased pressure on community resources.

The winter framework approach included three key domains: admission avoidance, community resilience, and discharge & flow. Winter plans had been integrated across Health and Social Care and there would be leads within the organisation for each scheme, initiative, or pathway. The winter plan would be monitored by regular internal meetings and by reporting to various boards (including the Health and Wellbeing Board).

The winter plan included several initiatives focussing on care homes, diabetes support, supporting adults, supporting children and young people, and supporting mental health patients. It was noted that a lot of the initiatives for children and young people had been implemented already and become business as usual.

The Bracknell Forest Public Health team had developed the warm, safe and well programme, community winter hubs, and the 5 ways to winter wellness campaign.

In response to questions and comments, the following was noted:

- There was a need to ensure that residents had quick access to the information about what was available. Members were urged to exchange information about any initiatives they were involved in so that social prescribers and volunteers could share that information.
- Care homes in Bracknell Forest had been provided access to a physiotherapist who would prioritise working with people who were at risk of frailty or falls. The care homes had already been informed about this.
- A Trusted Assessor was being scoped for Heathlands to manage discharge referrals into the community. It was clarified that this was for adults accessing the intermediate care facility.
- The Board queried who would be the best contact regarding the warm hub health clinic. **Action: Grainne Siggins to find out.**

84. **SEND Programme Update**

The Board considered a report which sought to provide an update on the Special Educational Needs and Disabilities (SEND) programme. This comprehensive programme has been built to support delivery of the Written Statement of Action (WSOA). All WSOA actions would be encompassed in the strategy. There were four main project workstreams: strategy and communications, health and wellbeing, data monitoring and oversight, and process and systems.

Significant progress had been noted by the Department for Education (DfE) and they were pleased with the information that the health colleagues were able to share at the recent meeting with the DfE. Work was ongoing to look at how to commission services more effectively within the broader East Berkshire area. A dashboard was being produced and would be in the public domain once finalised.

The service was four months into delivery of the WSOA and a second quarterly report would be due in February, so the department was in the process of preparing the submission for that.

85. **Better Care Fund Plan**

This was reported on as part of the winter plan discussion under Item 9.

86. **Agency Updates**

Suicide Prevention Strategy

It was noted that a report would be presented at the next meeting of the Health and Wellbeing Board. A summit was due to be held on 12 December 2022 to unpack the distinct qualities of suicide prevention and partners were invited to join the summit. The up-to-date suicide surveillance summaries and the draft refresh strategy would be presented at the summit. Following the summit, a consultation would be launched with the public and professionals to finalise the strategy and ensure it was as inclusive as possible.

East Berkshire Public Health

The following updates were noted:

- The meetings between Stuart Lines and the Chair of the Integrated Care Board (ICB) had continued with Susan Halliwell as the new Chief Executive of Bracknell Forest Council.
- Capacity in the health protection hub had been reduced due to a seconded member of staff going back to AXA. The team was looking to recruit another person or extend the secondment.
- Diphtheria in asylum seekers in Slough had been an ongoing problem but was being managed between all agencies. Work was continuing to promote vaccination uptake.
- The multi-agency Combatting Drugs Partnership had been set up.
- The team had been looking at the different websites and was planning to set up one website to access all the public health information.
- The team had been exploring the possibility of 0-19 joint commissioning across East Berkshire.

CHAIRMAN

Bracknell Forest Council

Frimley Health and Care

To: **Health and Wellbeing Board**

21 February 2023

Winter Pressures

1. Purpose

This report outlines ongoing winter pressures experienced across the Frimley Integrated Care System (ICS) and details local and system wide response to these pressures with considerations for learning and next steps identified.

2. Background

From our residents' perspective, individuals and families are faced with increases in the cost of living and difficulty accessing NHS services, heightening the impact on their lives during the autumn and winter period. An ONS[1] study found that a quarter of adults across Great Britain were struggling to keep warm in their living room and over 6 in 10 adults reported using less gas and electricity because of the cost of living. Around 1 in 3 adults reported that cutting back on heating their home has negatively affected their health or wellbeing.

Winter pressures have been felt widely across the country and have been described by the NHS[2] as a perfect storm. This is attributed to the rapid increase of winter virus cases alongside ongoing pressures in emergency care as well as hugely constrained bed capacity with acutes contending with more patients coming in than going out.

3. Winter pressures and Critical Incident

Locally across the Frimley ICS the following significant pressures experienced in December:

- 10% year on year increase in GP activity & anecdotal reports of doubling of demand in recent weeks
- Compared to the previous 6 weeks (avg) there has been an 17% increase in 111 calls & recent days 50-100% increase in Out Of Hours demand
- A&E Attendances at FHFT sites are up by c7% vs previous 6-week avg
- 60% increase in Paediatric A&E Attendances vs previous 6-week avg
- 13%-20% of patients waiting more than 12 hours in Emergency Department in recent weeks
- Elective and diagnostic capacity reduced due to estates safety concerns at Frimley Park (Reinforced Autoclaved Aerated Concrete Plank failure risks) and other service pressures
- FHFT has opened up hyper escalation capacity & already at 99% full
- Length of Stay has increased & c20% beds filled by Medically Optimised patients

[1] The impact of winter pressures on adults in Great Britain - Office for National Statistics (ons.gov.uk)

[2] NHS England » Thousands of beds taken up every day as NHS contends with 'perfect storm' of winter pressures

Additional pressures across the ICS included:

- Flu Norovirus and Covid 19 numbers increased on both Frimley Park Hospital and Wrexham Park Hospital leading to cohorting concerns for patients
- Closures of community beds and care homes due to outbreaks impacting on discharge and flow
- Impact on capacity and staffing across community and adult social care services
- Oxygen supply issues

The continued increase in pressures on the Acute Trust together with increased pressures across all areas of the system resulted in a System Critical Incident declared on Thursday 29th December which continued until 6th January 2023

During this period, tracking data was utilised on a daily basis to monitor the situation. Actions were discussed and agreed at the daily ICB Celle and System Gold Calls. These actions were grouped under four core and four enabling Urgent and Emergency Care Strategic Objectives:

Flow & Discharge	**Prevention**	**Access**	**Population Health**
Data & Insights	Comms	Workforce	Governance

The council provided support to this period through:

- Daily attendance on all Gold Calls
- Daily internal KIT meetings which included the adult community team, hospital discharge team, access to resources and commissioning
- These meetings were utilised to gather and feed information into and from the Gold Call meetings leading to swift actions to support system pressures.

Please see appendix 1 for an update on system pressures across January. Whilst generally reported to be easing, the systems are still experiencing high levels of pressure.

4. Critical Incident Response: Discharge and Flow Task and Finish Group

The Discharge and Flow T&F group chaired by Grainne was set up across the Frimley ICS with the following priorities:

- Maximise provider market capacity to improve discharge and flow
- Identify, develop and implement best practise policies and protocols to support system flow
- Develop and implement a jointly agreed performance reporting framework and associated dashboards.

This is a cross-cutting workstream which is strategically aligned and feeds into the Urgent and Emergency Care Discharge and Flow Programme Plan. Both require oversight of the ongoing Adult Social Care Discharge Fund (ASC DF) to inform improvements of Discharge and Flow

5. Planning

Adult Social Care Discharge Fund

On the 22nd September 2022 the Government announced a £500 million fund to support discharge from hospital into the community and bolster the social care workforce, in order to free up beds for patients who need them.

On the 18th November, central government published guidance to the ASC DF as follows:

- £200 million distributed to all local authorities
- £300 million distributed to integrated care boards, targeted at those areas experiencing the greatest discharge delays
- The funding once disseminated to local levels is to be pooled into the Better Care Fund and has been paid in two tranches:
  40% in December 2022 and 60% end of January 2023 subject to planning and fortnightly reporting requirements met.

Bracknell Forest ASC DF grant value:

LA allocation	301,903	**Total**
NHS Frimley ICB	131,513	**433,043**

Joint planning discussions ensued at pace:

- Fortnightly (now weekly) seasonal capacity meetings, ASC operational leads, ICB colleagues, access to resources, finance and commissioning.
- Plans discussed and agreed with HWBB, Place Committee and system wide ICS meetings
- December 15th jointly agreed and signed off, ready for implementation

Scheme Name	**Descriptor**
Facilitated Discharge from A&E Senior Social Worker and support worker	A&E / pre-admission ward social work presence at FPH to work alongside hospital clinical staff and discharge team to manage the pressures at A&E
Physiotherapist and Multi-therapy support assistant posts	Support the Trust in terms of bed capacity and flow by keeping residents safe and reduce the number of potentially complex discharges. The scheme will also prevent delayed discharges of residents back to a care home setting , improving bed capacity.
Thames Hospice at Home	To continue to provide an enhanced at home hospice service allowing people choice and control of their care. They'll support when the ICB contract is at capacity. The ICB contract supports for up to 6 weeks, this support is able to be put in place for those that live beyond the 6 weeks, meaning that they do not need to transfer to alternative providing at the end of their life.
The Ark	Mobilise and coordinate volunteers to support hospital discharge in a home from hospital approach
IT Grab bags and pendants	Provide assistive technology to facilitate discharge and ongoing monitoring of patient

Pathway 3 practitioners x 2	Additional resource for people ready to be discharged from hospital with complex medical needs
Homecare	additional resource to support complex discharge and support the D2A model
Homecare – 7 day working	ensuring resource and capacity over the weekend to start packages of care when required
Heathlands ICS trusted assessor / discharge coordinator	Manage discharge referrals into the community
Home preparation / Deep cleaning	Deep cleaning service responsive to demand to support swift discharge
Temporary accommodation, Silva Homes	Hospital discharge units within assisted living accommodation to facilitate discharge whilst the home environment is readied.

Winter Pressures - supporting patients in Bracknell Forest:

1. Winter Service Locally Commissioned Services
   - System funding to resource additional same day appointments. An additional 10,738 appointments from November 2022 to April 2023
   - This constitutes 5,458 additional appointments delivered directly through GP practices across Bracknell Forest and an additional 5,280 appointments via the Integrated Urgent Care pathway effective December 2022.

2. Care Homes Initiative – live w/c 16th January 2023
   Dedicated therapy input in Care Homes to focus on residents over the age of 65, who are at risk of increased frailty, contractures, falls and admission to hospital without therapy input.
3. Diabetes / Hypertension

   As part of the proactive case management project Primary Care Networks will deploy additional resources to enable:
   - Closer monitoring of high risk / complex patients to potentially reduce risk levels and the consequent demand on resources
   - Earlier identification of at-risk patients to enable early intervention
   - Reduction in the number of high resource use patients

Hospital Discharge Fund January 2023

On the 9th January 2023 the Government announced a new fund of £200m to speed up hospital discharge[3] with an additional £50m capital fund to upgrade and expand hospitals including new ambulance hubs and facilities for patients about to be discharged. On the 13th January, NHS England issued detailed guidance on how the fund should be used[4]

The fund is designed to increase capacity in post-discharge care and support improved discharge performance, patient safety, experience and outcomes. The ICB's are expected to deliver reductions in the number of patients who do not meet criteria to reside but continue to do so (i.e., are medically fit for discharge but remain in hospital), as well as improvements in patient flow which in turn will help wating times in emergency departments and handover delays.

[3] Up to £250 million to speed up hospital discharge - GOV.UK (www.gov.uk)
[4] PRN00124-ii-Hospital-discharge-fund-guidance.pdf (england.nhs.uk)

The guidance specifies that the funds should be used to purchase bedded step-down capacity plus associated clinical support for patients. There cannot be cross over or duplicate funding from any of the ASC DF schemes.

Frimley ICS has been allocated £2.36m under the fund which will be held centrally by NHS England. ICS will be reimbursed on their actual spend up to the level of their capped budget in order to ensure additionality and a reduction on current discharge rates and length of stay. The fund will pay for:

- Up to four weeks of a new or extended package of care at the point of discharge from an inpatient bed for patients who no longer meet the criteria to reside in their inpatient bed.
- any clinical advice or therapeutic interventions in a step-down facility to support the patient's recovery, reconditioning, or rehabilitation, to optimise their outcome in advance of discharge from the step down

To demonstrate to NHS England that the schemes are additional to previously agreed schemes reporting will need to demonstrate an increase in discharge numbers over the period from 6th February to 2nd April inclusive - 8 weeks in total.

Therefore, following joint planning and agreement, Bracknell Forest will report in all new spot purchased care home placements as well as the activities by the newly appointed weekend manager in adult social care.

Should we be able to evidence increase in discharge rates the ICB will be able to access the funding.

It is anticipated that the current practice in ASC, enhanced by the schemes from the ASC DF will evidence an increase in discharge and flow, as well as a reduction in length of stay.

6. Strengths, Challenges and Lessons Learnt and Next Steps

Strengths

- ASC DF schemes are an additional response to current year-round activities supporting discharge and flow into the community
- This allowed us to be creative and innovative where possible as well as continuing schemes that we know to be successful
- Trial ways of working that will feed into the review of the operating model
- Strong joint-working with the common goal of supporting discharge. The system feels more joined up and connected
- Good availability and presence of decision makers

Example: Case study

Temporary Accommodation to Facilitate Discharge:

As Service Level Agreements were being hastily developed between Bracknell Forest Council and Silva Homes housing provider for provision of discharge housing, spare temporary housing capacity was identified by our local Mental Health Senior Managers that could potentially be used for the same purpose. Working alongside our MH and Housing colleagues, Bracknell Forest Council Adult Social Care leaders were able to quickly agree terms with the third sector provider in what seemed, in these days of expanding bureaucracy and risk aversion an unnervingly short period of time. Within days we had not one but two properties waiting to be used to aid

hospital discharges where the person's existing property posed a risk to them or otherwise prevented their safe return.

The speed and also the nature of the new accommodation (being usually available for people with mental health needs) proved serendipitous since as soon as it was available we found it was in urgent need for a local resident (A), well known to hospital and social care staff alike, with physical as well as mental health needs and whose home was not habitable at time of discharge.

A's physical needs meant that specialist equipment was necessary and needed to be delivered to the temporary accommodation, an existing care package was restarted easily due to council policy of continuing commissioning packages of care during admissions with the aim of facilitating timely discharge as well as supporting the local market. The package of care was increased to support increased level of need on discharge, a multi-agency response including Community Matrons, Occupational Therapists, Physiotherapists, Social Workers, Community Support Workers, Paramedics, Family members, Housing staff and workers from other areas of social care who supported A's family members convened to develop a really comprehensive, responsive and flexible response designed to provide maximum support for "A" and her family. "A" was readmitted to hospital more than once however because of the level of care and the inclusion of Paramedics, these were fewer and for shorter periods than otherwise would have been expected. Finally, "A" has now remained out of hospital for over a week, this is a major achievement and to be celebrated. "A" will be returning to her newly refurbished home in the next week and we are hopeful we may be able to continue to avoid unnecessary admissions whilst supporting "A" in a safe and person-centred way.

There are many lessons to learn from "A" and how we have supported her and her family, not least how much we can achieve by how much our skilled, expert services can achieve by working together, being confident in the expertise we bring to our jobs and by keeping the person at the centre of everything we do.

Simon McGurk

Challenges

- Quick mobilisation required for schemes to have maximum impact. This is not always possible as some schemes require due process.
- Heavy time resource on scheme leads over and above BAU. This includes recruitment, due diligence, market engagement, SLA's, invoicing etc
- Limited to discharge activities

Learning

- Year-round planning required - monitor and review discharge activity leading to an evidenced based assessment of need as well as drawing on the narrative from social care and health colleagues
- Risk assess as part of the planning process the likelihood of implementation, resource availability, impact of the scheme

Next Steps

- Continue to submit fortnightly reports on ASC DF until 31st March
- BCF End of Year report (May 23)
- Assess impact of schemes and evaluate value of service continuity

- On 30th January the government and NHS England published a delivery plan[5] for recovering urgent and emergency care services. This plan is aimed at reducing hospital waiting times and improving care for patients and is threefold:

1. Improving joint discharge processes through transfer of care hubs
2. Scaling up intermediate care , including rehabilitation and reablement
3. Scaling up Social Care services through the **BCF** - the aim of the funding is to drive down discharge delays

[5] NHS England » Delivery plan for recovering urgent and emergency care services

Appendix 1

UEC system pressures – January 2023

A&E Attendance & Discharges

- A&E Attendances have decreased by 15% compared to previous 6-week average.
  - Decreased across all age groups; 0-4year olds showing a further 16% decrease against the previous 6- week average.
  - Emergency admissions and Total admissions both decreased.
- 12-hour delays have decreased compared to previous week. With Wexham Park showing 1.1% of A&E Attendances staying more than 12 hours, Frimley Park, 12.4%.
- GP Streaming numbers are declining; we are not seeing as many minor acuity patients as previously. Frimley are seeing an average of 18 patients per day and Wexham park are seeing an average of 17 patients per day.

Discharges

- Since 20th December 2022, there have been 3,318 Place discharges.
- Average daily Place discharge rate is 158

Bed Occupancy

- Higher patient acuity could also account for bed occupancy remaining high, particularly with 21 day+ LOS patients where we are seeing c.83% more than this time last year or 166 more patients.
- Last week on average:
  - 367 patients with a LOS greater than 21 days (29% of Open Adult G&A Beds
  - 811 patients in FHFT with a LOS greater than 7 days (64% of Open Adult G&A Beds)

Ambulance & 111

- Ambulance performance across the Trust is showing an improvement; response times have decreased as have total hours lost to handover delays.
- 111 has seen a slight increase in calls this week compared to previous with 641 more calls.

For performance data up to 22nd January 2023

Metric Name	Current Weekly Actuals	1 week Average	6 week average 2022	6 week average 2021	% Diff 6 week average 21 vs 22
A&E Attendances	3,637	520	4,288	3,849	-11%
Attendances Paediatrics Type 1	835	119	1,138	736	-55%
Over 12 hours from Arrival	235	29	693	26	-2583%
Total Admissions	1,538	220	1,595	2,548	37%
Emergency Admissions via A&E	1,126	161	1,205	1,068	-13%
Beds Occupied by long stay patients (7+ days)	2,056	294	2,006	1,863	-8%
Beds Occupied by long stay patients (21+ days)	2,572	367	2,328	1,421	-64%
Number of Discharges	1,507	215	1,582	1,412	-12%

To: Health and Wellbeing Board
21st February 2023

Census 2021: Analysis results for Bracknell Forest
Director of Place, Planning and Regeneration

1 Introduction

1.1 Census is held every ten years and the Office of National Statistics has started to release local level data from the Census held on 21 March 2021.

1.2 The Bracknell Forest Public Health Intelligence Team are analysing the data at local level. Data from 2021 census was compared with 2011 census data. It was analysed at Local Authority level and lowest geographic level (Lower Super Output Area (LSOA) or Middle Super Output Area (MSOA)).

1.3 Census topics are released following a release schedule. The first iteration of the analysis covered the following census topics:

- Demography and migration
- Ethnic group, national identity, language, and religion
- Labour market and travel to work

The next iteration will be ready by mid-March and it include the following census topics:

- Housing
- Sexual orientation and gender identity
- Education
- Health, disability, and unpaid care

1.4 The purpose of this report is to provide headline information on key demographic and socio-economic changes that have occurred in Bracknell. These changes impact on service and other plans of all agencies.

2 Key findings

2.1 A summary and more detailed report are attached. The key changes in Bracknell Forest are;

- An increase in size of population by 10%.
- the age structure has changed with higher increases in the older population
- there are small increases in minority ethnic groups
- the census suggests higher proportion of people stated that they did not have any religion.

3 Equalities Impact Assessment

3.1 The analysis considered characteristics that affect equality, where possible.

4 Strategic Risk Management Issues

4.1 The increase in older population and small increases in ethnic minority population has potential impact on demand of services as the health and care needs are higher in this age group.

Contact for further information

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Heema.shukla@bracknell-forest.gov.uk

Shamarke Esse Senior public health intelligence analyst
Shamarke,Ese@bracknell-forest.gov.uk

Census 2021

Summary of findings

Bracknell Forest Council

Highlights

- The size of the population in Bracknell has increased by 10% from 2011 to 2022.
- The age structure of Bracknell Forest changed with an increase in population size of all age groups, including an increase of 18.5% in the 5-14 year age group and a 26.2% increase in older population (50+).
- Although Bracknell Forest still has a younger population than the South East region and England, it had a 33% increase in the proportion of population aged 65+, from 2011 census.
- Population affiliated with no religion was 40.4% (50,300) of people, 11.9% increase from 2011 census. The increase was slightly lower than 12.6% increase in the South East region but similar to the increase in England (11.9%).

Demographic characteristics

Age distribution

	0-4	0-19	20-49	50+	65+	All ages
2021	7,120	30,134	51,249	43,225	18,875	124,608
% change	(-11.3% ↓)	(3.6% ↑)	(2.7% ↑)	(26.2% ↑)	(33.4% ↑)	(10.1% ↑)

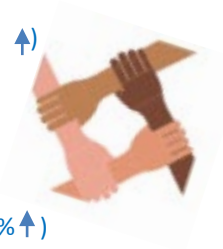
Households composition

	Lone parents with dependents	Living alone (66+)	Other	Total households
2021	6.1%	10.3%	16.5%	50,244
% change	(-1.1% ↓)	no comparison		(9.5% ↑)

Ethnic composition

White (UK)
2021: 77.8% (0.9% ↑)

Mixed
2021: 3.1% (66.9% ↑)



Asian
2021: 7.1% (56.8% ↑)

Black
2021: 2.4% (36.7% ↑)

White (Other)
2021: 8.3% (59.4% ↑)

Other
2021: 1.3% (227.5% ↑)

Religion composition

Christian
2021: 47.5% (-15.9% ↓)

Hindu
2021: 2.4% (38.0% ↑)

Muslim
2021: 1.8% (42.4% ↑)

No religion
2021: 40.4% (36.0% ↑)

Other religion
2021: 8.0% (29.7% ↓)

English language proficiency

Can speak English very well
2021: 54.5% (1.2% ↑)

Can speak English well
2021: 33.3% (-2.5% ↓)

Cannot speak English well
2021: 10.0% (0.8% ↑)

Cannot speak English
2021: 2.2% (0.5% ↑)

Please note that **% change** under age distribution and households composition refers to **% change of population size** from 2011 census

Socio-economic characteristics

Household deprivation

Dimensions: 1)employment, 2) education, 3)health and 4)housing

Not deprived in any dimension
2021: 56.4% (3.4% ↑)

Deprived in 1 dimension
2021: 31.1% (0.8% ↑)

Deprived in 2 or more dimensions
2021: 12.5% (-4.2% ↓)

Economic activity status

Economically active (69,400 – 69.4%)
(-9% ↓ from 2011)

Employees
2021: 56.4% (-5.9% ↓)

Self-employed
2021: 10.0% (0.2% ↑)

Unemployed
2021: 3.0% (-0.4% ↓)

Economically inactive active (30,534 – 30.6%)
(9% ↑ from 2011)

Retired
2021: 18.0% (7.8% ↑)

Student
2021: 3.9% (-0.3% ↓)

Looking after home/family
2021: 3.8% (0.2% ↑)

Other
2021: 4.9% (1.3% ↑)

Distance travelled to work

Work mainly from home
2021: 39.9% (28.8% ↑)

Work in no fixed place
2021: 14.1% (5.7% ↑)

Travel <10km
2021: 27.5% (-18.1% ↓)

Travel >10km
2021: 18.5% (-16.0% ↓)

ONS Socio-Economic Classification

Intermediate to higher managerial
2021: 49.6% (0.1% ↑)

Lower supervisory & small employers
2021: 16.7% (-0.1% ↓)

Routine and semi routine
2021: 20.3% (-1.3% ↓)

Never worked and long-term unemployed
2021: 6.4% (2.7% ↑)

Occupations

Managerial, professional or technical occupations
2021: 52.2% (5.3% ↑)

Administrative and secretarial occupations
2021: 10.0% (-2.2% ↓)

Elementary occupations
2021: 7.9% (-1.1% ↓)

Census 2021

Analysis results for Bracknell Forest

Population

- Bracknell Forest had a total population of **124,608** recorded in 2021 census, an increase of 10.1% from 113,205 in 2011 - This was higher than the percentage increase of **7.5%** in the South East and **6.6%** in England during the same period (Table 1).

- The CYP population during the same period increased by **3.6%** (29,085 to 30,134). However, there was a decrease in the proportionate age distribution for the CYP population, from 25.7% in 2011 to 24.2% in 2021, due to a much higher increase in the older age groups (Table 2).

Population pyramid: Bracknell Forest 2021 vs Census 2011

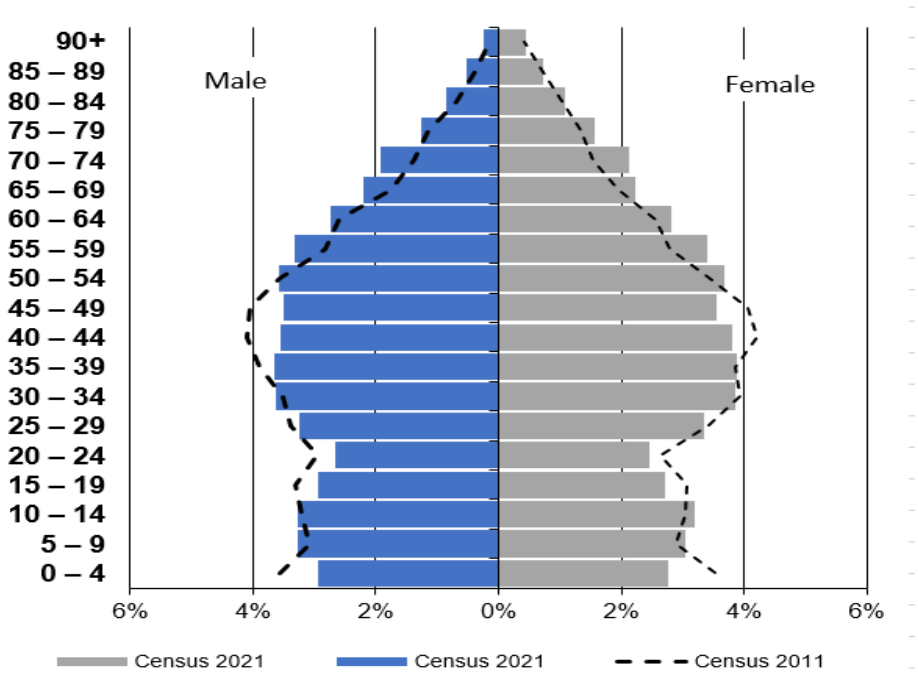


Table 1: Local, regional and national CYP population in 2021

Quinary Age Bands	Bracknell Forest	South East	England
0 – 4	5.7%	5.3%	5.4%
5 – 9	6.3%	6.0%	5.9%
10 – 14	6.5%	6.1%	6.0%
15 – 19	5.7%	5.6%	5.7%
Total	**24.2%**	**23.1%**	**23.1%**

Table 2: CYP population in 2011 and 2021

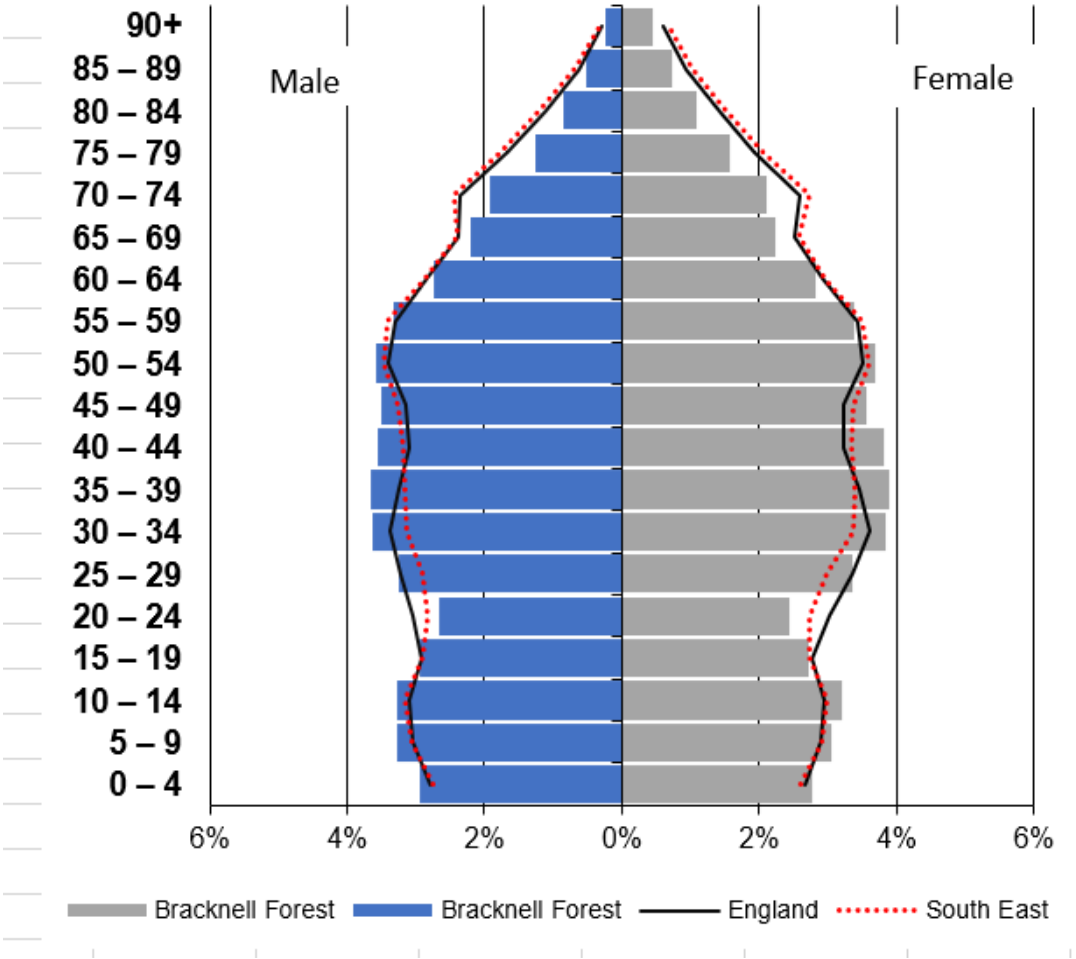
Quinary Age Bands	Census 2021	Census 2011	% Change in Population
0 – 4	7,120	8,027	-11.3%
5 – 9	7,862	6,745	16.6%
10 – 14	8,080	7,082	14.1%
15 – 19	7,072	7,231	-2.2%
Total	**30,134**	**29,085**	**3.6%**

Age structure of Bracknell Forest, the South-East and England (2021)

- Bracknell Forest had a higher proportion of children in the 0-14 year age groups (18.5%) and the 30-59 year age groups (43.4%), for both females and males.

- Bracknell Forest has a younger population profile than the South East and England.

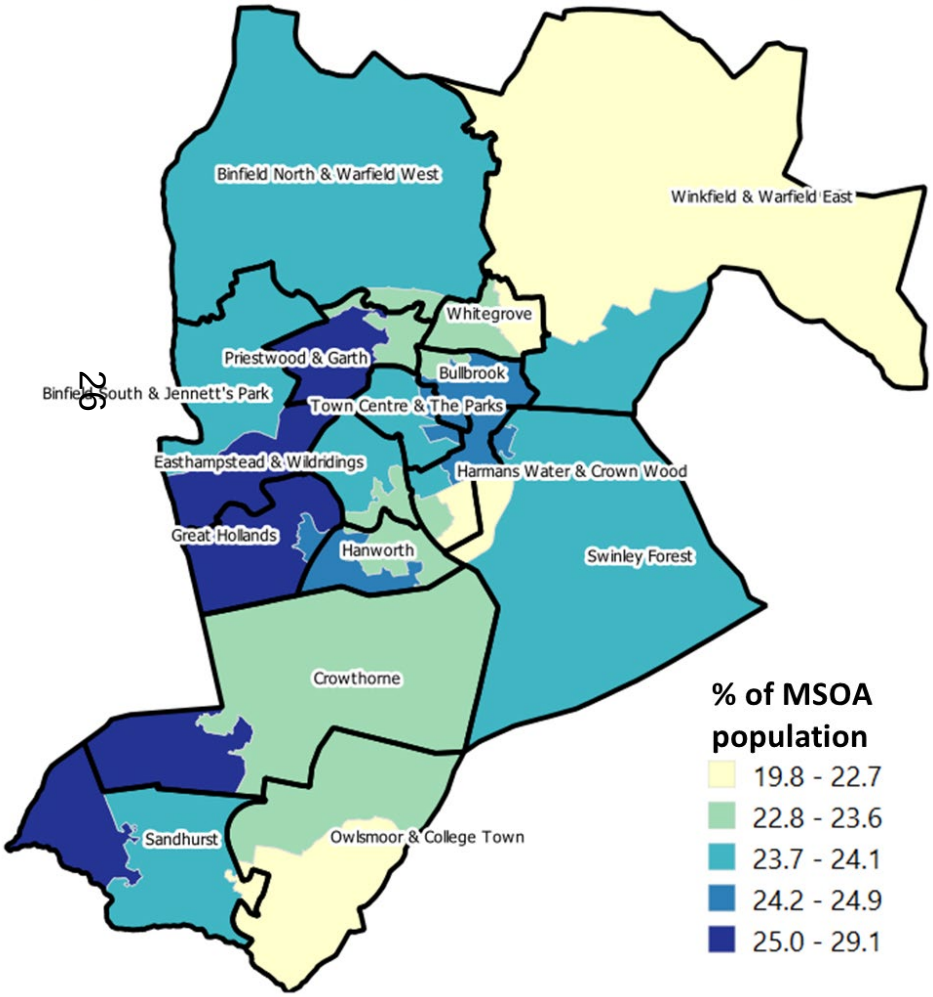
Population pyramid for Bracknell Forest, the South-East and England, 2021



Distribution of population aged 0-19 in Bracknell Forest, 2021 and 2011

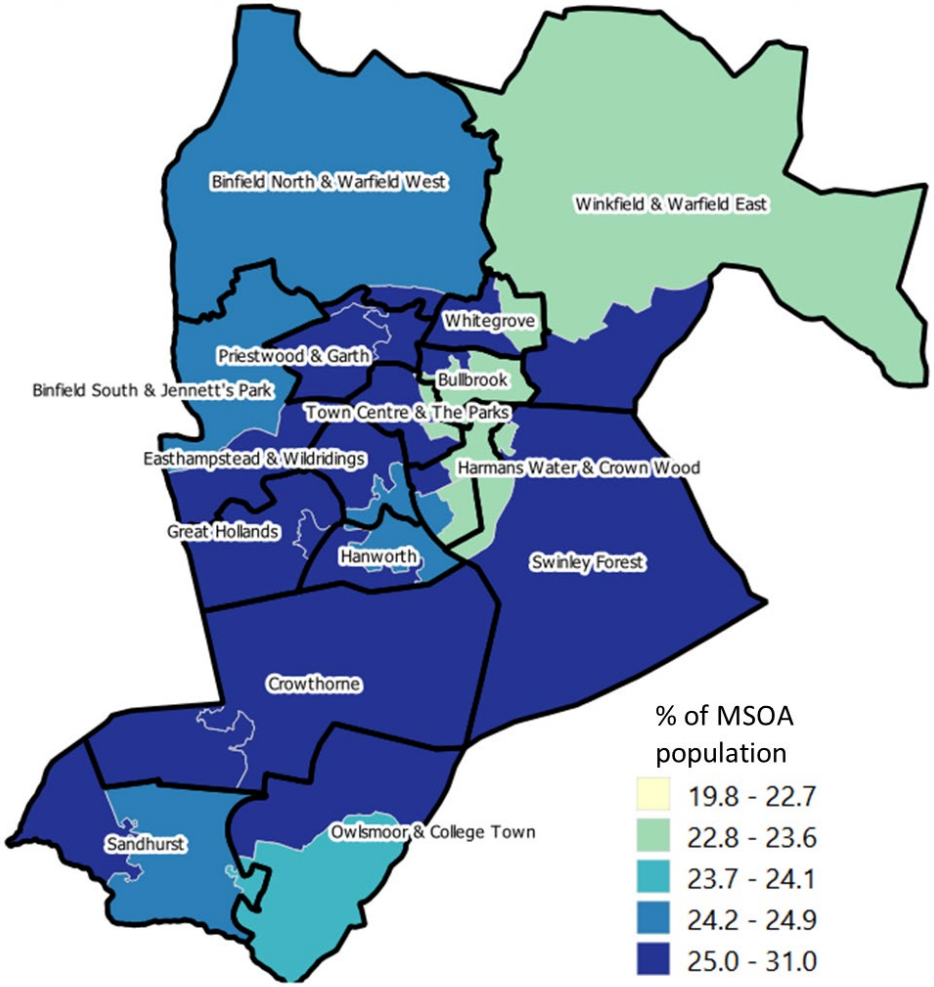
- Middle Super Output Areas (MSOAs) with highest proportion of young population aged 0-19 are located in the western parts of Bracknell Forest.
- Compared with 2011, there are fewer MSOA where 0-19 age group makes 25% (and over) of the population.

Proportion of population aged 0-19 in Bracknell Forest, 2021



Data source: ONS Census 2021
Produced by Bracknell Forest Council, Public Health Team

Proportion of population aged 0-19 in Bracknell Forest, 2011

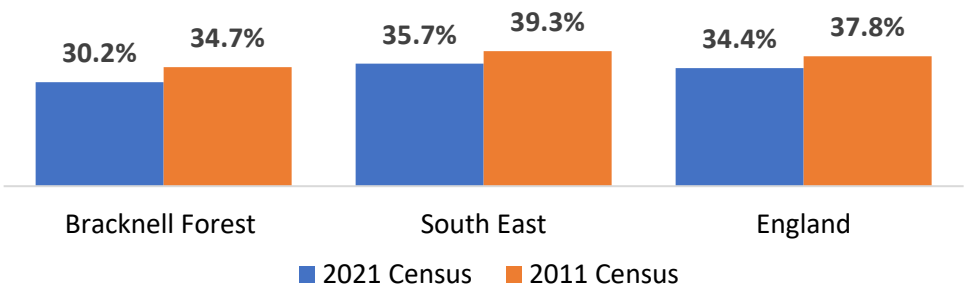


Data source: ONS Census 2011
Produced by Bracknell Forest Council, Public Health Team

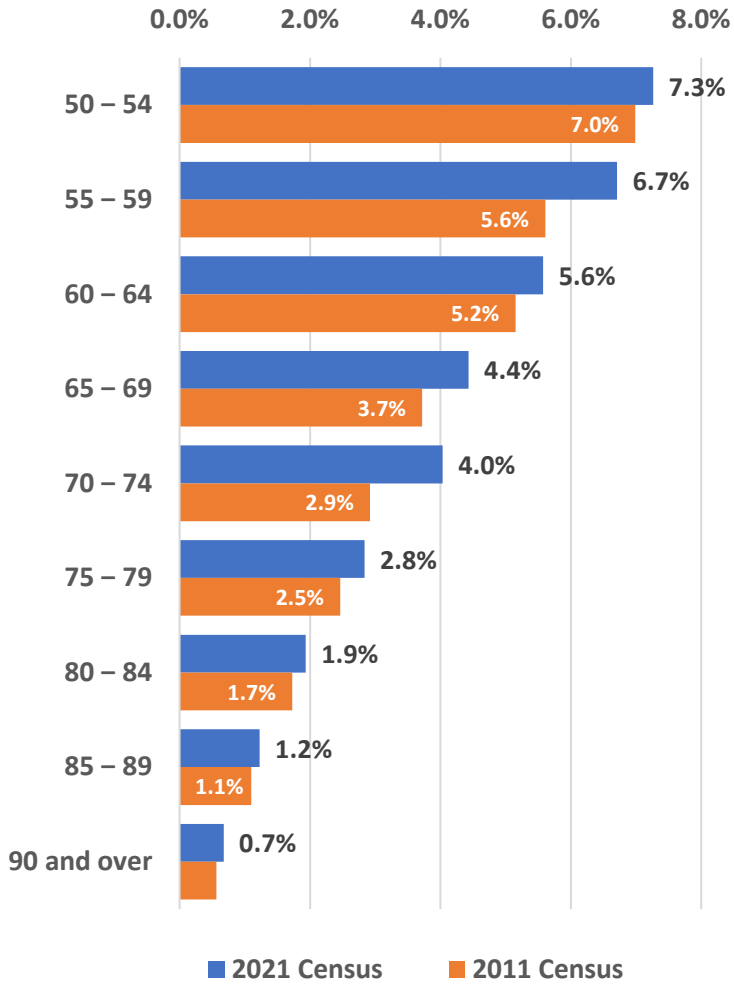
Population aged 50 and over

- Bracknell Forest population is ageing. Residents aged 50 and over were 43,225 and represented 34.7% of the population in 2021 representing a 4.4% increase in population share from 30.2% (34,238) in 2011.
- The most significant increases were in the 55-59 age group, up from 5.6% to 6.7%, and the 70-74 age group, up from 2.9% to 4.0%.
- Compared with the regional and national comparators, the 50 and over population still comprised a smaller share of the total population than the South-East (39.3%) and England (37.8%).
- Notably, the population aged 50 and over grew at a faster rate between the two census dates in Bracknell Forest than the South-East and England.

Proportion of population aged 50 and over in Bracknell Forest, South-East region and England, 2021 and 2011



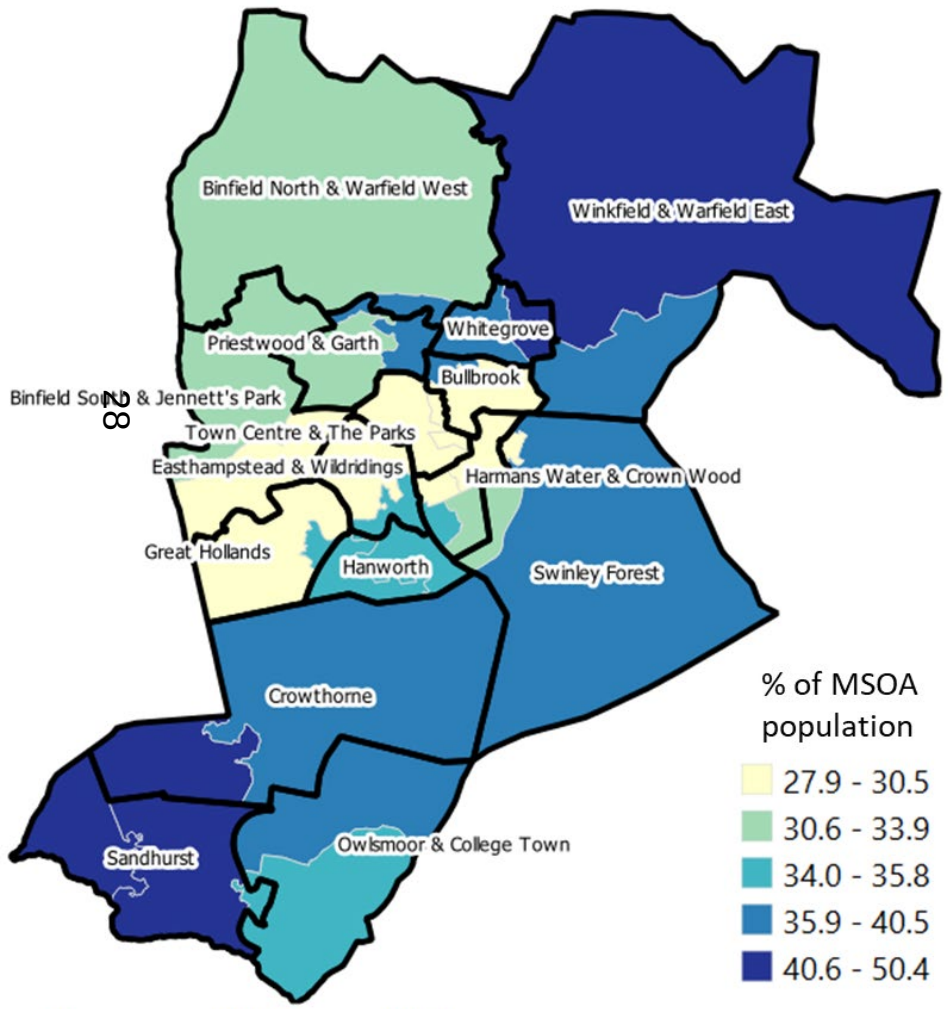
Proportion of population aged 50 and over in Bracknell Forest, 2021 and 2011



Distribution of population aged 50 and over in Bracknell Forest, 2021 and 2011

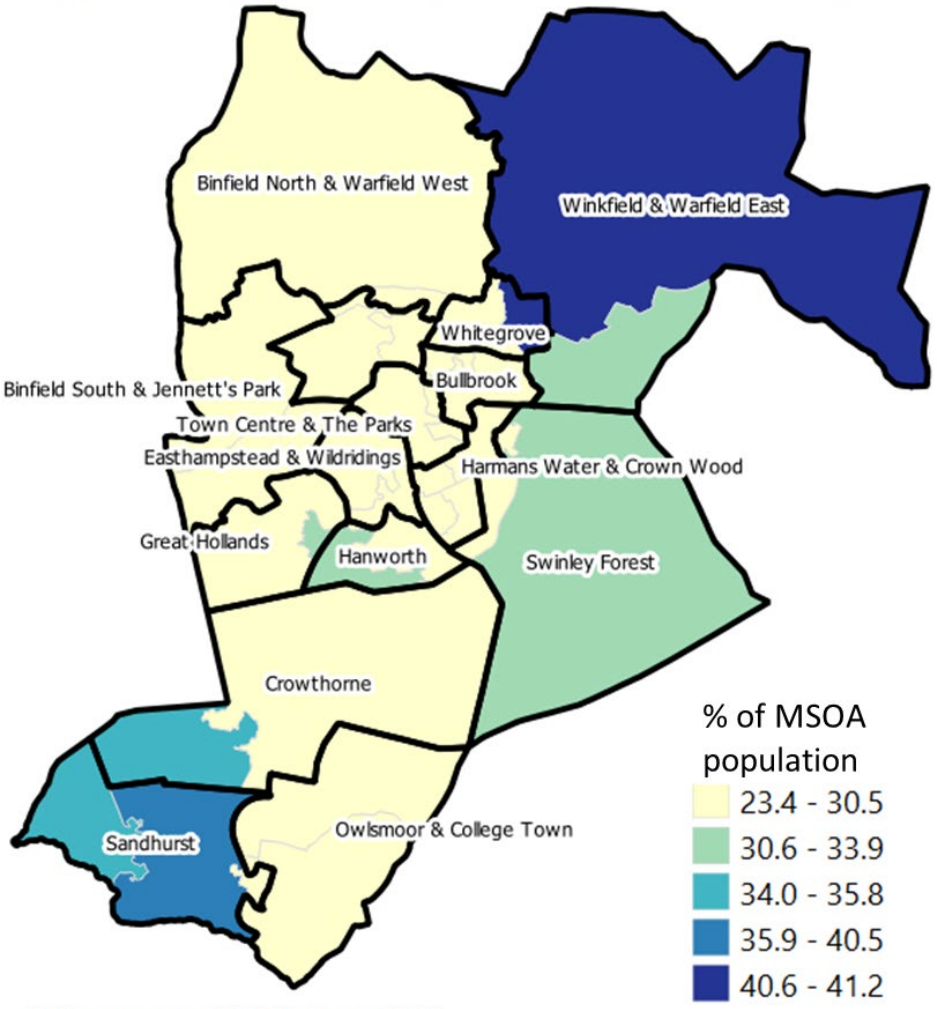
Most MSOAs had an increase in population aged 50 and over in 2021 census, compared to 2011 census, especially MSOAs which had proportion of 50+ population under 30.6% in 2011.

Proportion of population aged 50+ in Bracknell Forest, 2021



Data source: ONS Census 2021
Produced by Bracknell Forest Council, Public Health Team

Proportion of population aged 50+ in Bracknell Forest, 2011



Data source: ONS Census 2011
Produced by Bracknell Forest Council, Public Health Team

Ethnicity

- Residents identifying themselves as White-British (96,950) remain the largest ethnic group in Bracknell Forest, up 1% from 2011.
- Although the number of White-British residents has increased since 2011, the proportion of residents belonging to this ethnic group is down from 84.9% in 2011 to 77.8% in 2021.
- The largest ethnic minority group was White-Non-British (10,319), up 37% from 2011. The proportion of Bracknell Forest residents belonging to this group was 8.3%, which is up from 5.7% in 2011. This was primarily driven by an increase in the White-other ethnic group, up 40% since 2011.
- The number of Black, Asian, and Minority Ethnic (BAME) residents is up 38.6% from 2011. BAME residents comprised **13.9%** of the total population in 2021, up from 9.4% in 2011.
- The proportion of White-other and mixed-multiple ethnic groups in Bracknell Forest were slightly greater than the regional and national averages.

Table 3: Changes in the ethnic make-up of Bracknell Forest: Census 2021 vs 2011

Ethnic Categories	Census 2021	Census 2011	% Increase in population
Asian or Asian-British	8,879	5,664	56.8%
Black or Black-British	2,993	2,189	36.7%
Mixed or Multiple Ethnic	3,843	2,303	66.9%
White-British	96,950	96,080	0.9%
White-non-British	10,319	6,474	59.4%
Other Ethnic group	1,621	495	227.5%

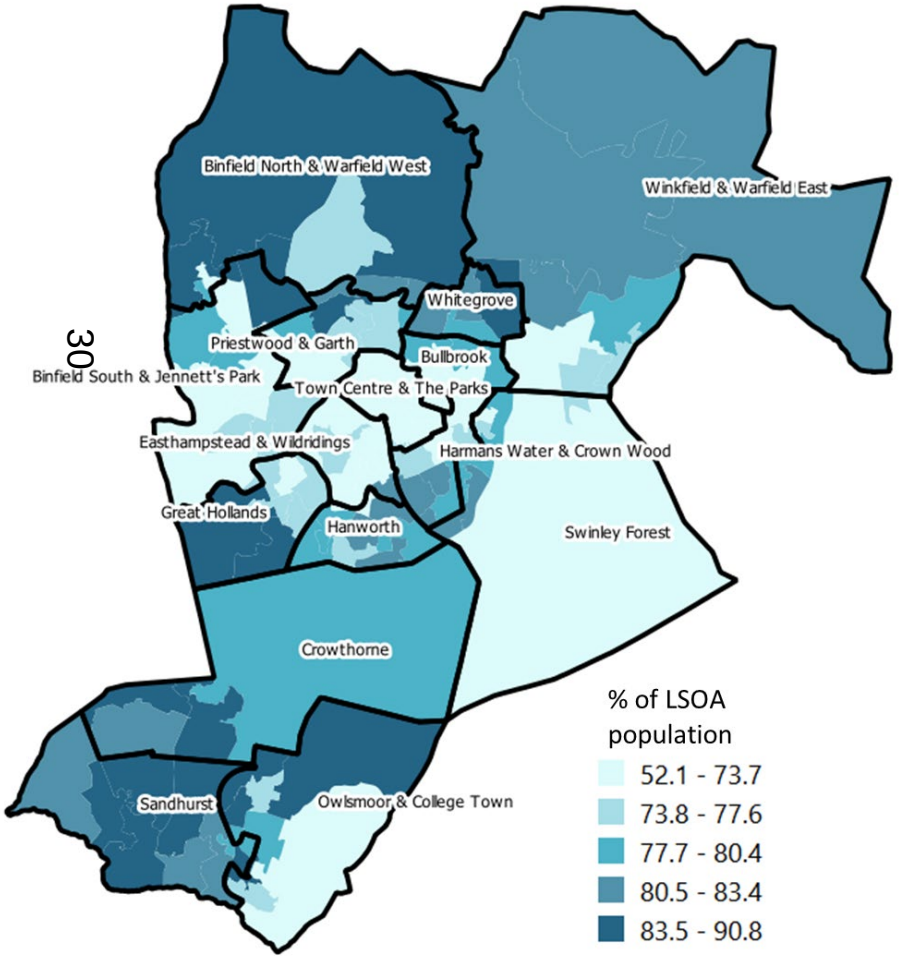
Table 4: Ethnic make-up of Bracknell Forest, as share of the population, in 2021 compared with South-East and England

Ethnic Categories	Bracknell Forest	South East Region	England
Asian or Asian-British	7.1%	7.0%	9.6%
Black or Black-British	2.4%	2.4%	4.2%
Mixed or Multiple Ethnic	3.1%	2.8%	3.0%
White-British	77.8%	78.8%	73.5%
White-non-British	8.3%	7.5%	7.5%
Other Ethnic group	1.3%	1.5%	2.2%

Distribution of White (UK) and White-other ethnic groups

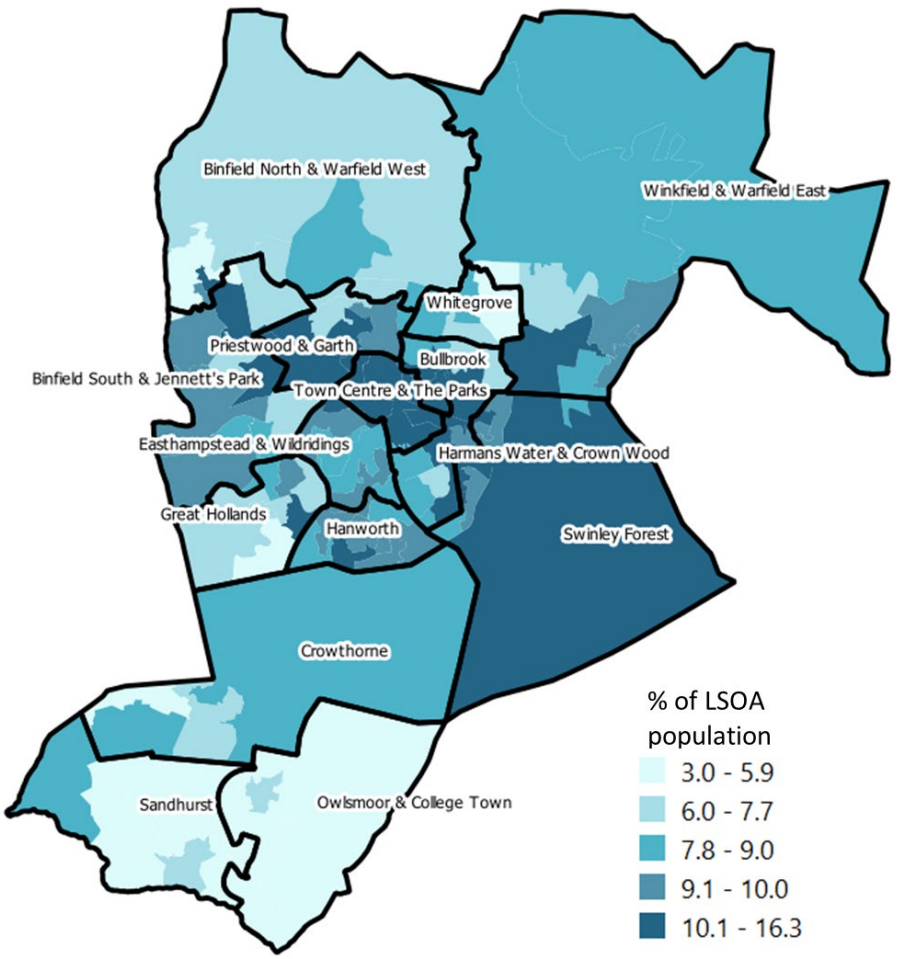
- In 2021, Lower Super Output Areas (LSOAs) with highest proportion of
  - White population (from UK) were located in the southern and the northern parts of Bracknell Forest.
  - Other White ethnic groups were located in Swinley Forest ward and in the central parts of Bracknell Forest

White ethnic group (English, Welsh, Scottish, Northern Irish or British)



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

White-Other ethnic group

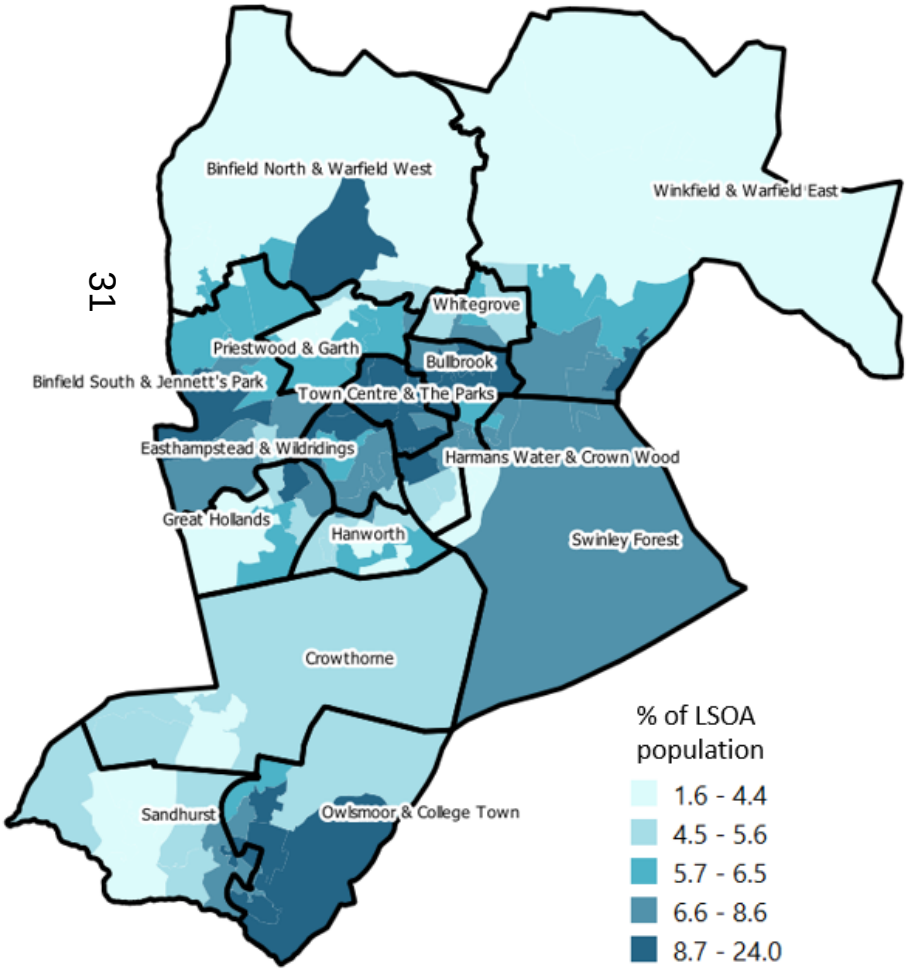


Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Distribution of Asian and Black ethnic groups

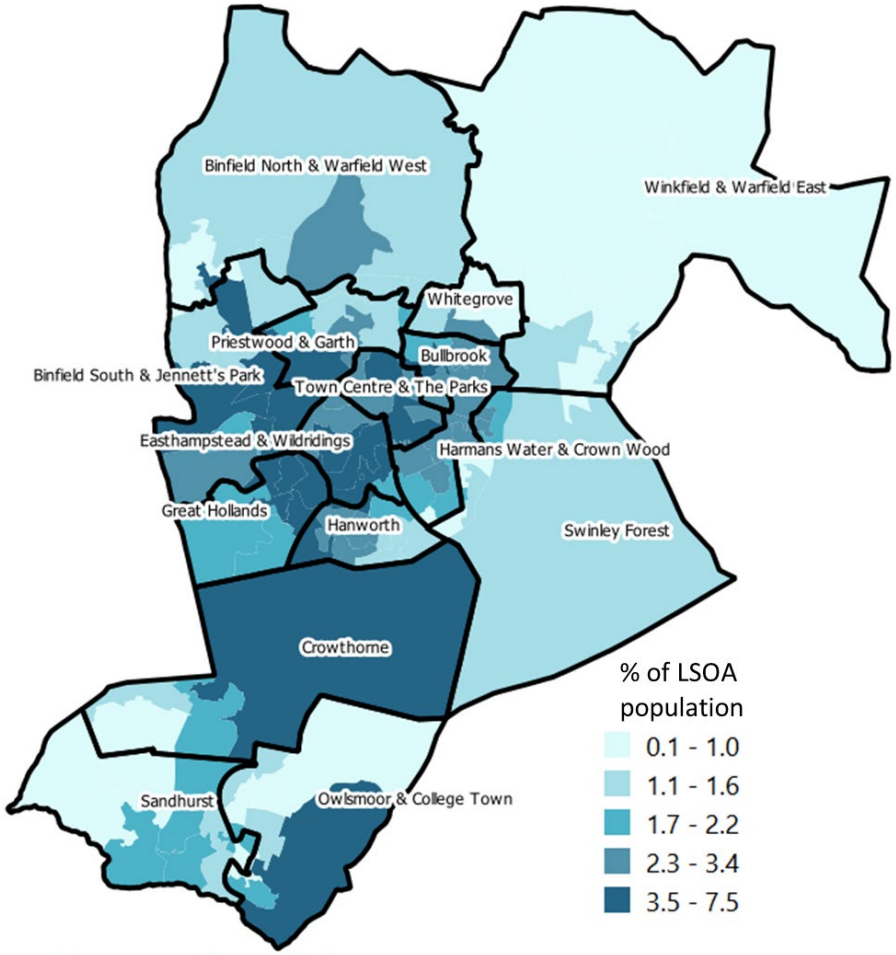
- LSOAs with highest proportion of
  - Asian ethnic population were located in the central part of Bracknell Forest
  - Black ethnic population were located in central and southern parts of Bracknell Forest

Asian ethnic group



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Black ethnic group

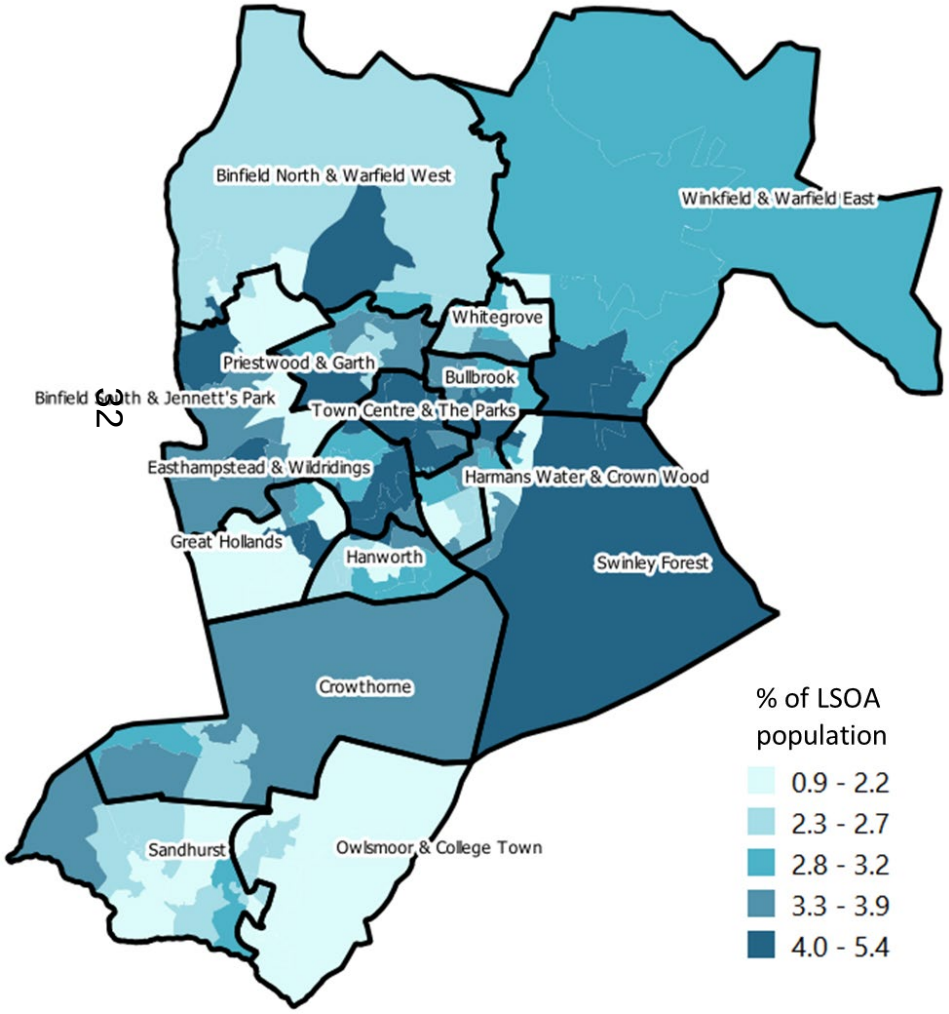


Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Distribution of Mixed and Other ethnic groups

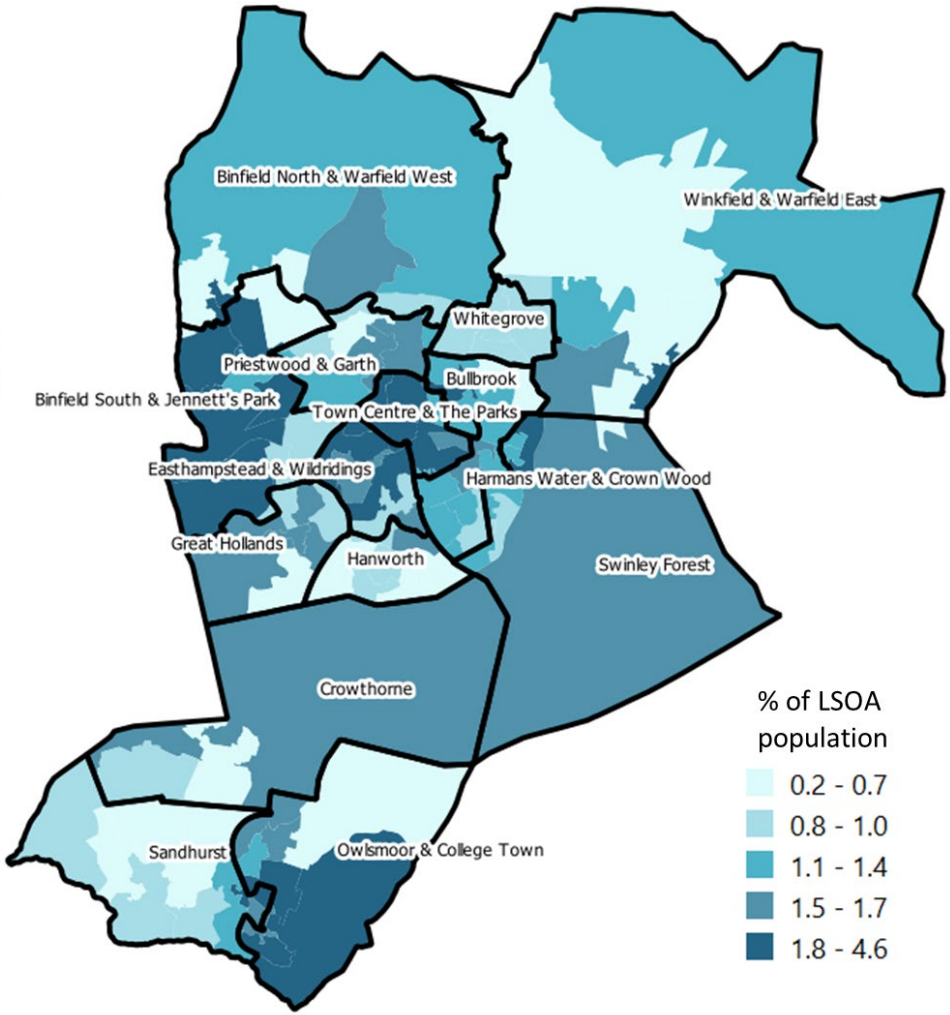
- LSOAs with highest proportion of
  - Mixed ethnic population were located in the central parts of Bracknell Forest and in Swinley Forest ward.
  - Other ethnic population were located in Swinley Forest ward and in the central parts of Bracknell Forest.

Mixed ethnic group



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Other ethnic groups



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Country of Birth

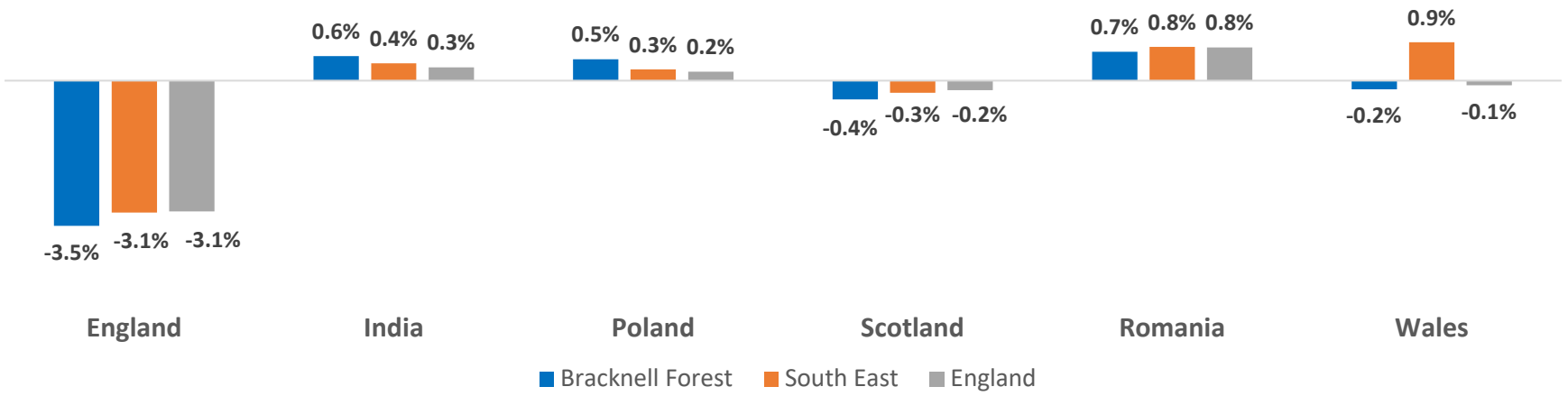
- **England** was the country of birth for **79.9%** (99,622) of the Bracknell Forest population in 2021, down from 83.4% in 2011. This was almost similar to the regional (81.7%) and national (80.3%) averages.

- The second most common country of birth in Bracknell Forest in 2021 was **India** (1,921; **1.5%**), followed by **Scotland** (1,617; **1.3%**).

- Other countries of birth where notable numbers of residents were recorded were **Poland** (1,567 ;**1.3%**), **South Africa** (1,476; **1.2%**), **Wales** (1,310; **1.1%**) and **Romania** (1,013, **0.8%**).

- At regional and national level, there were decreases in the proportion of residents born in England, Scotland and Wales with similar increases seen in the number of residents born in India, Poland and Romania.

Changes in the proportion of resident country of birth as share of the total population in Bracknell Forest, South East region and England (2011 to 2021)



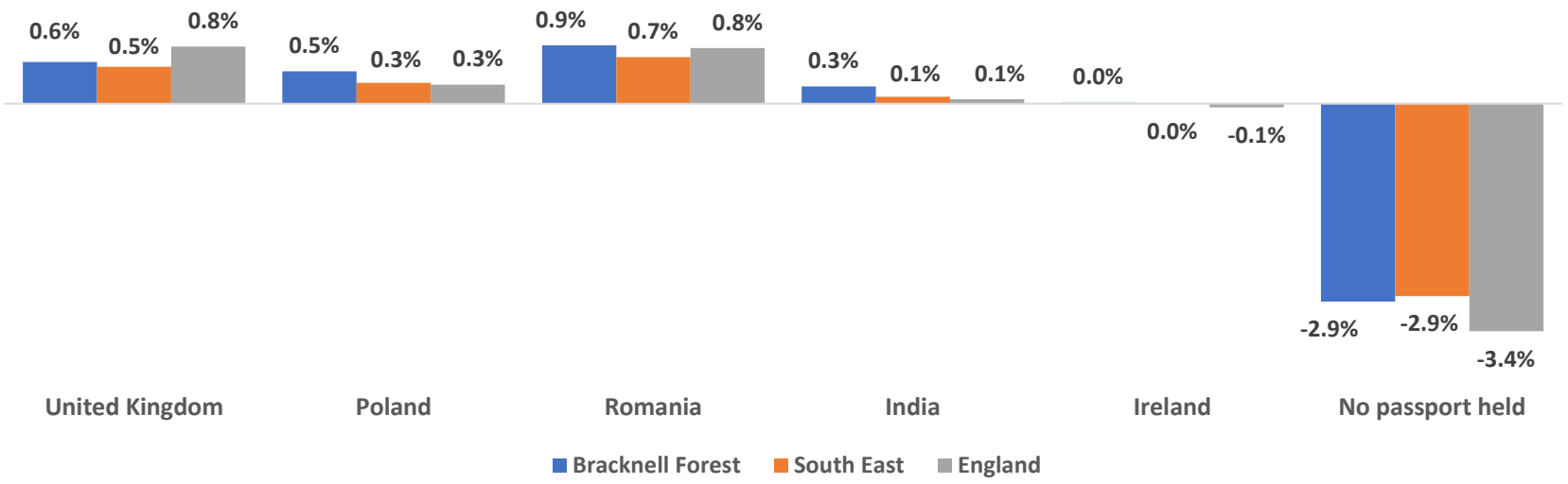
Nationality

- Passports held by residents serves as a proxy for nationality rather than national identity. In 2021, **80.9%** of the Bracknell Forest population were **UK nationals**, up from 80.3% from 2011. This is similar to South-East region (79.6%) and slightly higher than the national average (76.6%) in 2021.

- Residents holding Polish (1,508) and Romanian (1,206) nationalities represented 1.2% and 1.0% of the Bracknell Forest population, respectively. The number of residents with Romanian nationality increased ten-fold between 2011 (118) and 2022 (1,206).

- 9.0% of Bracknell Forest residents did not hold a passport in 2021, down from 11.9% in 2011. The proportion of non-passport holders in 2021 was higher in the South-East region (11.3%) and England (13.2%).

Changes in the proportion of resident nationality between the 2011 and 20222 census for Bracknell Forest, South East region and England



Religion

- One of the key insights from the 2021 census is the increase in the number of people, both locally and nationally, no longer affiliated with any religion. 50,300 residents reported to not follow any religion in 2021 compared with 32,184 residents in 2011, this represents a 36.0% increase.

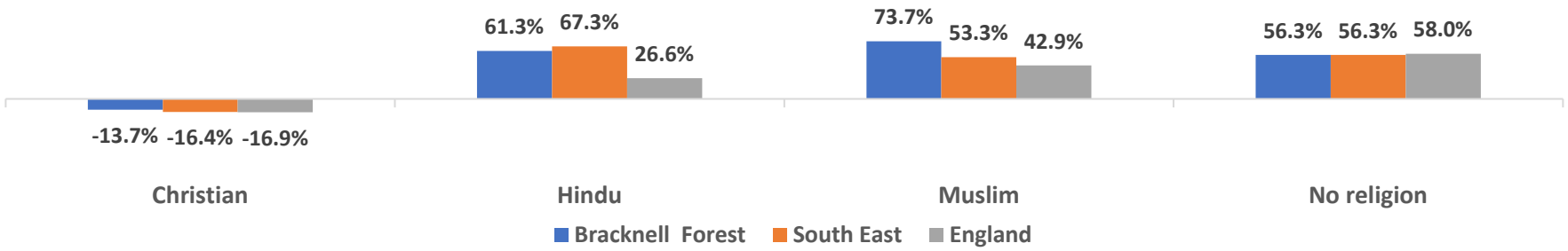
- As a share of the total population, 40.5% of all residents do not follow any religion in 2021, up from 28.4% in 2011. Significant increases in the 'non religious' population were also seen in the South-East (36.0%) and England (37.0%) between 2011 and 2021.

- The number of residents identifying as Christians in Bracknell Forest decreased by 13.7%, from 68,524 to 59,141, between 2011 and 2021. For the first time, residents identifying as Christians in Bracknell Forest represented less than half of the population (47.5%) in 2021, down from 60.5% in 2011.

- The decrease in the number of people affiliating with Christianity is not isolated to Bracknell Forest. Christians represent only 46.5% of the South-East population (down from 59.8% in 2011) and 46.3% of the England population (down from 59.4% from 2011).

- Although they only represent 4.2% of the total population, there were also notable increases in residents affiliated with Islam (2,216, up 73.7%) and Hinduism (2,942, up 61.3%) between 2011 and 2021

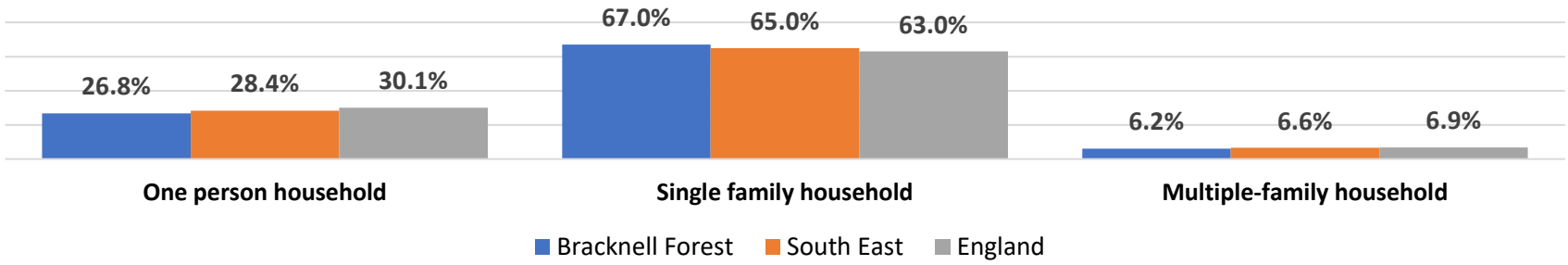
Changes in resident religious affiliation for Bracknell Forest, South East region and England (2011 to 2021)



Household composition

- There were a total of 50,244 households in Bracknell Forest in 2021, up 9.5% (4,366) from 2011.
- There are three main categories of households: one person (13,462, single family (33,651) and multiple-family (3,131). The proportion of households belonging to one of these three categories has not substantially changed (<1%) at local, regional and national level, between 2011 and 2021.
- **Single family households** are the most common household type in Bracknell Forest, comprising **67.0%** of all households. It was also the most common household type in the South-East region (65.0%) and in England (63.0%).
- **26.8%** of households in Bracknell Forest were **one person household**. This was lower than the South-East region (28.4%) and England (30.1%).
- **Multiple-family household** comprised just **6.2%** of households in Bracknell Forest in 2021, similar to the regional (6.6%) and national averages (6.9%)
- A more detailed breakdown of the household types and changes between 2011 and 2021 can be found in the appendices.

Household composition in Bracknell Forest, South-East Region and England in 2021



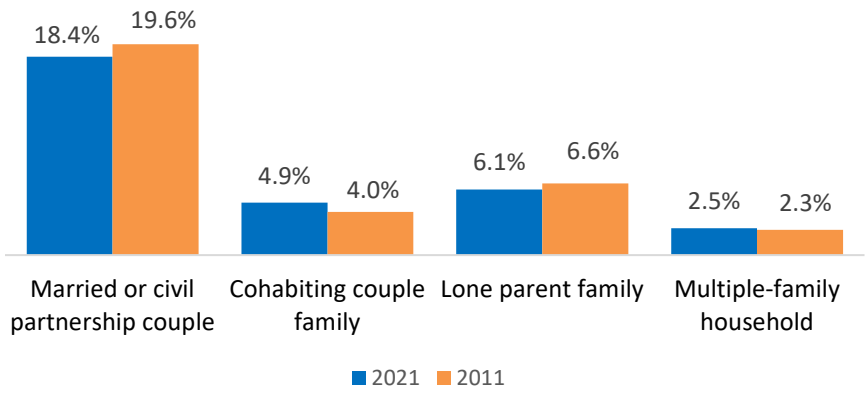
Household composition (with dependents)

- Households with at least one dependent (16,011) comprise **31.9%** of all households in Bracknell Forest in **2021**, down from 32.6% in 2011. This was higher than the South-East (29.1%) and England (28.5%) averages for 2021. This is explained by the younger population in Bracknell Forest compared to South-East and England.

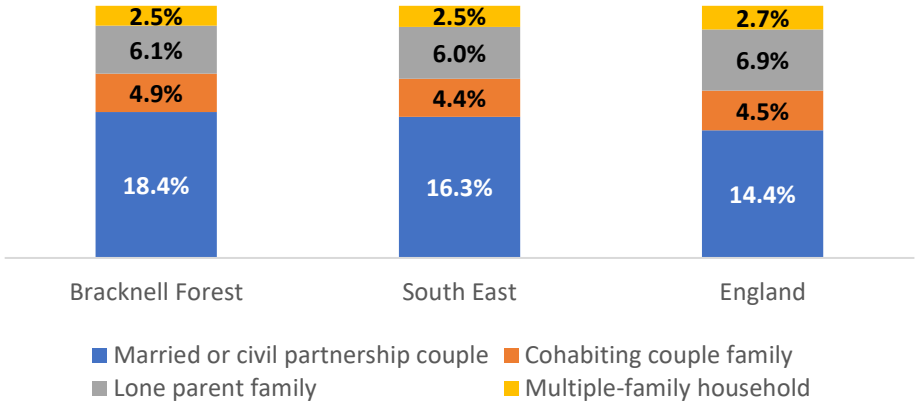
- In terms of household types, between 2011 and 2021, there was a 1.2% decrease in the proportion of married and civil partnership families (with dependents), with corresponding increase in co-habiting households. Although there was also a decrease in lone parent families, this type of household still constitutes the second most common type of household with at least one dependent. The household type 'multi-family households' first appeared in the 2021 census, accounting for 2.5% of all households.

- Regional (South-East) and national (England) trends show similar overall decreases in the households with dependents between 2011 and 2021 with co-habiting couple families increasing.

Proportion of household with at least one dependent in Bracknell Forest by household type (2011 vs 2021)



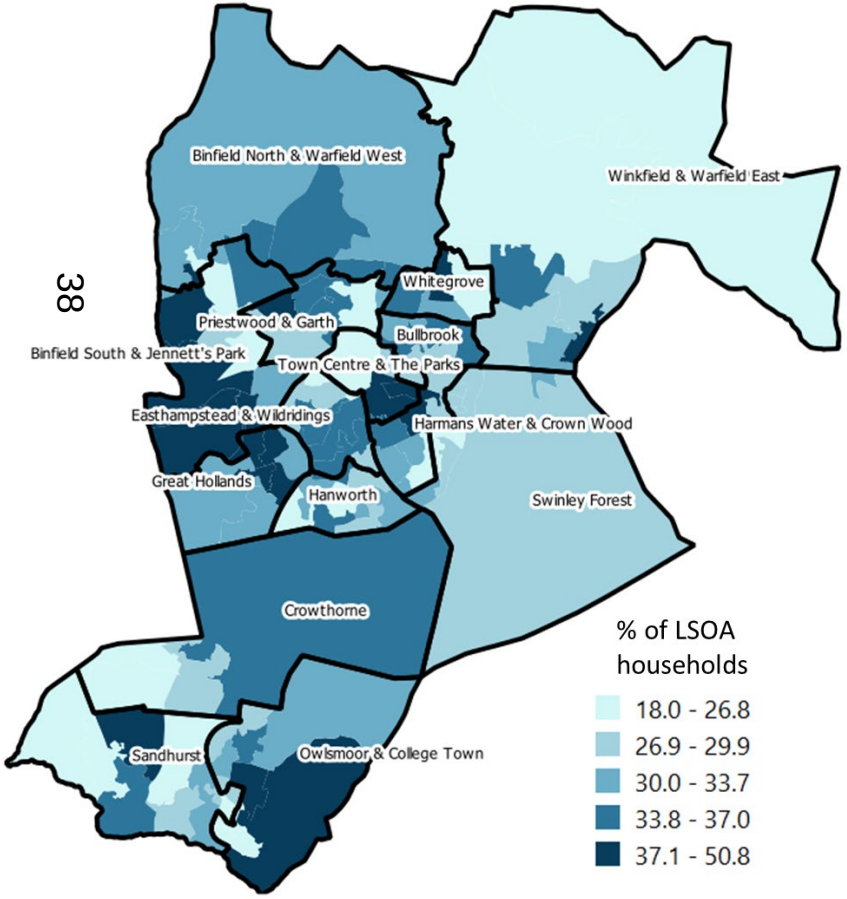
Proportion of households with at least one dependent in in Bracknell Forest, South-East and England by household type (2021)



Households Composition

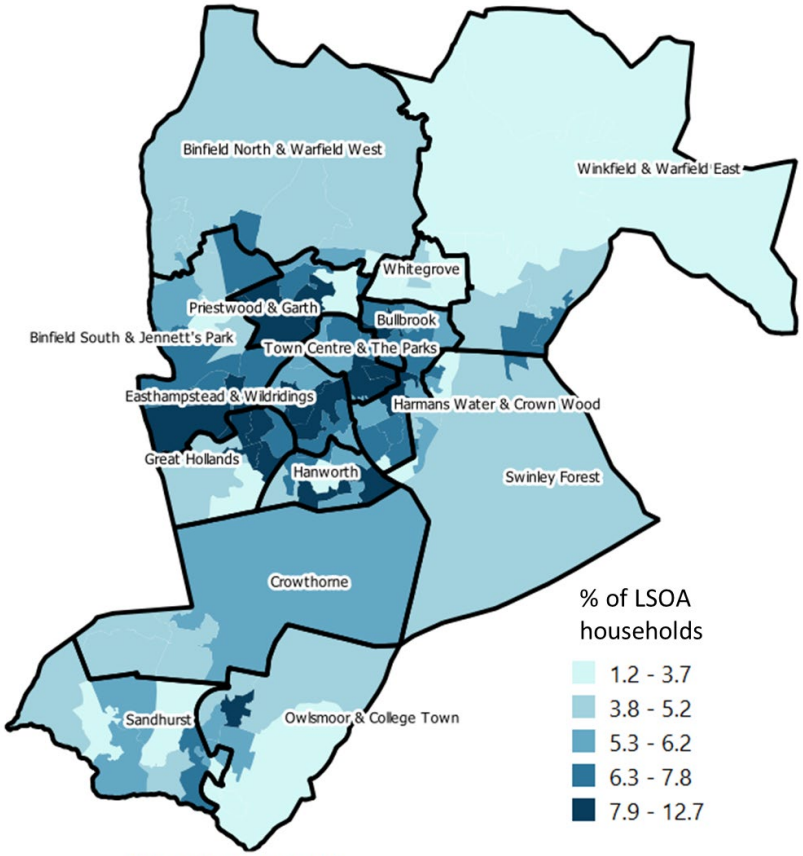
- Most LSOAs in the central parts of Bracknell Forest had highest proportion of households with at least one dependent and also lone parent households with dependents.

Proportion of households with at least one dependent in Bracknell Forest, 2021



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Proportion of lone parent households with dependents in Bracknell Forest, 2021

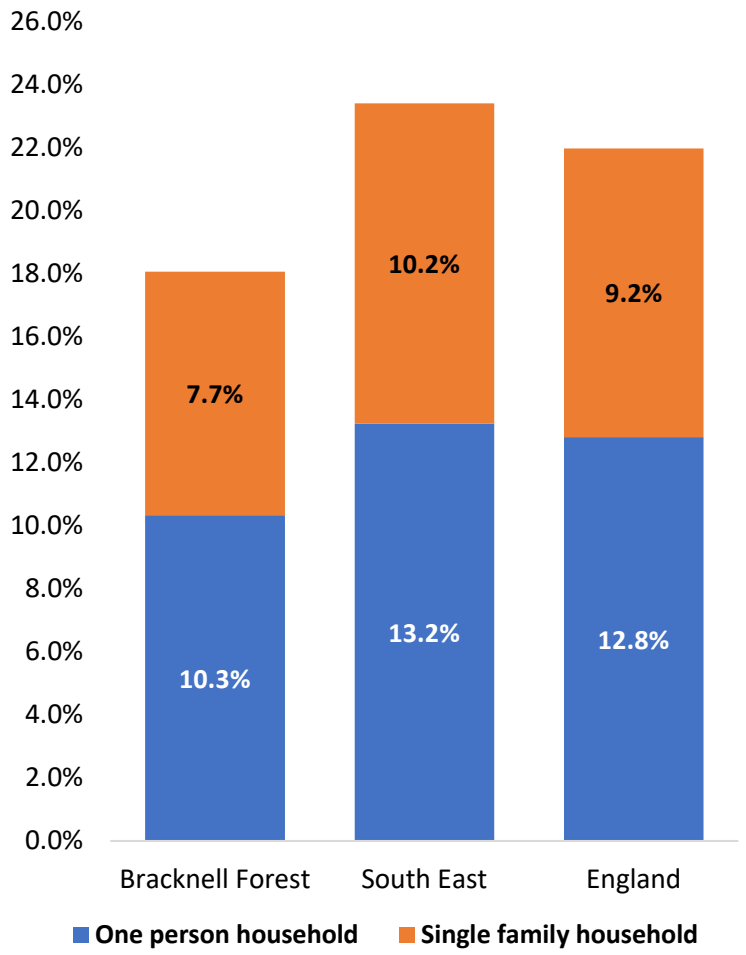


Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Household composition (66 and over population)

- **18.1%** of Bracknell Forest households had a resident aged 66 and over living alone or all residents living in a single family household were aged 66 and over in 2021.
- This is **significantly lower** than the **South-East** (**23.4%**) and **England** (**22.0%**) averages.
- It was not possible to compare the data for households with at least one person aged 66 and over from 2021 with 2011 due to changes in the definition for this category.
- This is because the 2011 census captured data for persons aged 65 and over in one person and single family households.

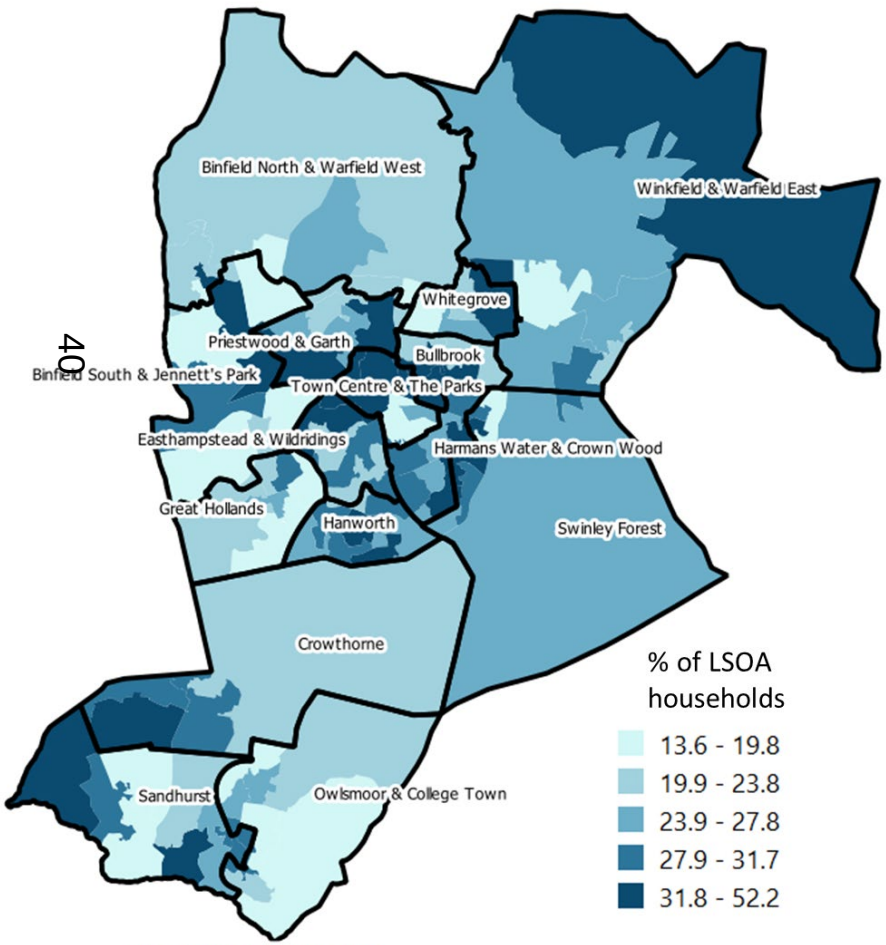
Proportion of households with at least one person aged 66 and over in in Bracknell Forest, South-East and England by household type (2021)



Households Composition

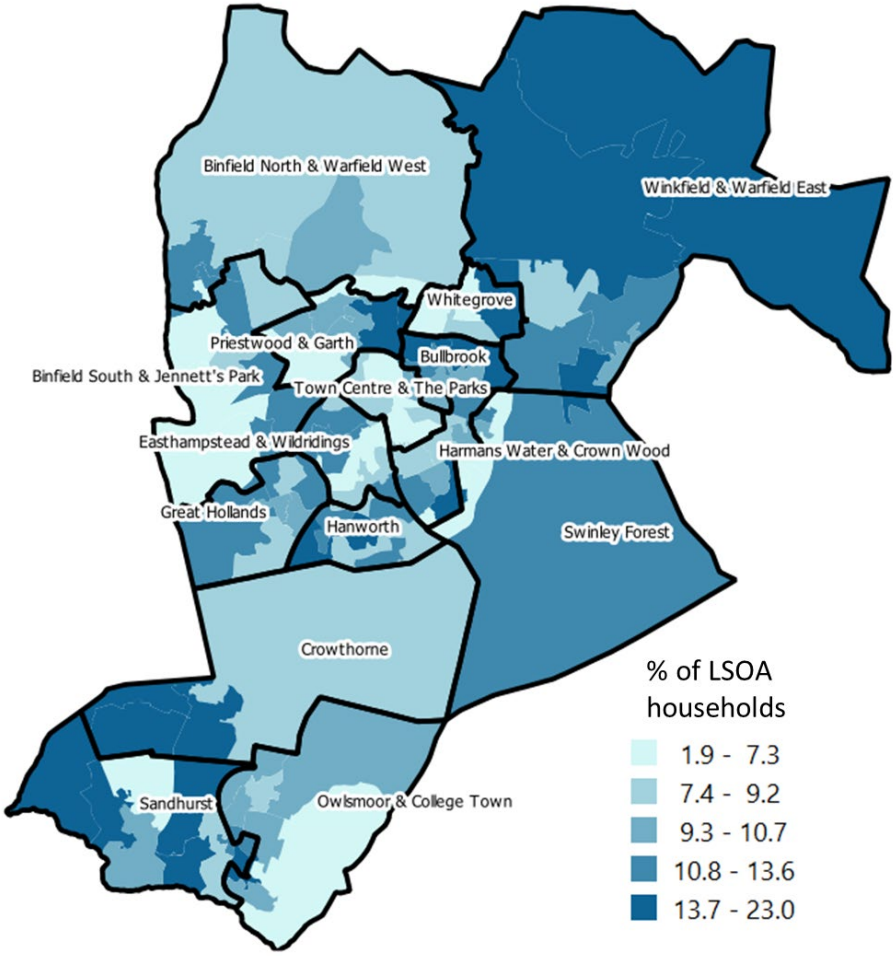
- Some LSOAs in the central and southern parts of Bracknell Forest had highest proportion of households with people living alone, of which most of them are aged 66 years and over.

Proportion of households with people living alone in Bracknell Forest, 2021



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Proportion of households with people aged 66 and over living alone in Bracknell Forest, 2021

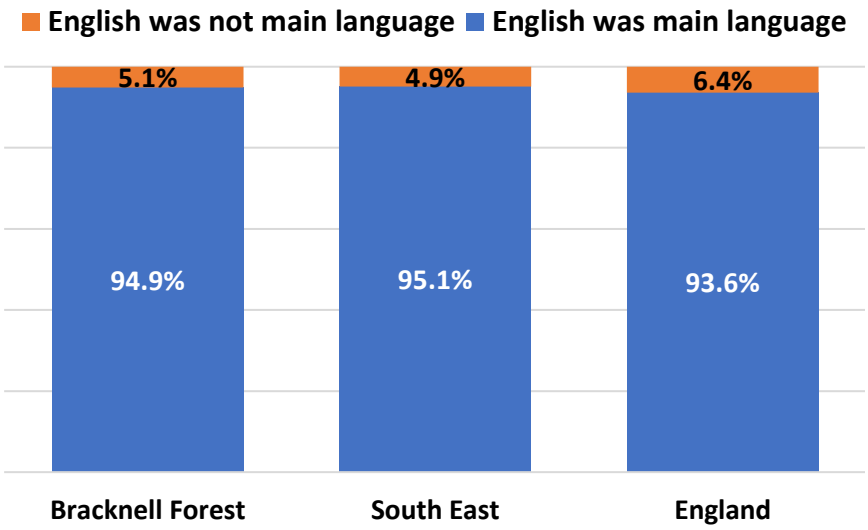


Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Household main Language

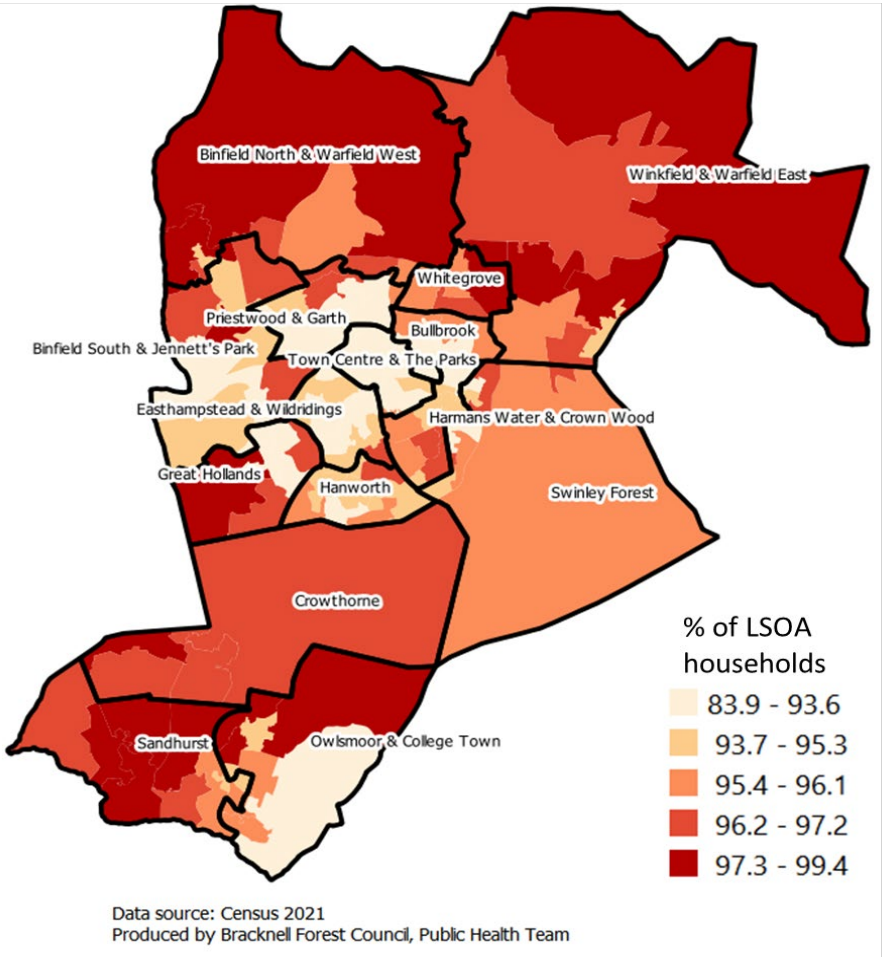
- English was the predominant language for adults in **94.9%** of the 50,248 households in Bracknell Forest.
  - lower than South East region (**95.1%**)
  - higher than the national average (**93.1%**).

- Households in which English is the main language for
  - all adults**: 91.0%**
  - at least one, but not all adults: **3.9%**
  - No adult: **5.1%**
    (This is made up of no adult, only children (aged 3-15): 1.4% and no one at all: 3.7%)



- LSOAs in central and some patches in the southern parts of Bracknell Forest have the highest proportion of households with no adult who has English as a main language (shown by lighter colours).

Proportion of households with at least one adult having English as a main language



Please note: The 2021 Census is the first time household language was captured.

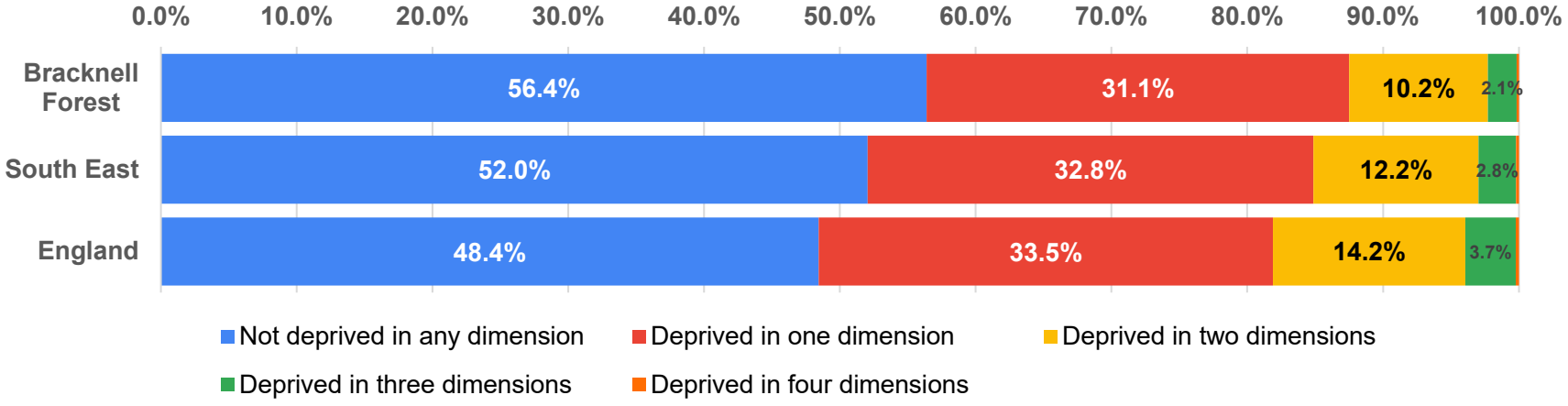
Household deprivation

- The ONS classifies household deprivation by four dimensions of deprivation: Employment, Education, Health and disability, and Housing:
  - Employment: A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed, permanently sick or disabled.
  - Education: A household is classified as deprived in the education dimension if no one has at least level 2 education and no one aged 16 to 18 years is a full-time student.
  - Health and disability: A household is classified as deprived in the health dimension if any member is disabled.
  - Housing: A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.
- Households are categorised as: not deprived in any dimension, deprived in one dimension, deprived in two dimensions, deprived in three dimensions or deprived in in four dimensions

Household deprivation

- Households in Bracknell Forest are some of the least deprived in England.
- **56.4%** of households were **not deprived in any of the four dimensions** (employment, education, health and housing) in 2021. This was up from 53.0% in 2011. The proportion of households not deprived in any dimensions in Bracknell Forest was higher than the South-East (52.0%) and England (48.4%) averages in 2021.
- **31.1%** of households were deprived in one dimension with a further **10.2%** deprived in two of the four dimensions in 2021, a change from 2011 of 0.8% and -3.4%, respectively. Household deprived in one or two dimension comprise a greater share of the total number of households in the South-East (32.8%; 12.2%) and England (33.5%; 14.2%).
- Households deprived in three (1,069; 2,1%) or four (79; 0.2%) dimensions accounted for 2.3% of households in Bracknell Forest in 2021. This represented a decrease from 2011 of 0.6% and 0.2%, respectively

Household Deprivation by Dimensions in Bracknell Forest, South-East Region and England in 2021

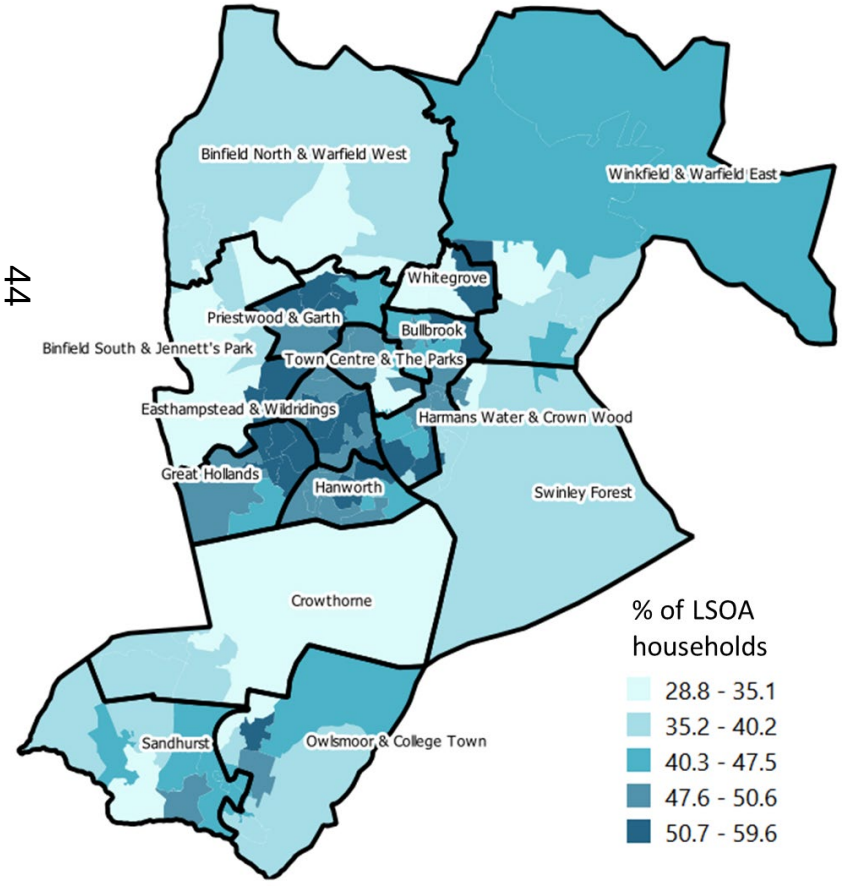


*Please note, the data published by the ONS does not include which specific dimensions households were deprived in.

Household deprivation

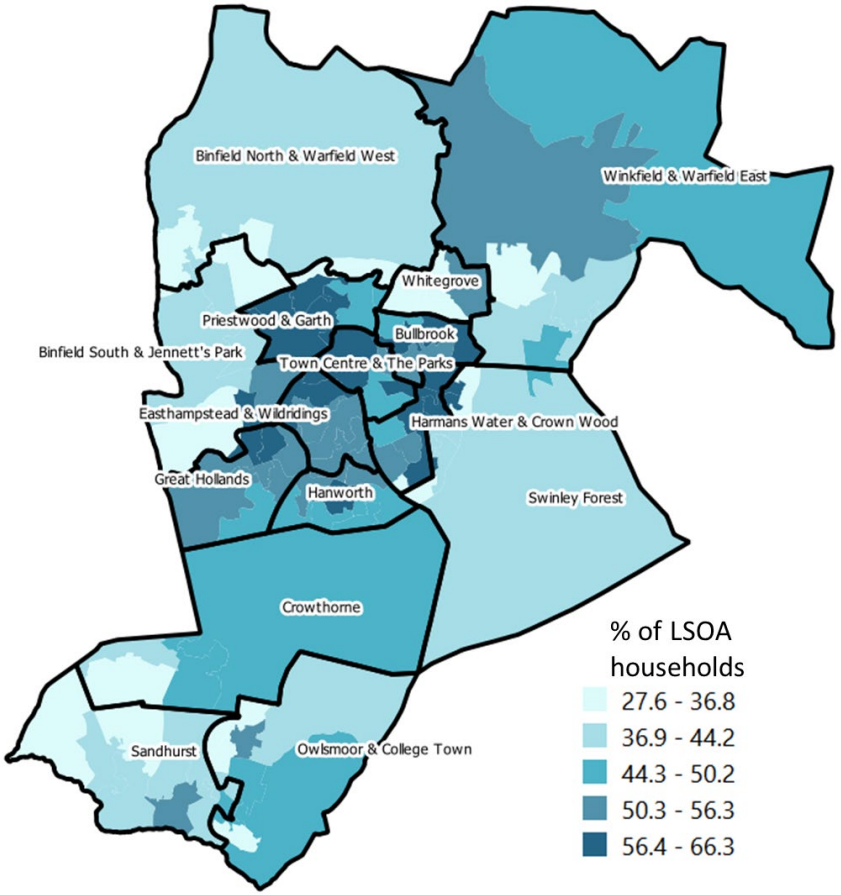
- Proportion of households deprived in at least 1 dimension were highest in the central parts of Bracknell Forest, both in 2011 and 2021.

Proportion of population deprived with at least 1 dimension in Bracknell Forest, 2021



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Proportion of population deprived with at least 1 dimension in Bracknell Forest, 2011



Data source: ONS Census 2011
Produced by Bracknell Forest Council, Public Health

Main Languages Spoken

- English was the main language spoken by residents (over the age of 3) in Bracknell Forest in 2021.
- 92.3% of all residents identified English as their main spoken language, down from 94.0% in 2011. This was similar to the South East region (92.8%) but higher than England (90.8%).
- Conversely, 7.7% of residents reported speaking a language other than English as their main language (up from 6.0% in 2011).
- Other languages with notable numbers of speakers are Nepalese (1,256), Polish (1,132) and Romanian (989).

English as main language in Bracknell Forest, South East and England (2021)

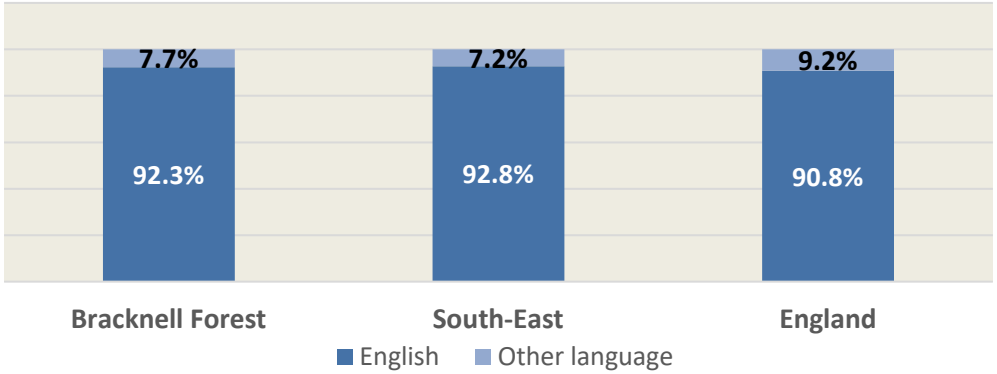


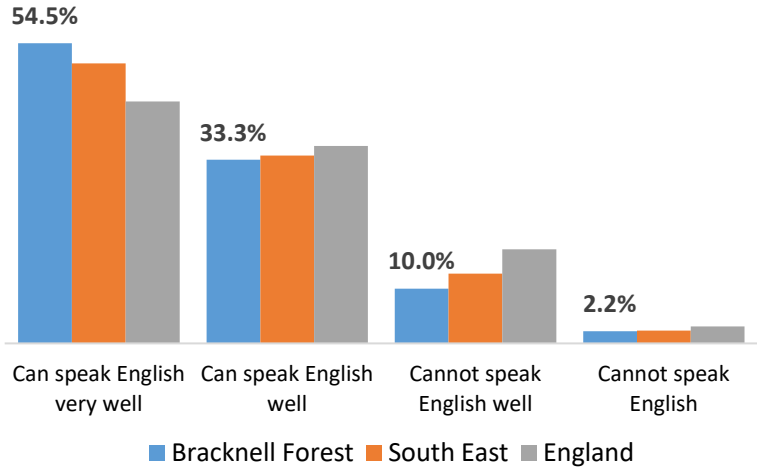
Table 5: Main Languages spoken in Bracknell Forest in 2021

Main Language	Census 2021	Census 2011	% Change in Population
English	111,127	101,781	9.2%
Nepalese	1,256	988	27.1%
Polish	1,132	761	48.8%
Romanian	989	105	841.9%
Hungarian	494	219	125.6%
Portuguese	450	216	108.3%
Spanish	376	276	36.2%
Russian	305	194	57.2%
Tagalog or Filipino	254	362	-29.8%
Lithuanian	196	78	151.3%
Tamil	196	79	148.1%
Panjabi	190	92	106.5%

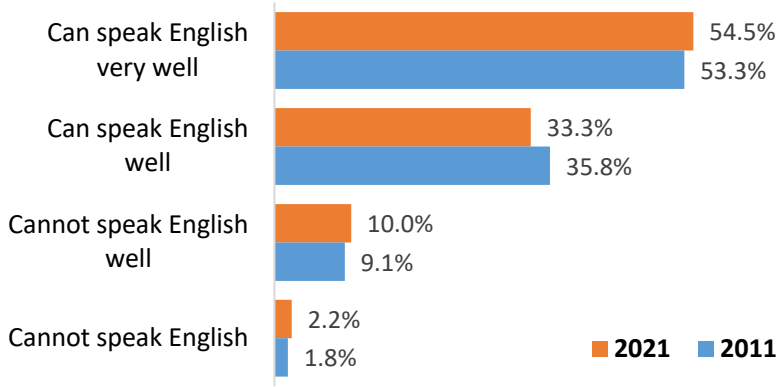
Proficiency in English

- In 2021 there were 9,724 (7.7% of the total population) Bracknell Forest residents who did not report English as their main spoken language and reported how well they could speak English, up from 6,512 (6.0% of the total population) in 2011.
- Of those 9.724 residents, **54.5%** (5,053) could speak English very well. This was significantly higher than the South-East (**50.8%**) and England (**43.9%**) in 2021.
- **33.3%** (3,091) of residents who did not report English as their main spoken language, reported to speak English well, similar to the regional (**34.1%**) and national (**35.8%**) averages.
- 10.0% (972) of Bracknell Forest residents could not speak English well with a further 2.2% (206) not able to speak English.

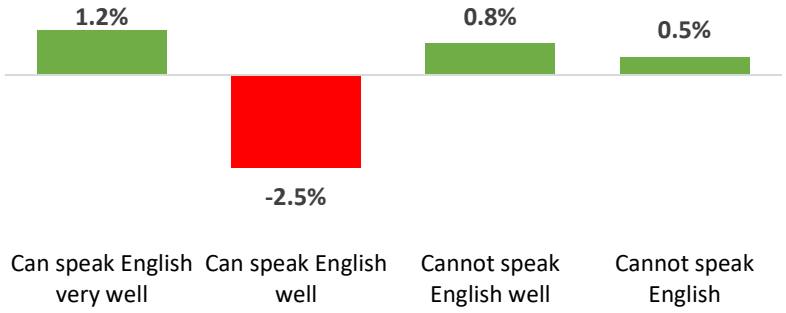
English proficiency level of residents who did not report English as main language in Bracknell Forest, South-East Region and England (2021)



English proficiency level of Bracknell Forest residents who did not report English as main language in 2011 and 2021



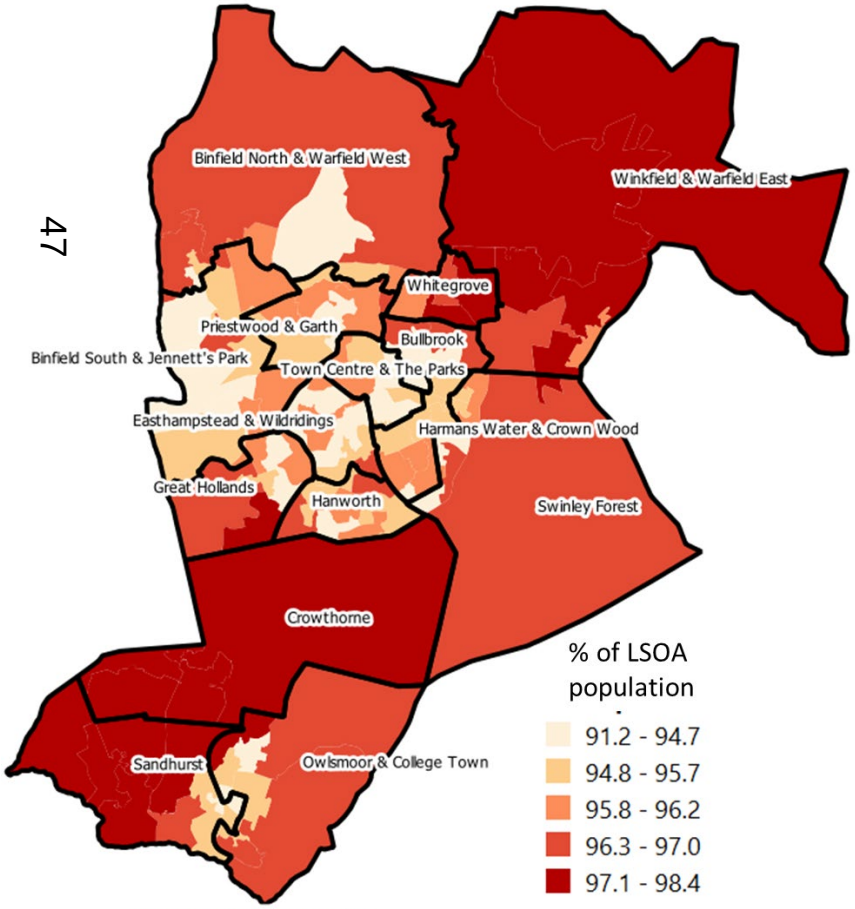
Percentage change in English proficiency level of Bracknell Forest residents, as share of the total population, between 2011 and 2021



Proficiency in English

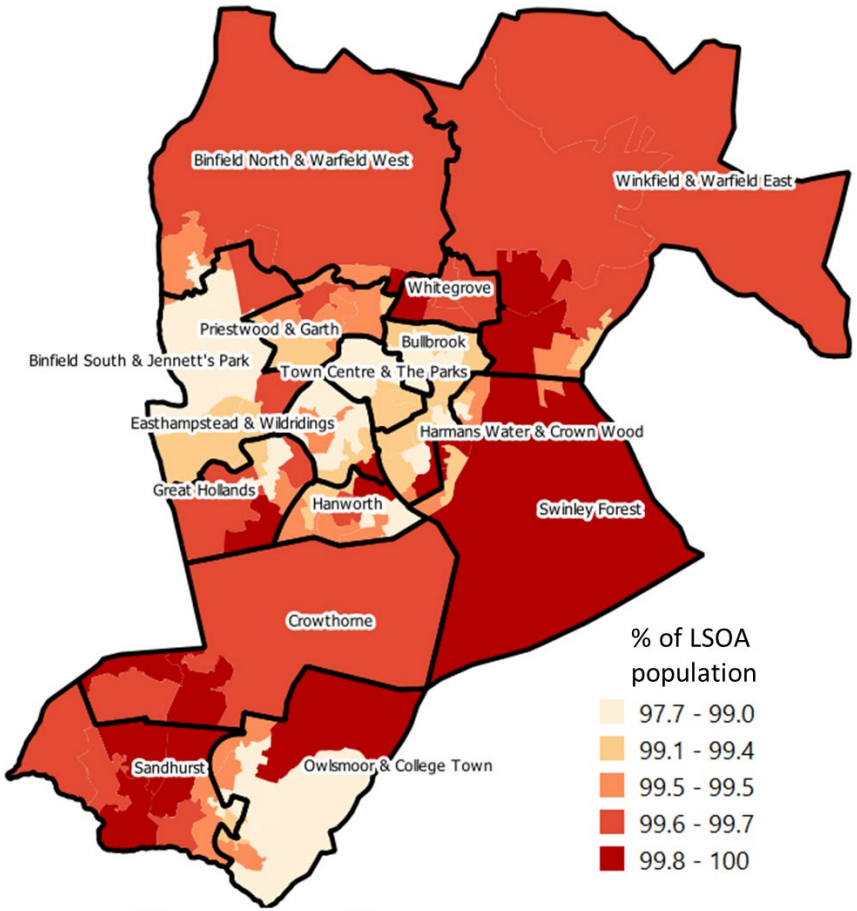
- LSOAs in the central parts of Bracknell Forest have the lowest proportion of people who can at least speak English well, both in 2011 and 2021.
- However, there was a general decrease in the proportion of Bracknell Forest population that can at least speak English well, shown by decrease from a minimum of 97.7% in 2011 to a minimum of 91.2% in 2021.

Proportion of population who can speak English well in Bracknell Forest, 2021



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Proportion of population who can speak English well in Bracknell Forest, 2011



Data source: Census 2011
Produced by Bracknell Forest Council, Public Health Team

Economic Activity Status

- Economic activity status is a measure of whether or not a person was an active participant in the labour market during the census period (15th March to 21 March 2021).

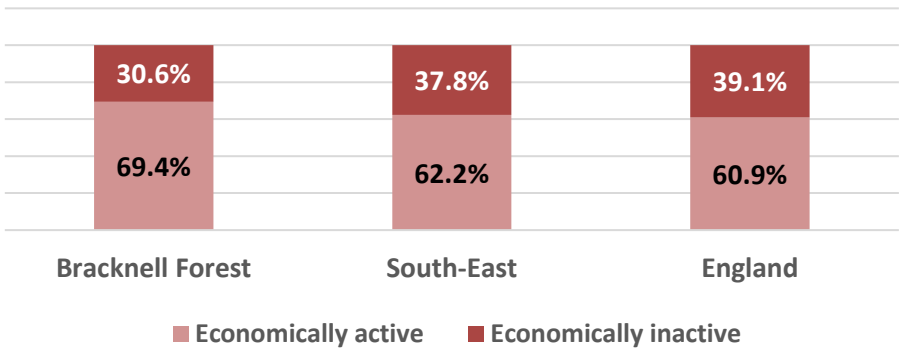
- Residents, aged 16 and over, were classified as being 'economically active' if they were:
  - In employment (employee of self-employed)
  - Unemployed, but looking for work and could start within two weeks)
  - Unemployed, but waiting to start a job that had been offered and accepted.

- Residents were classified as being economically inactive if there were:
  - Retired
  - Students (16+)
  - Looking after home or family
  - Long-term sick or disabled
  - Any other reason

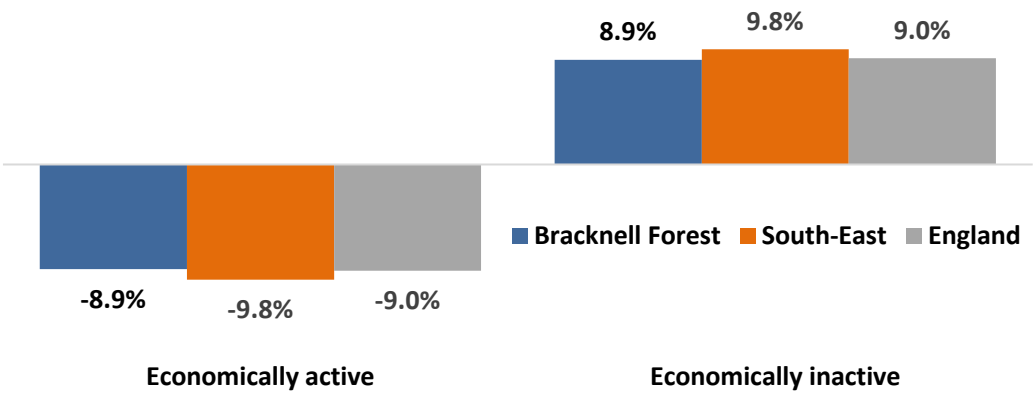
Economic Activity Status

- 69.4% (69,400) of the population in Bracknell Forest, aged 16 and over, were classed as economically active in 2021. This is down from 78.4% in 2011.
- The proportion of residents who were economically active in Bracknell Forest was higher than the South-East (62.2%) and England (60.9%) figures.
- Notably, there was an increase in the proportion of residents classed as economically inactive, from 21.6% in 2011 to 30.6% (30,534) in 2021.
- The increase in economically inactive residents between the two census dates was not isolated to Bracknell Forest. Similar picture to
  - South-East Region: increase from 27.9% to 37.8%
  - England: increase from30.1% to 39.1%

Economic activity status, as proportion of the population, of residents in Bracknell Forest, South-East region and England (2021)



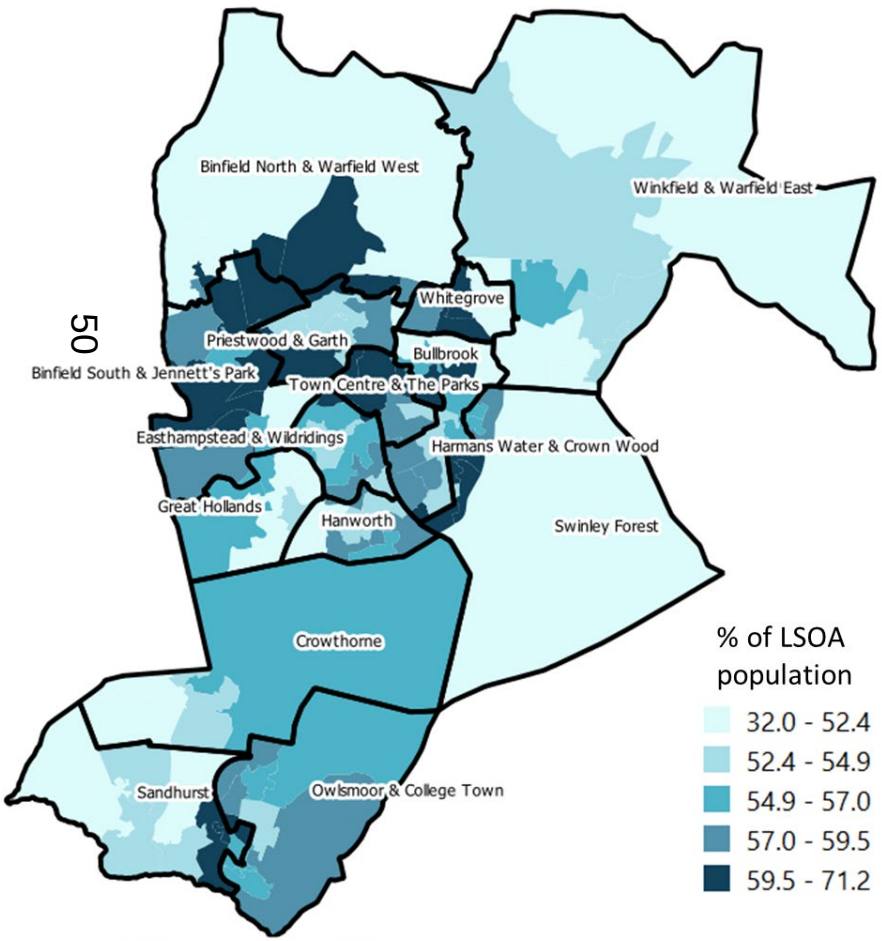
Percentage change in economic activity status, as proportion of the population, for residents in Bracknell Forest, South-East and England between 2011 and 2021



Economic Activity Status

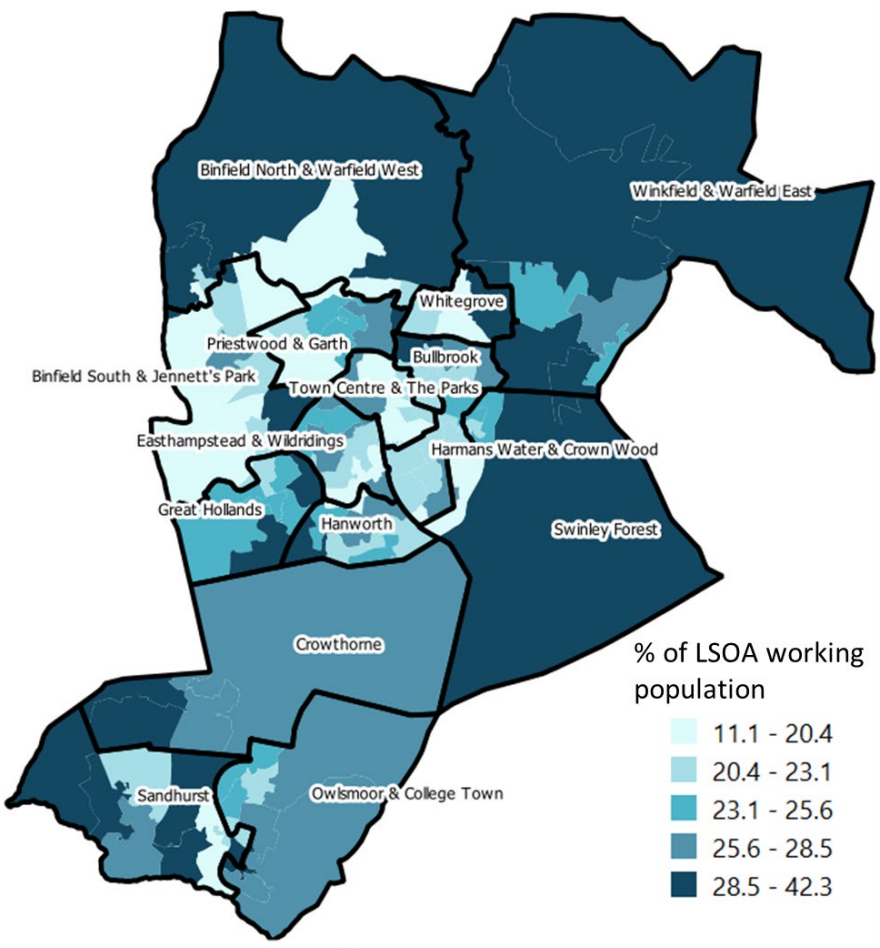
The economically active population was concentrated in the central parts of Bracknell Forest in 2021, while the economically inactive population was concentrated in the northern and eastern parts of the local authority.

Proportion of economic active population in Bracknell Forest, 2021



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Proportion of economic inactive population in Bracknell Forest, 2021

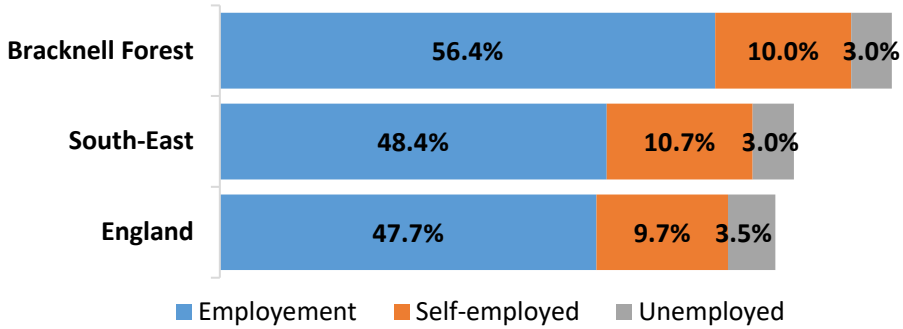


Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

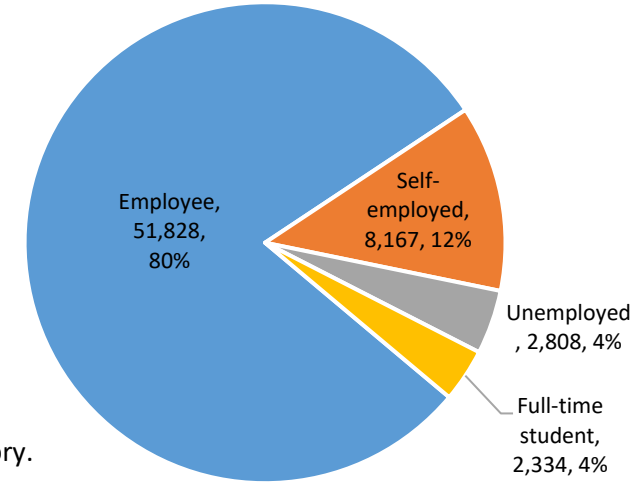
Economic Activity Status: Economically Active

- **69.4%** (69,400) of the Bracknell Forest population were economically active in 2021, down from 78.6% in 2011.
- Residents classified as economically active can be categorised in three groups: employed, self-employed or unemployed.
- **56.4%** (56,412) of the Bracknell Forest population were in employment (full-time or part-time). This was noticeably higher than the regional (South-East; 48.4%) and national (England; 47.7%) figures in 2021.
- Residents who were **self-employed** (9,985), with or without employees, were **10.0%** of the population.
- **3.0%** (3,003) of the population were **unemployed** but seeking work or waiting to start a job already obtained.

Economic activity category, as percentage of the total population (16+), in Bracknell Forest, South-East region and England (2011 vs 2021)



Economic activity category, as percentage of the total population (16+), in Bracknell Forest in 2011

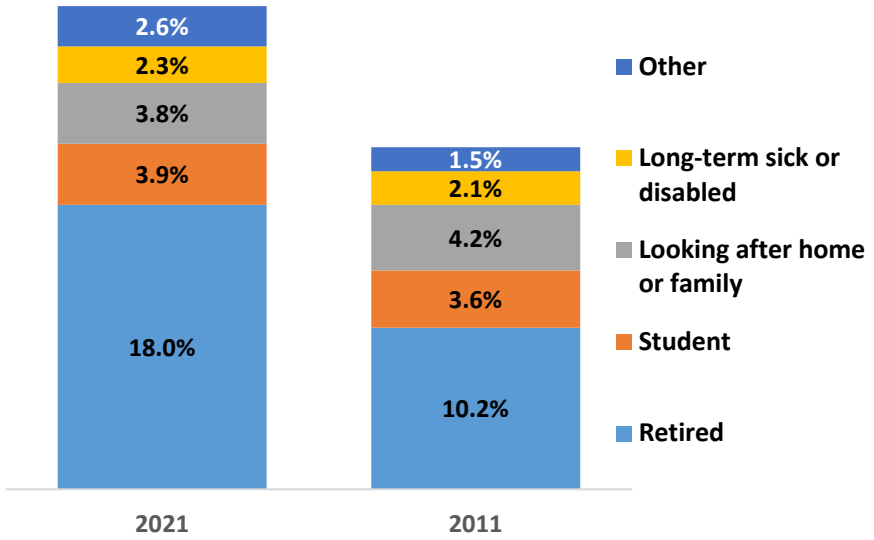


The 2021 census no longer includes economically-active full time students as a separate category. No direct comparisons could be made with the 2011 census.

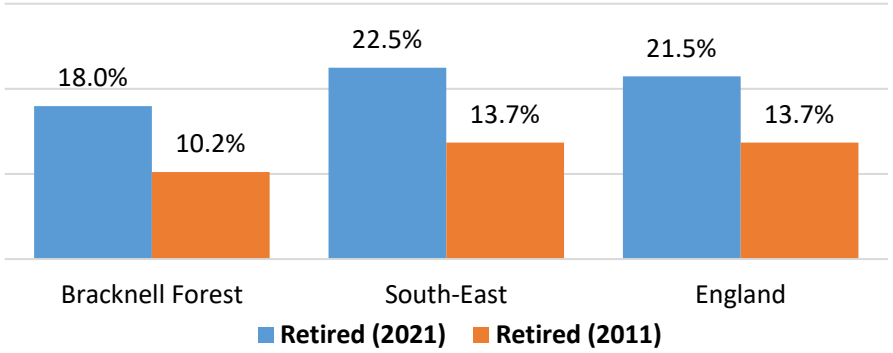
Economic Activity Status: Economically Inactive

- One of the key changes in the labour market between 2011 and 2021 is the increase in the proportion of the population that is now economically inactive.
- The key driver of this change is the increase in the number of retired residents, a key marker of an ageing population.
- Retired residents represented 18.0% of the population (aged 16+) in 2021, up from 10.2% in 2011.
- The increase in the retired population was more pronounced in South-East region (13.7% to 22.5%) and England (13.7% to 21.5%).
- This is likely due to Bracknell Forest having a younger population profile compared with the South East and England averages.

Reasons for economic inactivity for Bracknell Forest residents as percentage of the total population (2011 vs 2021)



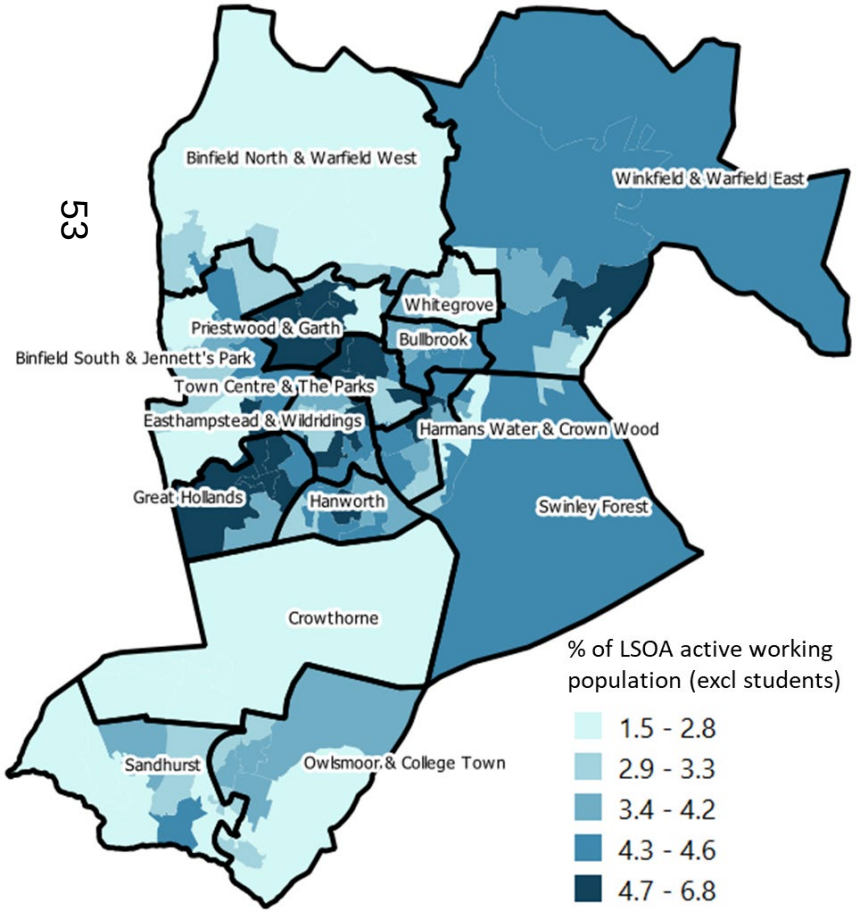
Percentage economically inactive, as proportion of the population, of residents in Bracknell Forest, South-East region and England (2011 vs 2021)



Economic Activity Status

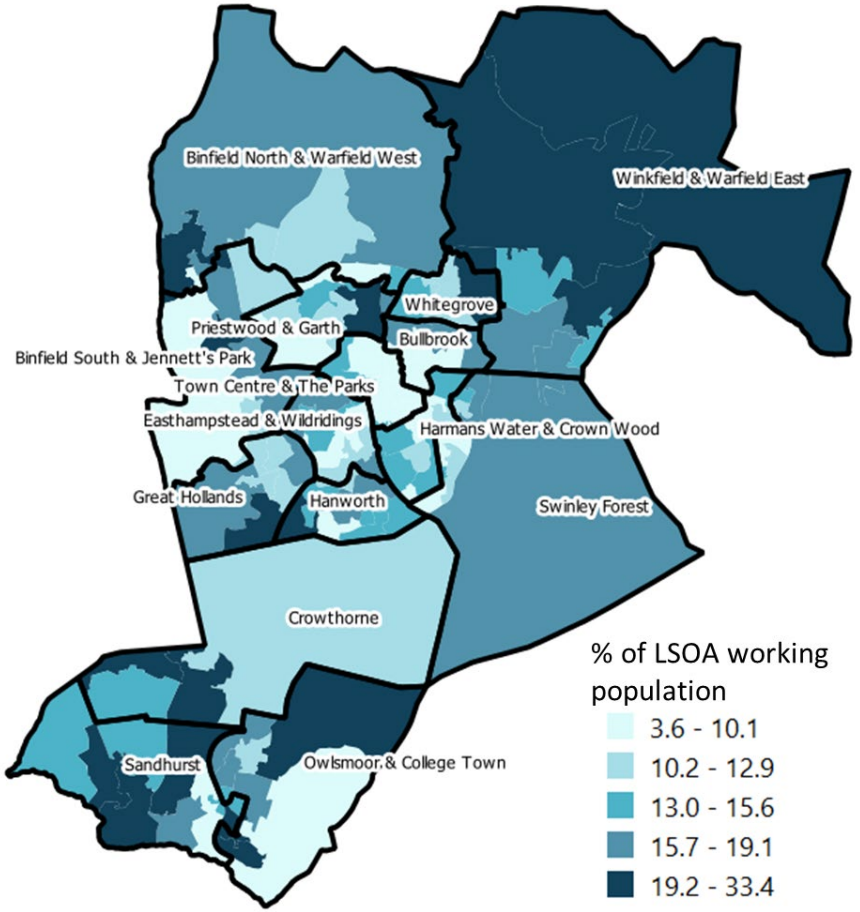
- The proportion of unemployed economically active population (excluding students) was highest in the central parts of Bracknell Forest in 2021.
- The proportion of retired population aged 16 and over were highest in the northern and southern parts of the local authority.

% of unemployed population, economic active and not a student, 2021



Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

% aged 16 and over that were retired, 2021

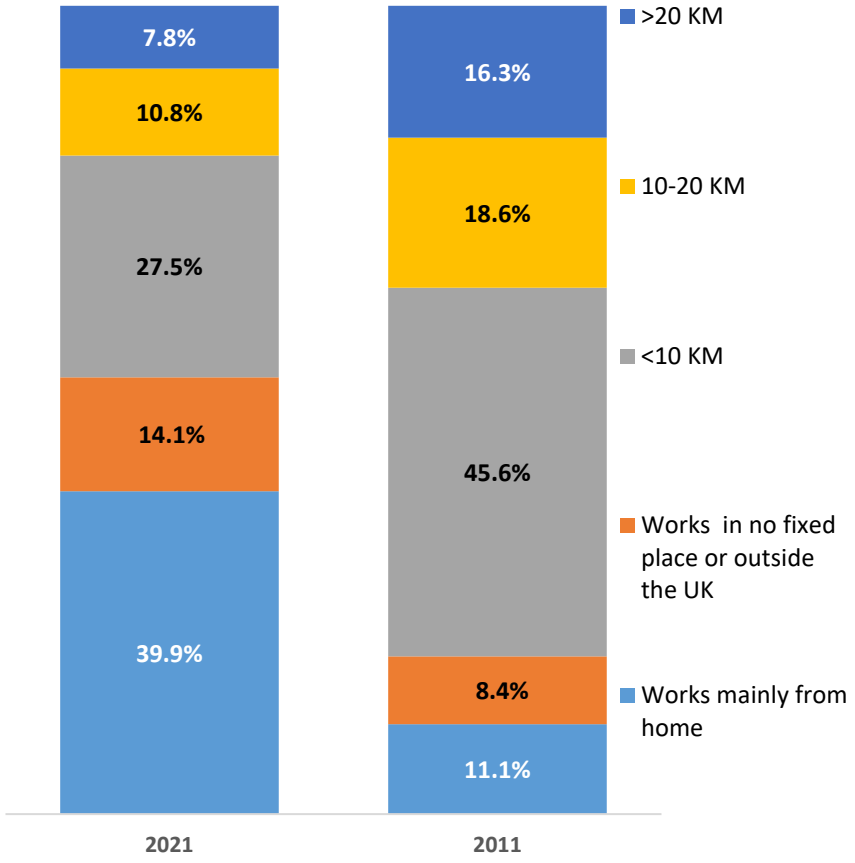


Data source: Census 2021
Produced by Bracknell Forest Council, Public Health Team

Distance travelled to work

- One of the key insights that has come from the 2021 census is the changes in both distance travel to work and place of work since the 2011 census. Much of this can be attributed to the COVID-19 pandemic.
- **39.9%** (26,512) of residents in Bracknell Forest, aged 16 and over, **worked mainly from home**. In 2011, only 11.1% of working age residents worked from home. Similar increases are seen for the South-East region (35.8%, up from 11.8%) and England (31.5%, up from 10.3%)
- A further **14.1%** (9.358) stated to be working mainly in **no fixed place** or outside of the UK (up from 8.4% in 2011). This is in line with South-East (14.8%) and England (14.5%) in 2021
- **27.5%** of Bracknell Forest residents travelled up to 10 kilometres (km), equivalent to 6.2 miles, to their place of work compared to 45.6% in 2011.
- **10.8%** of Bracknell Forest residents travel **between 10 and 20 km** (equivalent to 12.4 miles) to their place of work compared to 18.6% in 2011.
- Those travelling **more than 20 km** to their place of work comprised on **7.8%** of residents in 2021, also down considerably from 2011 (16.3%).

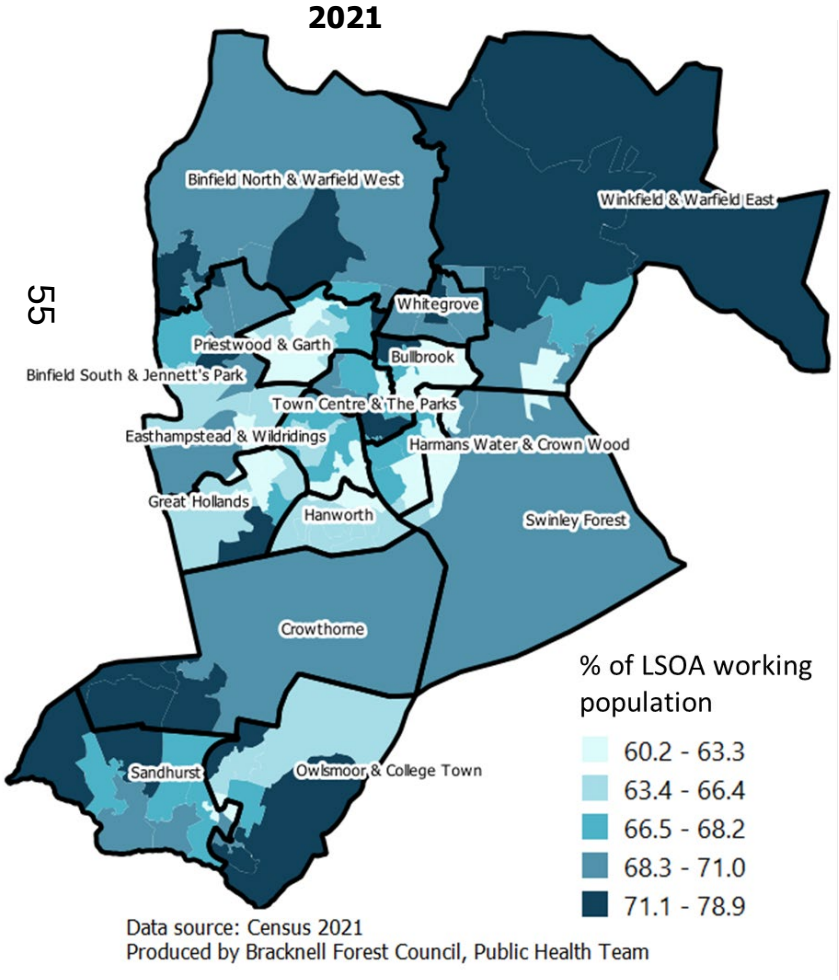
Distance travelled to place of work by Bracknell Forest residents (2011 vs 2021)

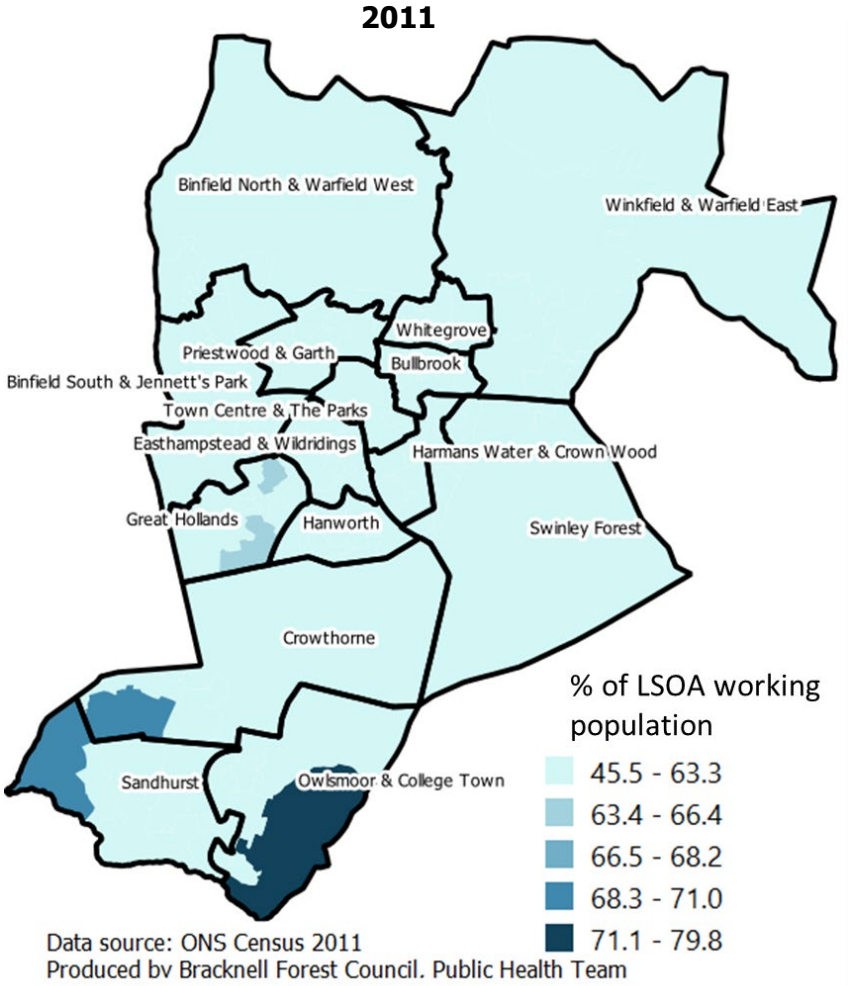


Please note: "Does not apply" accounted for 46.7% of the responses in 2021.
This category includes those who were furloughed due to the Covid-19 restrictions in 2021. This was not the case in 2011

Proportion of population travelling less than 10km to work or working from home in Bracknell Forest

- Over 95% of LSOAs in Bracknell Forest had had an increase in population travelling less than 10km to work/working from home, from less than 63.4% in 2011 to 63.4% and higher in 2021. This could be attributed to Covid-19 restrictions in 2021.

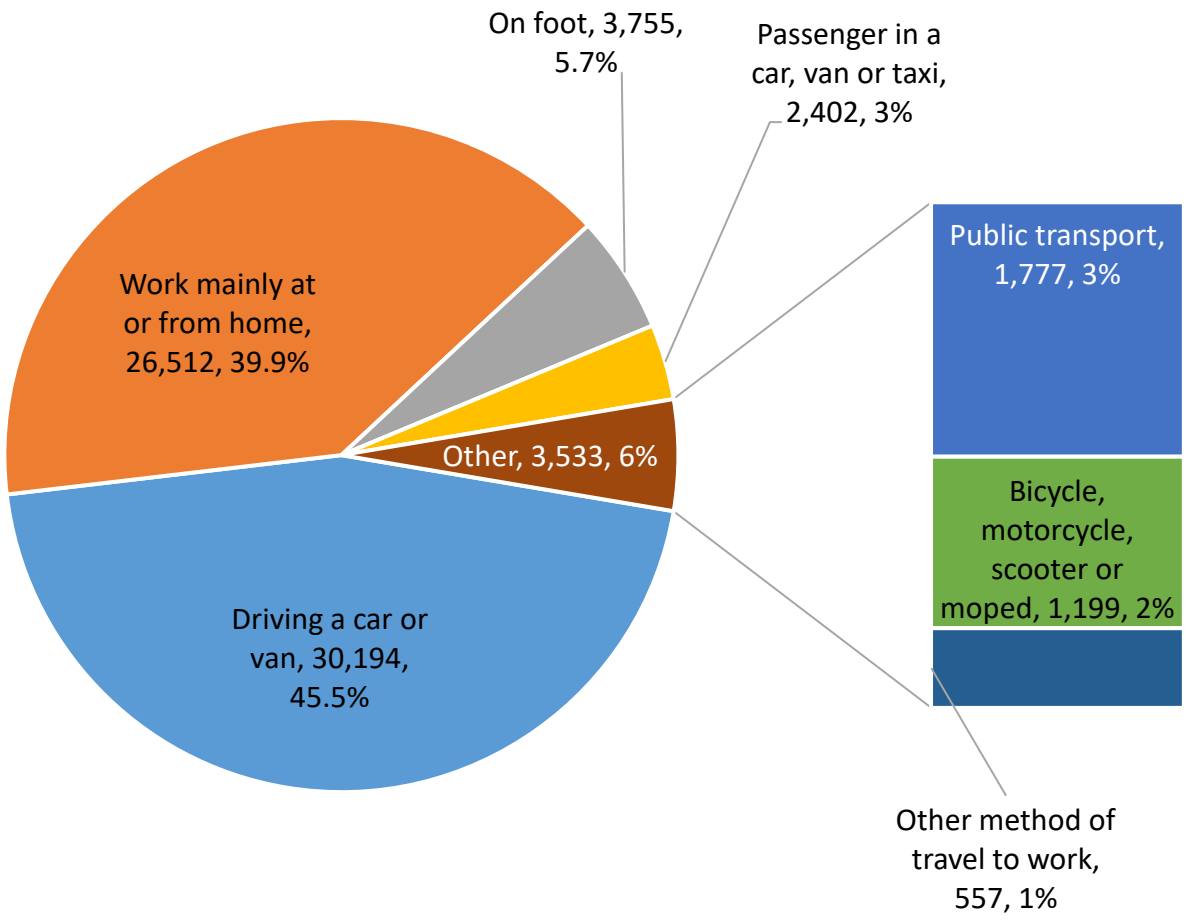




Please note: “Does not apply” accounted for 46.7% of the responses in 2021. This could be due to Covid-19 restrictions in 2021.

Method used to travel to work

- The most common method of travel to work for residents in Bracknell Forest is by driving a car or van (45.5%), a decrease from 65.3% in 2011.
- Travel on foot is the second most common form of travel to work accounting for 5.7%, down from 7.7% in 2011.
- Passenger travel by car, van, taxi (3.6%) or public transport (2.7%) or less common form of travel to work in 2021.
- The COVID-19 pandemic and the accompanying changes to place of work is primarily responsible for the decreases in the methods of travel to work.



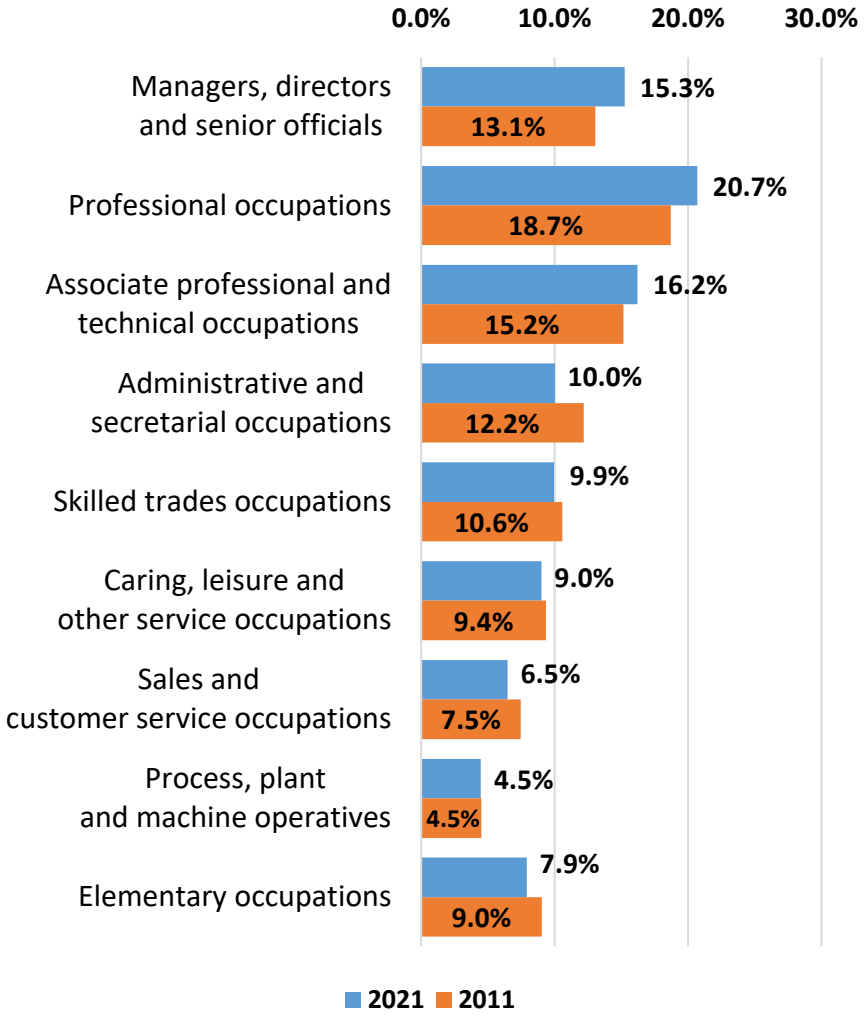
Occupations

- The 2021 census has grouped 104 occupations into nine broad categories.

- Of all Bracknell Forest residents aged 16 and over, in employment in 2021:
  - **52.2%** were employed in **managerial, professional or technical occupations** in 2021. This is up from 46.9% in 2011
  - **20.7%** (13,742) were employed in **professional occupations**.
  - **Professional occupations** were also the largest broad occupation category regionally (South-East, 21.2%) and nationally (England, 20.3%) in 2021.
  - **16.2%** were employed in **associate professional and technical occupations** and **15.3%** of those in employment were **managers, directors and senior officials**.

- Conversely, there was a decrease in the proportion of those working in the other occupations, in particular **administrative and secretarial occupations** (**10.0%,** from 12.2% in 2011) and **elementary occupations** (**7.9**%, from 9.0% in 2011)

Occupations Bracknell Forest residents, aged 16 and over, were employed in 2011 and 2021



Occupations

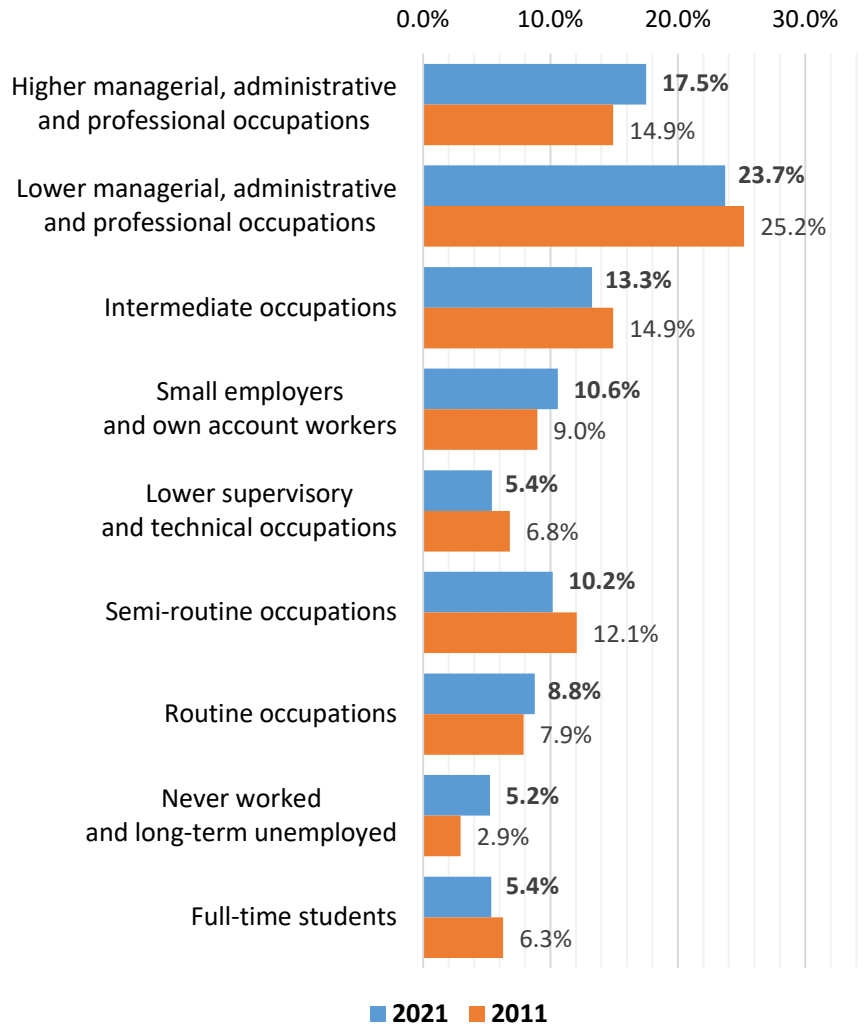
Table 6: The 10 most common occupations in Bracknell Forest in 2021

Occupation category	Occupation	Census 2021	% of all in employment (2021)	% Change in number of people employed in occupation since 2011
Professional occupations	Information Technology Professionals	3,214	4.8%	-0.8%
Managers, directors and senior officials	Functional Managers and Directors	3,164	4.8%	67.2%
Associate professional and technical occupations	Sales, Marketing and Related Associate Professionals	2,970	4.5%	11.5%
Sales and customer service occupations	Sales Assistants and Retail Cashiers	2,710	4.1%	-11.1%
Caring, leisure and other service occupations	Caring Personal Services	2,569	3.9%	-36.4%
Professional occupations	Teaching and other Educational Professionals	2,110	3.2%	-6.8%
Skilled trades occupations	Construction and Building Trades	1,984	3.0%	15.9%
Process, plant and machine operatives	Road Transport Drivers	1,694	2.6%	14.5%
Administrative and secretarial occupations	Other Administrative Occupations	1,677	2.5%	-4.6%
Managers, directors and senior officials	Production Managers and Directors	1,581	2.4%	39.2%

Socio-Economic Classification

- The national-statistics socio-economic classification (NS-SEC) provides an indication of socio-economic position of residents (16 and over), based on responses to economic activity status, occupation and employment history.
- 55.4% of Bracknell Forest residents were in the higher managerial (17.5%), lower managerial (23.7%) and intermediate (13.3%) professional occupations in 2021. This is comparable to the proportion of residents in these occupations (55.1%) in 2011.
- Residents in those three higher NS-SEC categories comprised a higher share of the population in Bracknell Forest than the South-East (49.6%) and England (44.6%) in 2021.
- Residents who never worked and long-term unemployed (5,242) has increased since 2011. They now constitute 5.2% of the population in 2021 compared with just 2.2% (2,448) in 2011.
- However, residents in this NS-SEC category still comprised a smaller share of the population in Bracknell relative to the South-East region (6.4%) and England (8.5%)

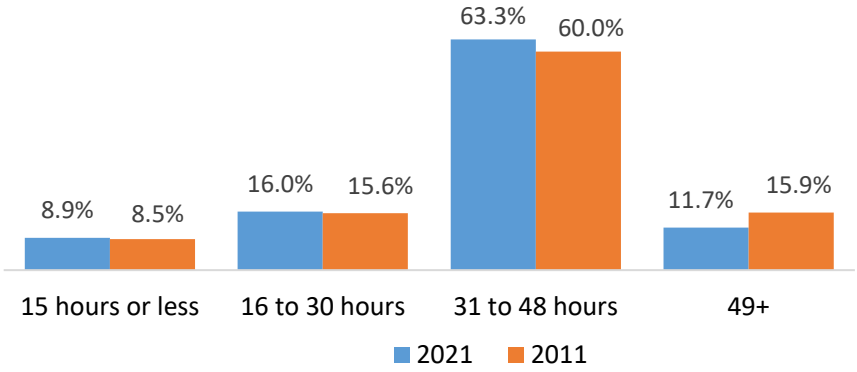
National-statistics socio-economic classification for Bracknell Forest residents (2011 vs 2021)



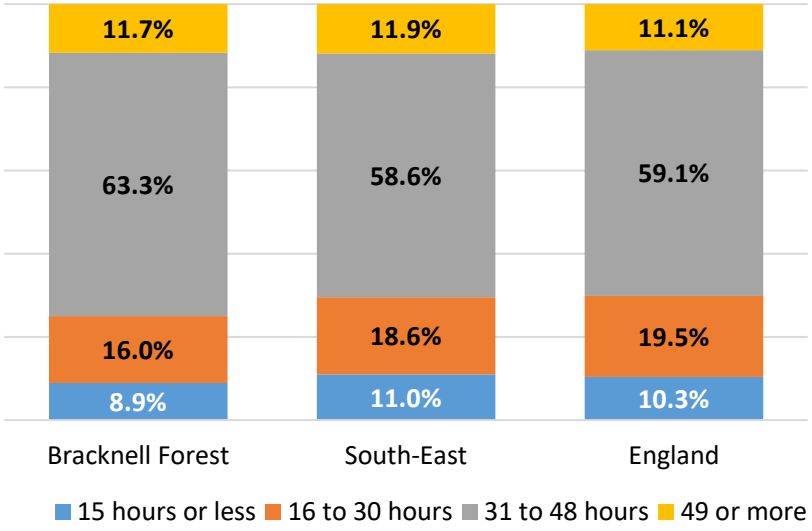
Hours worked

- One area of the labour market where there has not been notable change since the 2011 census is the number of hours worked per week by residents
- In 2021**, 25.0%** of residents in employment worked **part-time** with **75.0%** working **full-time**. This is comparable to 2011 (part-time 24.1%; full-time 75.9%).
- The majority of residents in employment worked between 31 and 48 hours a work (63.3%), up from 60.0% in 2011.
- The proportion of residents working 15 hours or less (8.9%) and 16 to 30 hours (16.0%) slightly increased from 2011 (8.5%, 15.6%).
- Conversely, those working 49 hours or more (11.7%) represent a smaller proportion of the labour market relative to 2011 (15.9%)
- Residents in part-time work comprised smaller proportions of those in employment compared to the South-East (29.5%) and England (29.8%).
- As demonstrated in the chart on the right, the proportion of residents in the South-East and England working part-time hours (15 hours of less and 16 to 30 hours) was higher than Bracknell Forest

Number of hours worked per week by Bracknell Forest residents (2011 vs 2021)



Number of hours worked per week by residents in Bracknell Forest, South-East and England in 2021



Caveats

- Comparisons between 2021 census and 2011 census data was done if the definitions were still the same. For example, household data for population aged 65 and over in 2011 was not compared due to the change in definition in 2021 to population aged 66 and over.

- Ethnicity classification of Chinese ethnic group was changed to “Asian” from Census 2011 onwards. This was the classification used in this analysis. However, it should be noted that National Health Service (NHS) data still refers to “Chinese and other” classification.

- Census 2021 took place during the coronavirus (COVID-19) pandemic, a period of unparalleled and rapid change; the national lockdown, associated guidance and furlough measures will have affected the data on Labour market and travel to work such as distance travelled to work and method to travel to work.

Appendices

Ethnic Groups: Detailed Comparison (2021 vs 2011)

Ethnic Groups	Census 2021	Census 2011	% Change in Population
Asian, Asian British or Asian Welsh: Bangladeshi	219	134	63.4%
Asian, Asian British or Asian Welsh: Chinese	828	556	48.9%
Asian, Asian British or Asian Welsh: Indian	3,774	1,989	89.7%
Asian, Asian British or Asian Welsh: Pakistani	947	518	82.8%
Asian, Asian British or Asian Welsh: Other Asian	3,111	2,467	26.1%
Black, Black British, Black Welsh, Caribbean or African: African	2,072	1,586	30.6%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	554	402	37.8%
Black, Black British, Black Welsh, Caribbean or African: Other Black	367	201	82.6%
Mixed or Multiple ethnic groups: White and Asian	1,337	808	65.5%
Mixed or Multiple ethnic groups: White and Black African	565	297	90.2%
Mixed or Multiple ethnic groups: White and Black Caribbean	970	656	47.9%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	971	542	79.2%
White: English, Welsh, Scottish, Northern Irish or British	96,950	96,080	0.9%
White: Irish	1,038	984	5.5%
White: Gypsy or Irish Traveller	161	118	36.4%
White: Roma	164	-	
White: Other White	8,956	5,372	40.0%
Other ethnic group: Arab	310	201	35.2%
Other ethnic group: Any other ethnic group	1,311	294	77.6%

Household Composition: Detailed Comparison (2021 vs 2011)

% change in share of all households in Bracknell Forest since 2011

Household composition	Household Type	Number of households	% of all households	% change since 2011
Single family household	Married or civil partnership couple: Dependent children	9,251	18.4%	-1.2%
One person household	Other	8,267	16.5%	-1.5%
Single family household	Married or civil partnership couple: No children	5,814	11.6%	-1.9%
One person household	Aged 66 years and over	5,195	10.3%	0.6%
Single family household	All aged 66 years and over	3,877	7.7%	1.2%
Single family household	Cohabiting couple family: No children	3,713	7.4%	1.0%
Single family household	Lone parent family: With dependent children	3,062	6.1%	-0.5%
Single family household	Married or civil partnership couple: All children non-dependent	3,019	6.0%	0.3%
Single family household	Cohabiting couple family: With dependent children	2,440	4.9%	0.9%
Multiple-family household	Other, including all full-time students and all aged 66 years and over	1,873	3.7%	N/A
Single family household	Lone parent family: All children non-dependent	1,870	3.7%	0.6%
Multiple-family household	With dependent children	1,258	2.5%	N/A
Single family household	Cohabiting couple family: All children non-dependent	329	0.7%	0.2%
Single family household	Other single family household: Other family composition	276	0.5%	N/A

Census 2021: Release schedule (1)

Census topics	Subtopics	Data (lowest geographic level)	Release date
Demography and migration	Unrounded population estimates	Age by single year (MSOA); Number of households (LSOA); Population density (LSOA); Sex (LSOA); Sex by single year (LSOA)	02 November 2022
	Household characteristics	Household composition (LSOA); Household size (LSOA); Households by deprivation dimension (LSOA); Legal partnership status (LSOA); Living arrangement (MSOA); Number of usual residents in households and communal establishments (LSOA)	
	Migration	Age of arrival in the UK (LSOA); Country of birth; Country of birth detailed (LA); Length of residence (LSOA); Migration indicator (LSOA); Number of non-UK short-term residents by sex (LSOA); Passports held (LSOA); Passports held detailed (MSOA); Year of arrival in the UK (LSOA).	
Ethnic group, national identity, language, and religion	Ethnicity	Ethnic group (LSOA); Ethnic group [detailed] (MSOA); Multiple ethnic groups in household (LSOA)	29 November 2022
	National identity	National identity – UK (LSOA); National identity [detailed] (MSOA)	
	Language	Main language (detailed); Household language; Multiple main languages in household; Proficiency in English	
	Religion	Religion; religion (detailed); Multi-religion household	
Labour market and travel to work	Labour Market	Economic activity status (LSOA); Hours worked (LSOA); Industry (LSOA); Occupation (LSOA); Occupation [minor groups] (MSOA); Socio-economic classification (LSOA)	8 December 2022
	Travel to work	Distance travelled to work (LSOA); Methods used to travel to work (LSOA)	

Census 2021: Release schedule (2)

Census topics	Subtopics	Data (lowest geographic level)	Release date
Housing	-	Accommodation type (LSOA); Car or van availability (LSOA); Central heating (LSOA); Communal establishment management and type (MSOA); Communal establishment management by age and sex (MSOA); Number of bedrooms (LSOA); Number of rooms (LSOA); Second address indicator (LSOA); Occupancy rating for bedroom (LSOA); Purpose of second address (LSOA); Tenure (LSOA); Occupancy rating for rooms (LSOA)	05 January 2023
Sexual orientation and gender identity	-	Gender identity (MSOA); Gender identity [detailed] (LA); Sexual orientation (MSOA); Sexual orientation [detailed] (LA)	06 January 2023
Education	-	Highest level of qualification (LSOA); School children and full-time students (LSOA)	10 January 2023
Health, disability, and unpaid care		General health (LSOA); General health, age-standardised proportions (LA); Disability (LSOA); Provision of unpaid care (LSOA); Provision of unpaid care, age-standardised proportions; Number of disabled people in the household (LSOA);	19 January 2023

TO: The Health and Wellbeing Board
21 February 2023

Bracknell Forest Safeguarding Board Annual Report 2021/22
Executive Director: People

1 PURPOSE OF REPORT

1.1 To present the Bracknell Forest Safeguarding Board Annual Report 2021/22 which has previously been approved by the Safeguarding Board.

2 RECOMMENDATION

2.1 The Health and Wellbeing Board is asked to **Note** the report.

3 REASONS FOR RECOMMENDATION

3.1 The Safeguarding Board's Annual Report was approved on the 20 October 2022 by the Safeguarding Board.

3.2 The Annual Report should be circulated to partner organisations to note and to support further dissemination.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None.

5 SUPPORTING INFORMATION

5.1 The Care Act 2014 requires that the Safeguarding Board publishes an annual report that must clearly state what both the Board and its members have done to carry out and deliver its objectives and should set out the content of its strategic plan. The reports should have prominence on each core member's website and be made available to other agencies.

5.2 Specifically, the annual report must provide information about any safeguarding adults reviews (SARs) that the Board has commissioned which are ongoing or have been reported in the year (regardless of whether they commenced in that year). The report must state what the Board has done to act on the findings of completed SARs or, where it has decided not to act on a finding, to provide details as to how this decision was reached.

5.3 In addition, Working Together 2018 guidance states that in order to ensure transparency about the activity undertaken by the Board, the Safeguarding Partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the local arrangements, including the details of any Local Child Safeguarding Practice Reviews (LCSPRs) undertaken, and how effective these arrangements have been in practice.

In conclusion, the Safeguarding Board should seek assurance from its members that the Annual Report has been noted within their internal governance processes. The Annual Report is published on the Bracknell Forest Safeguarding Board website and disseminated in accordance with statutory requirements.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The legal issues are addressed within the report and the Borough Solicitor is satisfied there are no legal implications arising.

Director of Finance

6.2 Not required.

Background Papers

Bracknell Forest Safeguarding Board Annual Report 2021/22

Contact for further information

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Bracknell Forest Safeguarding Board

Annual Report 2021/2022

Bracknell Forest
SAFEGUARDING BOARD

Contents

All images in this document are stock photos. Posed by models.

1. Introduction

This report covers the period 1st April 2021 to 31st March 2022 and as an all-age safeguarding board is published in accordance with both the Care Act 2014, the Children and Social Work Act 2017 and the associated statutory requirements set out within Working Together to Safeguard Children 2018 (guidance on inter-agency working to safeguard and promote the welfare of children).

The main objective of the Safeguarding Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults, children and families in the area. The Board has responsibility for overseeing safeguarding partnership working across key agencies; this oversight ensures that partners apply effective processes and procedures to protect those most at risk and offers appropriate support. It also ensures that those agencies practise safeguarding to a high standard and can evidence their performance.

Working Together to Safeguard Children 2018 states that safeguarding partners must publish a report annually and under the Care Act 2014, the Board is also required to publish an annual report after the end of each financial year.

This is the third annual report of the Bracknell Forest Safeguarding Board (BFSB). It describes the work of the Safeguarding Board and its subgroups along with the contributions of the wide range of partners who are members of the Safeguarding Partnership that supports the work of the Board.

2. Independent Chair and Scrutineer report

I am pleased to introduce the Bracknell Forest 2021/22 annual report.

During the past year the strategic focus of Bracknell Forest Safeguarding Board has been to continue to embed an ethos that supports an effective 'all age' approach to work undertaken within the borough. At the same time the Board has maintained an oversight of the statutory requirements in respect to both children and adults and has challenged partners to ensure robust local processes are effective and keep vulnerable individuals safe. As well as chairing the Safeguarding Board and Safeguarding Partnership, I have established routine meetings with a wide range of senior officers and have continued to receive the necessary assurance through a range of data and relevant reports.

The restrictions imposed during the period of the pandemic placed a tremendous strain on all services. It increased the potential risk to vulnerable people and created significant challenges for all partners working to keep people safe. While government restrictions have lifted it is clear that partners are having to continue to work hard to mitigate the ongoing impact of Covid-19.

Evidence of Effectiveness

Partnership Working

I have continued to observe a positive partnership ethos best demonstrated in their response to Covid-19 and despite these additional pressures, relationships have remained good with partners maintaining an openness to challenge where this has been necessary. The Board's Safeguarding Partnership meetings have proved to be a particularly effective mechanism through which learning between agencies has taken place. Through regular meetings of this group, partners collaborated to help mitigate against the increased safeguarding risks during this period.

As a result, the Safeguarding Board's Strategic Plan 2020-23 reflects the unique circumstances created by the pandemic and the routine work required of the Board.

The Board has continued to collate information within a risk register that highlights the unique local and regional circumstances and challenges partners have collectively identified. Support for improved information sharing has been underpinned by the production of a Memorandum of Understanding, which has started to strengthen working between the Safeguarding Board and other local strategic partnerships. This approach has been supported by an operational managers' group which has started to identify common themes and processes. This approach is designed to enable improved communication between the partnership Chairs, their officers and to provide a more efficient approach that avoids unnecessary duplication. To date these meetings have focussed on key areas of shared concern. These include increased pressures on mental health services (for both children and adults), self-harm amongst adolescents and the elective home education of the most vulnerable children. The current focus has been on transitional safeguarding, risk and referral routes and the sharing of risk registers.

As a result of the Joint Targeted Area Inspection (JTAI) undertaken in January 2019, the Board ensured multi-agency oversight of the action plan and received evidence of progress related to required improvements. These included improved partnership involvement in child protection strategy meetings and child protection conferences, which have strengthened the decision-making process to support children.

While there is evidence that physical attendance at strategy meetings and child protection conferences reduced during the pandemic, there is evidence that in the absence of physical partner representation, technology has enabled virtual attendance, and where this is not possible relevant information is being provided. However, partners are aware of the need for further exploration as to the effectiveness of different approaches and for this to ensure a better understanding of the impact of these on the effectiveness of the process and especially the experience of families.

Areas for focus

Whilst the pandemic is no longer resulting in national restrictions, it continues to provide challenges which I consider the Board is well placed to meet. In addition, issues such as the pending cost of living crisis and the war in Ukraine will inevitably present different challenges and will impact on safeguarding. To that end a forthcoming session of Safeguarding Board and Safeguarding Partnership will examine the longer-term impact of Covid-19 along with the new crisis. This will help to identify how the traditional approach to safeguarding may have to be adapted with feedback already suggesting that issues such as mental health and hidden harm are likely to emerge. The further development of 'Transitional Safeguarding' has previously been agreed as a priority for the Board. This is being supported by those leading local strategic partnerships and is the focus of a recently established task and finish group.

Therefore, in line with the agreed high-level direction contained within the Board's strategic plan, its focus for 2022/23 should ensure it continues:

- To develop its all-age approach to securing assurance of core safeguarding activities.
- To develop its understanding of the new safeguarding requirements emerging from the impact of the pandemic. This includes the identification of potential safeguarding risks and effective ways of working.
- To develop effective strategies to improve understanding of the difficulties and disadvantages faced by some groups within our community and that inform local safeguarding processes.
- To improve the Board's ability to secure feedback from those it seeks to safeguard and ensure that the feedback shapes service development.
- To promote multi-agency support for vulnerable children transitioning into adulthood and practice that is informed by an understanding of contextual and complex safeguarding.

- To develop the quality assurance process to ensure that the Board can focus on areas requiring improvement within the adult and children safeguarding process.
- To develop work in respect of:
    - Contextual Safeguarding
    - Serious violence and exploitation
    - Evaluating the impact of local procedures and learning from multi-agency case reviews/ audits.

This report summarises the work of the Board during a year in which unique pressures were brought to bear on individuals and local systems. I would therefore like to thank the many staff working across wide-ranging local services for their hard work and the additional efforts they've made. Their responses have been outstanding and have ensured that vulnerable people in Bracknell Forest have continued to be supported.

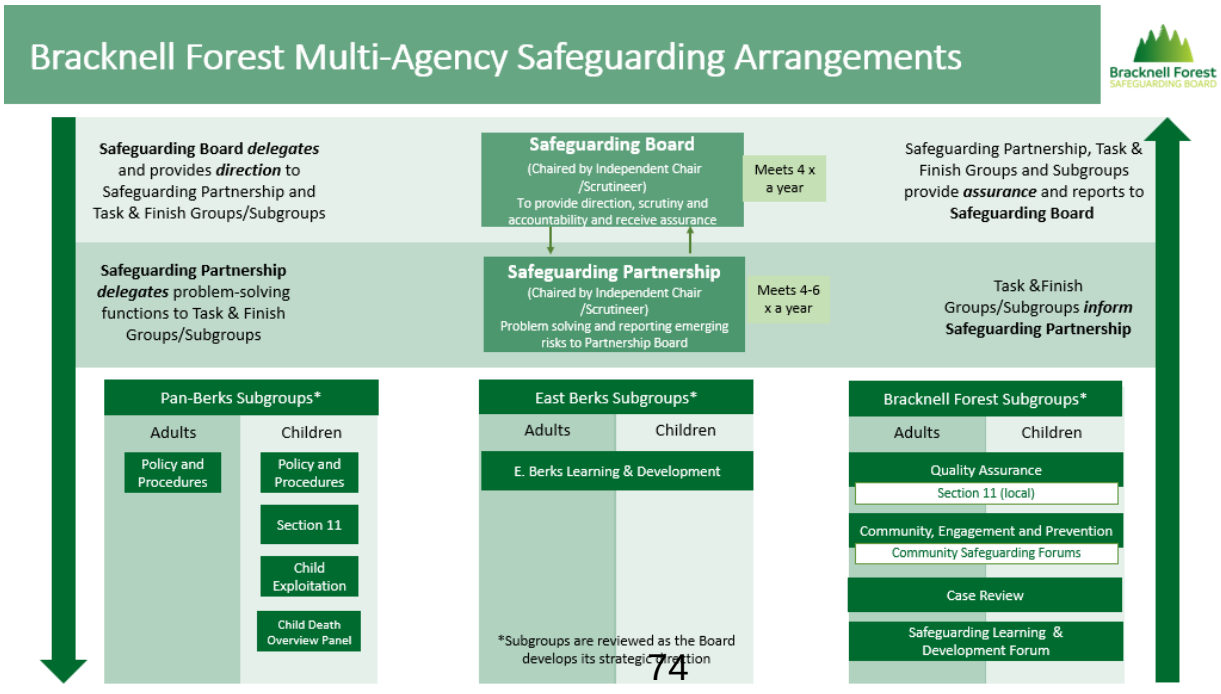
Brian Boxall
Independent Chair and Scrutineer
March 2022

3. Safeguarding Board Structure and Multi-agency Safeguarding Arrangements

In 2019 Bracknell Forest Council, Thames Valley Police and Frimley CCG published their multi-agency safeguarding arrangements for children, together with their plans to integrate the requirements of the Care Act to ensure an 'all age' approach to safeguarding the most vulnerable residents within the borough.

A structure to support our work (see figure 1.1) consists of:

- A Safeguarding Board whose membership includes senior decision makers of each of the three statutory partners and who fulfil the statutory requirements in relation to safeguarding both children and adults
- A Safeguarding Partnership whose membership includes representatives from a wide-range of local partners from statutory and non-statutory organisations
- Local and regional subgroups and task and finish groups



The Board has continued to develop following the merger which was effective from 1st July 2019. The Board comprises senior leads from statutory partners, has an Independent Chair and Scrutineer (ICS) and meets on a quarterly basis. The Board leads adult and children safeguarding arrangements across its locality. There has been 100% attendance from safeguarding partners throughout the year.

All partner organisations within Bracknell Forest are expected to prioritise a safeguarding approach that promotes the values of respecting individual's dignity, individual rights and that aims to help them feel or actually be safe. Promoting the concept of 'safeguarding being everyone's business' is at the heart of the collaborative philosophy promoted within the work of the Board.

The partnership member organisations are currently:

Berkshire Healthcare NHS Foundation Trust	NHS England
Bracknell Forest Council	Police and Crime Commissioners Office
Bracknell Forest Public Health	Public Protection Partnership
Bracknell Healthwatch	Representative of Faith & Belief Group
CAFCASS	Royal Berkshire Fire and Rescue Service
Care Quality Commission	Royal Military Academy
Department of Work and Pensions	Silva Homes
Frimley Clinical Commissioning Group	South Central Ambulance Service
Frimley Health Foundation Trust	Thames Valley Police: Local Policing Area
Headteacher representatives	Thames Valley Police: Protecting Vulnerable People
Involve	The Ark
National Probation Service	West London Mental Health Trust

The Board met four times in the year providing oversight and direction to strategic and operational safeguarding activity across Bracknell Forest.

4. Progress against strategic plan priorities

During 2019/20 the Safeguarding Board has developed its strategic plan for 2020-2022. During 2022, the Board agreed to extend the duration of the plan to 2023. Progress of individual actions is contained in the Appendix 1.

The plan adopts a systems approach to ensure approaches to statutory safeguarding responsibilities and is underpinned by the following strands:

- Prevention – ensuring partners work together to prevent all forms of harm recognising the long-term consequences
- Protection – ensuring a robust outcome focussed approach to protecting people at risk of abuse and neglect
- Partnership – seeking assurance of the effectiveness of local partnerships and collaborations to safeguard people
- People – seeking assurance that people who use services are involved in safeguarding processes and the work of the Board

The overarching strategic direction for 2020 – 2023 is:

"Working together, and as individual partners, we will be vigilant to be able to identify, understand, prioritise and respond quickly to risks and issues arising throughout our local community, particularly those caused or intensified by the impact of Covid-19 as captured in the Board's risk register."

Oversight of the plan is provided by the Board and Partnership and subject to scrutiny by the ICS.

Partner Organisations' Contributions to the Strategic Plan

The Board asked partner organisations how their adult and children safeguarding priorities/ actions, implemented during 2020/21, contributed to the Board's Strategic Plan.

Bracknell Forest Council

The council has continued to work tirelessly to safeguard all members of our community.

During 2021/22 we continued to support the community through the Covid-19 pandemic. This support included universal support with key issues such as vaccine roll-out, public health and health protection messages and support to social care providers to maintain safe practices and financial sustainability. In addition to this, our practitioners have worked hand-in-hand with local partners to maintain vigilance and awareness of potential harms that were direct impacts of societal changes during the pandemic. One example of this approach was our focus on face-to-face working in children's social care so that we directly saw children at risk and their circumstances. We have developed a Covid-19 Recovery Strategy for children's social care to oversee our emergence from the pandemic and ensure that children are safeguarded.

We have continued to strive to develop our consistency of practice through quality assurance activities. This includes work that the council supports through the Safeguarding Board's Quality Assurance Subgroup, and our internal audit programme. Our monthly Quality Board is chaired by our DASS/DCS and provides effective overview of practice as well as alignment to learning from Safeguarding Board partners. The council has continued to evaluate our services against regulatory and inspection standards, undertaking self-assessments and internal peer reviews of our practice and our policies and standards, developing action plans for continuous improvement as a result.

The council supports partnership work to enhance safeguarding. We support, lead and coordinate a network of Bracknell Forest-based partnership groups at a strategic and operational level. During 2021/22 we re-introduced the Learning Disability Partnership Board to ensure that people who use services and partner agencies are actively shaping the way that we develop and deliver services and support.

Frimley Clinical Commissioning Group (CCG)

See CCG response to 'changes made in light of findings from SARs and CSPRs' on page 37.

Thames Valley Police

- We will seek assurance about the effectiveness of local partnerships and collaborations to safeguard people
- We prioritise investment in the Board and Partnership work in TVP. We contribute financially and represent TVP at all statutory meetings. We have MASH and missing/exploitation hubs where we have co-located teams. We have safeguarding officers on all local police areas within our Neighbourhood teams, and as you can see from the training programme we have invested heavily in training in vulnerability and risk.
- We will work to ensure partners work together to prevent all forms of harm recognising the long-term consequences.
- We have a violence reduction unit who have a pioneering approach to data sharing across all statutory agencies. They are also driving awareness around trauma informed policing. Their emphasis is on prevention and diversion for young people involved in exploitation,

knife crime, DA, and VAWG related offences. Long term problem solving, and partnership approach is the key.

- We will ensure a robust outcome-focussed approach to protecting people at risk of abuse and neglect.
- TVP strategic priorities are very much aligned to the drive for outcomes (criminal justice and out of court disposals). TVP VAWG strategy has a pillar of work around relentless pursuit of perpetrators with a focus on outcomes for suspects in the system.
- We will seek assurance that people who use services are involved in safeguarding processes and the work of the Board.
- Voice of the child and more recently voice of the adult have been woven throughout our processes over the past 5 years. Our risk assessment processes around DA has incorporated voice of the child; our adult protection referrals include a section on voice of the adult. We regularly audit and monitor both aspects in our service improvement reviews and performance meetings.

Berkshire Healthcare NHS Foundation Trust (BHFT)

- Partnership – BHFT engaged in multi-agency working groups and sent senior representation to the Board (Director Level) to ensure strong partnership working.
- Prevention – The Trust has facilitated virtual face to face safeguarding training incorporating learning from local reviews to ensure staff are competent in recognising early signs of abuse and neglect and taking action to prevent harm. Safeguarding has been prioritised during the pandemic and NHS safeguarding staff have not been relocated. The trust run on-call advice lines for staff for both safeguarding children and safeguarding adults to ensure staff have quick access to advice. All staff working with children receive Child protection case supervision. Multi-agency meetings such as strategy meetings, early help meetings and core groups are prioritised by staff.
- Protection – Child protection conferences are prioritised and staff receive supervision where child protection plans and outcomes are reviewed with a specialist child protection named professional. Named professionals support staff to challenge where cases are not progressing or positive outcomes for children are not evident
- BHFT has a strong user feedback system to inform development of services

Frimley Health Foundation Trust (FHFT)

FHFT carried out 4 audits:

1. Information sharing deep dive to analyse the presentations referred to identify themes and patterns to help inform the partnership and enable service provision.
2. Analysis of young people mental health presentations. Findings from this have been shared with safeguarding partners and commissioners to inform future service development
3. CPIS audit to assess whether the appropriate information for safeguarding was being shared in a timely manner.
4. MCA and DoL audit to assess the use of MCA and appropriate DoLS applications to ensure any Deprivation of liberty was carried out in a person's best interests and in the least restrictive way including their wishes and feelings are known and recorded. Updated training is now in place as an outcome from this audit.

Broadmoor

Safeguarding Adults:

In July 2021, the social work service TUPE'd into direct Trust employment, previously being employed by Ealing Council. This resulted in revising the Section 75 Tri-Partite agreement and associated risk assessment **(Partnership)**

We continue to ensure the completion of closure forms involving patients and their views for every termination of a safeguarding plan. On closure, any safeguarding related action points that do not need a stand-alone plan are incorporated into the patient's nursing care plan. **(Prevention, Protection, People)**

There is continued close monitoring of "below-safeguarding threshold" concerns, with each of the 14 wards using specific safeguarding and Prevent action logs within their clinical team meetings for these cases. **(Prevention and Protection)**

In 2021-2022 we continued to have safeguarding representation through an allocated social worker attending the Seclusion, Management and Review Group (SMARG). The social worker contributes to long term segregation reviews with patients. **(Prevention, Protection and People)**

A social work safeguarding representative attends the Internal Referrals and Transfers weekly meeting (IRT). This meeting makes decisions on all internal patient transfers between wards. **(Prevention and Protection)**

The hospital has continued to develop staff awareness on maintaining professional boundaries. Staff receive mandatory boundaries training, and the Trust has recently commissioned active bystander training.

In August 2021, Broadmoor Hospital started to implement the "Safewards" initiative. This is a recognised model that encourages staff, patients, carers and other support persons to work together to make wards safer for everyone.

Social workers and other disciplines now act as Domestic Abuse Prevention Ambassadors (DAPAs), having received the required training. The Trust has also published a Staff Affected by Domestic Abuse policy, ratified in June 2021. **(Prevention, Partnership, Protection and People)**

We continue to adopt "making safeguarding personal" principles, enabling patients (where possible and appropriate) to contribute to decision making and their safeguarding planning. The hospital maintains a proportionate response approach, where some safeguarding related concerns are effectively and proportionately managed outside of a formal safeguarding framework. **(People)**

An established BAME carers group continues to meet every two months, facilitated by the social work manager. The group continues to review and provide input into ensuring services delivered are culturally sensitive and appropriate to people from a BAME background. **(People and Partnership)**

Safeguarding Children

In this review period, authorised children (approved to have child visits in their best interests) have had both face to face and virtual visits with their relatives. Following some suspensions of face-to-face child visits due to Covid-19, face to face child visits have now resumed with Covid-19 management protocols in place. All child visits are subject to robust assessment and authorisation in full compliance with the Department of Health, High Secure Directions for Child Visits (2013). In the last year (April 2021-March 2022), there was a total of 28 face to face and 18 virtual child visits. There are presently 15 families who are approved to have child visits. **(Prevention, Protection and People)**

The child visits panel and the safeguarding children clinical improvement group (SCCIG) are held monthly. The panel and the SCCIG have representation from Bracknell Forest children's social care department. **(Prevention, Partnership and Protection)**

The Trust's central safeguarding team has led a project to develop a more unified recording process for preparing and collecting feedback on child visits across the whole Trust, including Broadmoor Hospital. **(Prevention, Protection and People)**

The new child visits film has recently been completed, following the move into the new hospital in 2019. This new film provides information to families and children and features a "walkthrough" of a child visit from a child-focused perspective, using a child actor. **(People)**

The Trust central safeguarding team now produce a monthly safeguarding children and adult data report for all individual service lines across the Trust, including Broadmoor hospital. This report is reviewed by the SSCIG and focuses on child visits, training compliance, Trust developments, projects and initiatives. **(Prevention, Partnership, People and Protection)**

Royal Berkshire Fire and Rescue Service (RBFRS)

Please see the below points regarding how RBFRS' Safeguarding Team has contributed to the Bracknell Forest Strategic Plan and what actions and priorities we have implemented:

The Safeguarding Team have designed and created a Safeguarding Action Plan of our key actions and priorities. This is based around our quality assurances to ensure we are effective with partners and collaborating together to safeguard vulnerable adults and children. Please see the Prevention section below.

The four areas of the BF Strategic Plan:

- **Partnership - We will work to ensure partners work together to prevent all forms of harm recognising the long-term consequences.** The Safeguarding Team has created an up to date Safeguarding Information Sharing Agreement which we intend to share with all key partners soon. We attend regular Professional's meetings, Child Protection meetings, Risk Framework Meetings, Section 42 and Section 47 enquiry meetings, MAPPA and MARAC meetings to provide support to partners and the vulnerable individual being discussed. We will continue to cascade our service provisions through to external agencies, teams and departments.
- **Prevention - We will seek assurance about the effectiveness of local partnerships and collaborations to safeguard people**. We seek assurance from specific safeguarding criteria or assessments, as follows: the National Fire Chiefs Council Self-Assessment, Berkshire Safeguarding Adult and Children's Self Assessments/Section 1 Audits, the Peer Review that RBFRS implemented with the assistance of Bracknell Adult Board, the National Safeguarding Fire Standards, our internal Service Plans and HMICFRS (Her Majesty's Inspectorate and Constabulary for Fire and Rescue Service's). We are currently being inspected for the next 6 weeks by HMICFRS. The Safeguarding Team have two slots where they will be scrutinised and questioned.

- **Protection - We will ensure a robust outcome-focussed approach to protecting people at risk of abuse and neglect.** Due to the significant increase in safeguarding referrals and Threat of Arson referrals, not just recently but in the past five years, we believe that we have a very robust outcome-focused procedure in place to protecting individuals at risk of abuse and neglect. We have a 24/7 provision of support from managers and Duty Officers within RBFRS who regularly collaborate and communicate to ensure we are being consistent in providing a good service to those most at need.
- **People - We will seek assurance that people who use services are involved in safeguarding processes and the work of the Board.** Throughout our Safeguarding Training courses to all staff and volunteers we have emphasised the importance of considering the voice of the individual who is at risk. Part of our training involved Making Safeguarding Personal (MSP) and we also have a page on MSP on our Safeguarding Intranet page. We also have a caveat on our new safeguarding referral form that specifies their awareness of considering the individual's point of view and involving them in the conversation regarding safeguarding them for further support.
- Actions from the previous submission in 2020/2021:
    - A3 There is demonstrable commitment to safeguarding adults. This includes senior management representation on, and active support of, the BFSB (Board members need to be sufficiently senior to commit resources and make strategic decisions) as well as participation in any Safeguarding Adults Review (SAR) undertaken by the BFSB.
    - To review our attendance at Adult Safeguarding Boards and their subgroup meetings. The Safeguarding Team have designed a Meeting Structure Framework which has now formed part of our Safeguarding Action Plan and we hope to increase our attendance at Board meetings and their subgroup forums.
    - This framework has been presented to both management tiers in Prevention and Collaboration (Safeguarding) departments. Further discussions will be held with regards to how best to implement further capacity to increase attendance at all Berkshire Safeguarding Boards.
    - The Safeguarding Team have taken the points to the RBFRS Safeguarding Working Group.
    - In November 2020, RBFRS initiated and implemented a Safeguarding Peer Review. There were three core themes within the Peer Review; efficiency, capacity and resources. The Safeguarding Manager invited members of all six Local Authorities from various Safeguarding Adult Boards/Partnerships, including on practitioner levels. We also saw this as a great opportunity to invite internal staff so they felt their voices could be heard from a service user perspective. The Chair of this Peer Review was the Safeguarding Adult Business Manager at Bracknell Forest Council. These themes were due to the lack of capacity which has improved support of the safeguarding function. However, due to the significant increase in referrals, we are still feeling the strain of attending all Board meetings on a regular basis. We hope this will be improved in the near future.
    - As a result of this Peer Review, a report with recommendations has been shared with all Safeguarding Adult Boards and Partnerships to ensure we are remaining transparent.
    - As part of our submission in 2020/21, we have created an action plan that now highlights, in a central place, what all our actions are as an organisation.

National Probation Service (NPS)

Following unification of the Probation Service, the addition of a new "Regional Information Assurance Lead" posts have been agreed. Once appointed, the new leads will ensure regions are following all relevant policy and guidance and will ensure regional information sharing agreements are in place, being monitored and managed effectively.

The HMMPS Information Sharing Policy provides guidance and support to practitioners in establishing Information Sharing Agreements to make the process as straight forward as possible.

The MASH national partnership framework sets out the Probation Services' principles for engagement with MASH, one being commitment to timely and appropriate information sharing that is defensible within legislation and proportionate to risk and circumstances.

Probation's Safeguarding Children Partnership Framework sets out the process of information sharing on an internal and external basis.

Local Community Safety Partnership Information Sharing Agreements: Each PDU would have one with the local community safety partnerships. Copies would not be national but there is this overarching policy framework that would include children services as a "relevant local authority".

The Joint National Protocol outlines the process of information sharing between the Probation Service and Youth Offending Service.

Staff are pointed to relevance guidance from relevant websites, Local Authority web pages etc to help them understand the thresholds for making a referral for Early Help, TAC, CIN and CP.

Staff have access to and understand local safeguarding children and adult partnership procedures.

Staff contribute to and attend multi-agency forums and meetings e.g., TAC, CIN, CP, MAPPA and MARAC.

Relevant processes are loaded on to process mapping portal to support practitioners with processes for sharing information, with other practitioners and with safeguarding partners.

Community Safety Partnership

The Bracknell Forest Community Safety Plan for 2020-23 contains the following priorities together with our aims and how we will achieve them:

Tackle exploitation of children, young people and vulnerable adults

Aims:

- maximise the use of criminal and civil powers to target harden areas, and deter offenders
- drive improved identification of victims and provide enhanced levels of immediate and sustained support
- make sure that the community is equipped to recognise and report exploitation and know how to minimise risk to all vulnerable people

This will be achieved by:

- monitoring the use of civil powers, for example, Community Protection Notices
- increasing the number of practitioners trained to recognise the signs of exploitation and how to refer for support
- increasing the number of referrals of suspected victims of modern slavery and exploitation to the National Referral Mechanism

Reduce incidents of serious violence, sexual offences, and knife crime

Aims:

- understand the risks around knife crime, reduce the harm it causes and reduce knife crime incidents
- increase awareness of what constitutes a sexual offence among young people, empower them to report sexual offences and bring more offenders to justice

This will be achieved by:

- reducing personal robbery incidents
- increasing the number of young people engaged in outreach locations in awareness of violence prevention
- monitoring increased confidence of young people to disclose or report sexual offences
- adopting a long term, preventative approach to violence reduction in collaboration with partners

Work with communities to deal with crime and antisocial behaviour hotspots (including drug related crime)

Aims:

- consult with communities to identify crime and disorder hotspots and work to improve the safety in these areas using civil and criminal legislation

This will be achieved by:

- exploring and investigating hotspots identified in the 2019 Crime and antisocial behaviour consultation
- monitoring the number of cases referred and resolved by the partnership problem solving groups

Reduce harm caused by domestic abuse

Aims:

- prevent and intervene at the earliest stage possible
- reduce the risk of people becoming repeat victims of domestic abuse
- reduce the harm caused to children and young people affected by domestic abuse

This will be achieved by:

- monitoring the percentage of clients reoffending who have completed a perpetrator programme
- monitoring the number of victims referred to Berkshire Women's Aid
- monitoring the repeat rate of domestic abuse crimes
- continuing to deliver appropriate interventions and specialist support for children and young people affected by domestic abuse

Reduce incidents of residential burglary and theft from vehicles

Aims:

- make Bracknell Forest a hostile place for burglars and vehicle thieves to operate by encouraging community resilience, holding developers to account and pursuing offenders

This will be achieved by:

- reducing incidents of thefts from vehicles
- reducing incidents of residential burglary
- increasing the number of crime prevention messages to the community

Indicators of note are:

No.	Priority	Indicator	Summary	BFSB Strategic Priority
1.2	Tackle exploitation of children, young people and vulnerable adults	Monitor the number of children referred to the MACE and Makesafe Exploitation Prevention Groups	68 Makesafe referrals 16 MACE referrals	Partnership Prevention
1.3	Tackle exploitation of children, young people and vulnerable adults	Monitor the number of exploitation prevention community awareness campaigns	Act Now joint-funded between police and CSC working with a cohort from different schools identified as being at risk of exclusion. Includes activities and mentoring	Partnership Prevention
3.1	Work with communities to deal with crime and ASB hot-spots (including drug-related crime)	Monitor the number of cases referred and resolved by the partnership problem-solving groups	Main PPSG: 28 referred 25 resolved Town Centre PPSG: 15 referred 19 resolved	Partnership Prevention
4.1	Reduce harm caused by DA	Monitor the reduction of harm through the work of the MATAC (Multi-Agency Tasking and Co-ordination – DA Perpetrators), including partnership engagement	47 cases discussed	Partnership Prevention Protection
		Monitor the % of clients reoffending who have completed the agreed work with DAPS (Domestic Abuse Perpetrator Service)	69 referrals. Of the 91 that have completed the programme (in previous 4 years) 7 have re-offended (that we are aware of and has resulted in police intervention) = 7.69% recidivism rate.	Prevention Protection
		Monitor the number of referrals to BWA	238 referrals	Prevention Protection
		Monitor the risk levels for victims supported by BWA at case referral and closure	Q1: 90% reduced risk Q2: 100% reduced risk Q3: 94% reduced risk Q4: 91% reduced risk	Prevention Protection

It is also noted that a review of CSP key focus areas for the 2022/23 year took place in January 2022 followed by a public consultation to ensure that the CSP was focussing on those areas of most importance to the community. The review and consultation contributed to all 4 strategic priorities of the BFSB.

Silva Homes

Partnership - We will work to ensure partners work together to prevent all forms of harm recognising the long-term consequences.

We attend many meetings of the safeguarding and community safety partnership, including MARAC, child protection and risk framework meetings.

We have used our internal transfer process to move customers identified as at risk of harm by partnering agencies.

Our hoarding support group is available for all partnering agencies to refer individuals to.

Prevention - We will seek assurance about the effectiveness of local partnerships and collaborations to safeguard people.

As part of an independent review of our safeguarding processes we have tightened our procurement processes to require safeguarding statements from all partnering agencies that we contract to go into customers' homes.

Colleagues know to prioritise strategy meetings, early help meetings and core groups.

Protection - We will ensure a robust outcome-focussed approach to protecting people at risk of abuse and neglect.

Our customer relations partners (tenancy) investigate every concern raised by colleagues, partnering agencies and members of the community.

Following the lifting of Covid-19 restrictions, we pro-actively carried out a home visit to every customer that had been flagged as at any level of potential risk during the pandemic.

People - We will seek assurance that people who use services are involved in safeguarding processes and the work of the Board.

Every new starter has an induction session with our safeguarding lead which includes a section on making every contact count and the voice of the individual in the safeguarding process.

Involve Community Services

We have increased the number of child and adult safeguarding training sessions to the sector so to strengthen understanding of this across the VCS. In addition, we have worked in partnership to develop an in-house learning pack that can be utilised by organisations.

The Ark Trust

Informing the Board of issues within the community – particularly those of unpaid carers, people with disabilities and those impacted by Covid-19. Supporting the carers Voice project/ work streams.

Providing services and activities to the community to prevent harm, potential safeguarding issues e.g. the community hub, signal4carers, hospital2home, befriending.

Healthwatch Bracknell Forest

Our safeguarding approach ensures we contribute to all elements of the strategic plan that are relevant to our services.

1. Recruitment of staff and volunteers are recruited, and DBS checked in line with our recruitment policies and procedures and our safeguarding policies and procedures.
2. We have clear procedures for our staff and volunteers to follow when identifying and responding to risk of harm/safeguarding concerns.
3. We maintain a culture that instils that safeguarding is "everyone's business" – This culture is maintained via staff/volunteer meetings, induction, debriefs on activity, cross organisational training, learning, reflection and collaboration.
4. We have an organisational safeguarding lead who provides support and guidance across teams and maintains a log of safeguarding that includes learning and reflection to improve practice as required.
5. We work collaboratively with a range of partners in the borough, sharing best practice and intelligence as required and appropriate.

5. Impact of Covid-19 and the Board's response

Throughout the period of the pandemic, BFSB has continued to develop its responsive approach to the emerging safeguarding challenges whilst also maintaining its focus on its statutory functions set out within its Terms of Reference and Constitution. The Board has maintained a focus on the reassessment of risks based on its analysis of evidence gathered from local organisations. Such information is routinely shared with other strategic partnerships operating within the borough and informs the review of the Board's priorities.

The Board facilitated a partnership workshop in March 2022 to determine the impact of Covid-19. As a result it was agreed that the true impact of the pandemic, particularly in relation to the true impact of harm that may still remain hidden or not fully realised, was yet to be determined. It was also agreed that increased cost of living and the war in Ukraine would further increase local people's vulnerability. It was therefore agreed the Board strategic direction, being vigilant on emerging risks, would continue during 2023.

6. Communications

To be proactive in preventing / minimising harm during the pandemic, the Board's Business Unit (BU) revised its existing communications strategy and worked closely with others to reiterate key safeguarding messages designed to combat hidden harm and encouraging communities to remain vigilant, to spot signs of abuse/neglect and to report any concerns promptly.

The BFSB website has continued to be updated during the year to provide additional information relating to local and national measures. In turn, these messages are supported through the use of social media such as:

- Facebook - www.facebook.com/bfsafeguarding
- Twitter – www.twitter.com/BFSafeguarding

These activities are guided by an established strategy that ensures information is disseminated using one of the three channels below:

1. Local residents
2. Front line staff and volunteers
3. Strategic partners

In addition, the 'Board Bulletin' continued to provide an opportunity for the BU to update partners and promote key messages. Mindful of the need to reach all communities within the borough, BFSB further developed the work of the CEP subgroup, details of which are set out in section 7.2 below.

6.1 Local and regional leadership

As outlined in our annual report 2019-2020, the Board's response to Covid-19 has continued to be one of operating a high level of vigilance and to ensure an evidence-based approach to understanding the potential risks identified through regular meetings with our wider partners. This analysis continued to inform the Board's strategic planning and helped shape decision making in respect of information sharing with wider stakeholders, including residents within the borough. While the longer-term effects of Covid-19 will require the Board to continually review its work; this is done in conjunction with other strategic partnerships including:

- Community Safety Partnership
- Domestic Abuse Executive
- Health & Wellbeing Board
- Care Governance Board
- Corporate Parenting Advisory Panel
- Children's Strategic Partnership
- BF Community Response Group
- BF Covid-19 Communication Group

7. The work of the Board's subgroups

7.1 Quality Assurance subgroup

The Quality and Assurance (QA) subgroup has continued to develop its work. Data for safeguarding children and adults core pathways are reviewed at each meeting. Safeguarding data provided by partners is also reviewed periodically. A multi-agency review of the quality of safeguarding referrals in respect of both children and adults identified both good practice and some areas for improvement. As a result, a multi-agency partnership action plan has been produced and will be monitored over the coming year.

The subgroup continued to receive assurance of partners' safeguarding systems with presentations from Bracknell Forest Early Help, Children's Social Care, Frimley Health Foundation Trust and Berkshire Healthcare NHS Foundation Trust. The subgroup also continued with its oversight of partners' safeguarding self-assessments (including their compliance with the existing 'Section 11' requirements), and its oversight of the JTAI action plan.

7.2 Communications Engagement and Prevention subgroup

The Communications, Engagement and Prevention (CEP) subgroup has met on four occasions. To support its inter-agency communications, during the past year the Board has produced bulletins, circulated information via social media and promoted information links to its website. The CEP subgroup has continued to identify how to engage with the local community to promote their role in identifying /reporting concerns and to obtain informative feedback. The CEP subgroup continues to promote 'what good looks like' documents in respect of the provision of services for children and care for vulnerable adults.

During this period, work has continued to identify inequalities and to promulgate safeguarding messages to 'seldom heard from' communities in order that the Board can receive feedback to strengthen local safeguarding processes.

The 2021 Safeguarding Week provided a further opportunity for the Board to promote its community engagement work and to raise awareness of safeguarding risks. A Safeguarding Forum attracted representatives from a wide range of community groups and organisations. Other events at the Lexicon Shopping Centre and the Bracknell Vaccination Centre also helped to spread key safeguarding messages. In addition, banners containing safeguarding messages were provided by the Board and promoted by partners within the voluntary sector.

Additional work in progress includes:

- Capturing the lived experience of carers and young carers, and producing corresponding safeguarding awareness resources
- Focusing on prevention activity and resources
- Developing resources to support staff of all organisations and the public, to be able to recognise risks before they become a safeguarding matter, and to ensure everyone is aware of the corresponding reporting pathway.

The subgroup is now planning to embed and evaluate existing work and also considering the potential to take forward community engagement work with carer groups, to expand campaign materials and to implement work to map and promote indicators of risks and associated referral routes.

7.3 East Berkshire Learning and Development subgroup (L&DSG) and the Bracknell Forest L & D Forum

The East Berkshire Learning & Development subgroup has continued to collate lessons learned from case reviews undertaken across Bracknell, Slough and the Royal Borough of Windsor and Maidenhead. The subgroup meets regularly to ensure systems are developed to share learning consistently from local case reviews. In addition, the group is responsible for promoting standards in respect of safeguarding training and will provide oversight of systems to quality assure single and multi-agency training. The group has reviewed its quality assurance approach and is working to improve its evaluation of the impact of learning and training. While ensuring a collaborative approach is maintained across the region, BFSB has also continued to work to strengthen its support for local organisations operating within the borough.

Following the creation of a dedicated Learning and Development Forum within Bracknell Forest, the Board has helped a range of organisations, (including many from the local voluntary and community sector) establish a framework for ensuring their staff and volunteers received high quality safeguarding training. Partners have started to share their training strategies and the group are supporting partners in establishing their role to improve the quality and evaluation of their training.

7.4 Partner Safeguarding Training

The Board asked partner organisations to provide information about their safeguarding training during 2021/22.

Bracknell Forest Council

During 2021/22 the following safeguarding training has been completed by BFC staff.
E-learning: Safeguarding Children 164 (16% of all staff)
E-Learning: Safeguarding Adults 271 (26% of all staff). This is a mandatory course.

Face to Face Courses

Level 1	Safeguarding Children	16
Level 2/3	Safeguarding Children	1
Level 2/3	Safeguarding Children - refresher	3
Level 1	Safeguarding Adults	22
Level 2/3	Safeguarding Adults	21
Level 1	Mental Capacity Act	9
Level 2	Mental Capacity Act	13
Level 3	Mental Capacity Act	17

The safeguarding children and adult courses are multi-agency and therefore open to all partners.

Other safeguarding courses available to staff included:
- Child neglect and poverty aware practice
- Child protection conferences induction/refresher
- Children Looked After reviews induction/refresher
- Court procedure
- Discharge of care orders and revocation of placement orders
- Managing allegations against adults who work with children and young people

Frimley Clinical Commissioning Group (CCG)

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.

The e-learning packages are national packages offered across the health system.
Level 1 - Adults and children safeguarding, Prevent and Modern Slavery is a mandatory requirement for all CCG staff, and this is conducted by way of an e-learning package.
Level 2 - As a CCG we have very few front-line practitioners, however we recognise that some do contribute and are involved in case discussion and MDT meetings where commissioning of services and provision is considered. We have identified those that need level 2 and level 3 training and have endeavoured to enrol them on the correct courses to cover the need and in line with the NHS intercollegiate training guidance for adults and children. Level 2 is delivered partly by e-learning and partly via an interactive Teams training session, which is then evaluated via the written feedback given by each attendee for its effectiveness.
Level 3 – Our Continuing Health Care Nurses, Medicines Optimisation Team and Leaders in our Quality and Adults/Children's commissioning teams receive Level 3 training. Additionally, we provide Level 3 training via MS Teams for Primary Care and other colleagues three times a year covering adults, children and Prevent, as well as having a local focus on safeguarding reviews which we discuss interactively as case studies that have taken place across East Berkshire; this is well attended. We request evaluation feedback of the impact of the training after each session and adapt our next training sessions based on this.

As we develop into an ICB we have IT systems that are aligning across five Places and therefore the training certification and recording for level 2 and 3 training reporting on level 2 and 3 is in progress.
Level 1-82% Adults 81% Children

3b. Evaluation on the quality of your training activity/programme.

For Level 2/3 we have moved to MS Teams to deliver training, and this was gratefully received both by presenters and attendees. The interactive case studies produce an additional learning opportunity to discuss and ask questions. To enhance training, we also provide a CCG training library which can be accessed by all to support self-directed learning. We also respond to individual needs by offering short, focused webinars on topics that are relevant at the time following a Rapid Review, a SARs or a CSPRs. We use evaluation forms to ask the attendees about their experiences and opinions of the training we provide, and any recommendations are noted and acted upon. One example of this was the Safeguarding Lead GPs meeting which we had previously conducted separately for each East Berkshire location but have now combined to one meeting for a richer learning across the Primary Care Networks.

3c. Details on the impact of safeguarding training on practice.

We ask for reflective evaluations from all those present at training to gauge the impact it has had and one of the questions is how you will change your practice following this.
We see a noticeable increase in reaching out/enquiries into the CCG Safeguarding Team and an increase in referrals to agencies. An good example would be: following the training session given of the male victim of domestic abuse, we had positive feedback from a GP Practice that the training had given them confidence to have a conversation with a male patient and they were able to direct him to further support.

3d. Has the organisation identified any gaps in safeguarding training?

We respond to local issues and this shapes any training going forward. Going into the ICB and as part of the ICS System we are currently discussing a joint strategy and safeguarding training plan which all organisations can use.
An area that we want to include is resilience and keeping staff feeling safe in safeguarding and recognising this as an emotive area of work.

Thames Valley Police

Vulnerability and risk package 1 (V&R1). This package covers:

- Adult Protection/at risk (Voice of the Adult)
- Safeguarding referrals to MASH
- Stalking Protection Orders
- Clare's Law
- Sarah's Law
- Professional Curiosity/Secondary Investigation

The target audience for this is:

- Front line Officers
- NH Teams (incl PCSO's)
- RP Officers
- Specials

In relation to Special constables delivery we have split the package into two parts as a specials training evening only lasts 2.5 to 3 hours.

To date we have trained 1168 officers and staff which equates to 45.59% of the 2562 target audience. Of the remaining 1394, 816 people are currently enrolled for scheduled dates. The remainder are still being worked on. No evaluation of the training has taken place as yet – this will follow soon.

As of August 2022, we will be launching the V&R2 package (which will have the same target audience as V&R 1) and cover:

- FGM
- Rape and serious sexual assault
- Radicalisation
- Autism Awareness

We have also delivered DA Matters training to approx. 2,500 frontline officers and staff over 2020-2022 (delays due to Covid-19). Final evaluation has been incredibly positive. We are growing a DA matters champion network of specialists and currently have 110 champions who have received additional training and will take on additional roles within the organisation.

Berkshire Healthcare NHS Foundation Trust

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.

Safeguarding training compliancy Trustwide in 2021/22was as follows:

Training	Level	Compliance level				Target
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	79.82%	84.13%	88.19%	89.29%	90%
Safeguarding Children	Two	90.35%	90.38%	91.83%	92.53%	90%
Safeguarding Children	Three	86.09%	87.02%	90.48%	89.22%	90%
Safeguarding Adults	One	88.60%	88.00%	95.40%	93.67%	90%
Safeguarding Adults	Two	60.18%	79.22%	85.76%	90.92%	90%
Safeguarding Adults	Three	26.77%	38.01%	66.16%	81.60%	90%
Prevent	Wrap	94.90%	95.50%	96.95%	98.39%	90%
Prevent	Channel	95.60%	94.33%	99.51%	99.56%	90%
MCA		84.69%	84.77%	85.97%	86.77%	90%
DoLS		82.50%	87.84%	93.42%	95.92%	90%

Initially level one training was e-learning and level two safeguarding adults training was e-learning but since January 2022 all training has been virtual face to face training including induction.

A large cohort of clinical staff (approx. 1500) were moved from requiring safeguarding adults level two training to requiring safeguarding adults level three hence the drop in compliance levels to 26.77% in June. Extra training was facilitated and it is forecast that by June 2022 over 90% of staff who require it will be compliant at level three. Some staff moved from requiring level one to requiring level two. And this training is now compliant at 90%.

3b. Evaluation on the quality of your training activity/programme.
Evaluation sheets are completed by staff following training and reviewed quarterly by named professionals. Training is regularly updated in line with local learning and information from evaluations. In Quarter four a mental capacity act audit was completed and recommendations from the audit will inform MCA and DoLS training going forward

3c. Details on the impact of safeguarding training on practice.
The MCA audit evidenced improvement in practice from the audit which was completed the previous year. Staff demonstrate knowledge of safeguarding and the advice lines are well used by all services. Calls to the advice line demonstrate that staff recognise safeguarding concerns and seek specialist advice to ensure they have followed processes correctly.

3d. Has the organisation identified any gaps in safeguarding training?
Training is constantly evaluated and reviewed. It was recognised that e-learning at induction which was introduced at the beginning of the pandemic meant that some staff were not clear about their responsibilities and how to get advice and support. Work was completed with the learning and development department and timetables were changed to ensure all safeguarding training is now virtual face to face.

Frimley Health Foundation Trust (FHFT)

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.

TRAINING

- Level 1 training is completed via e-learning with support from the learning and development team if needed.
- Level 2 training is completed by e-learning to all staff at induction.
- Level 3 safeguarding children's training is delivered to key staff as identified by the intercollegiate guidance (2019).
- National requirement set in 2018 for level 3 adult safeguarding training as identified in the intercollegiate guidance, increased the numbers of staff required to receive this training. Targeted training commenced in a staggered approach. The Training Needs Analysis (TNA) was amended in October 2020 to incorporate medical staff and band 7 nurses, further changes are planned for the future.
- Level 3 safeguarding adults training is completed via e-learning and via MS teams. Publication of the intercollegiate document increased the denominator of staff requiring level 3 training and so we experienced a subsequent drop in compliance. This is being rectified with a clear trajectory being worked through to achieve 85%
- Learning disability training will be added to the Statutory and Mandatory training in due course. A plan will be developed to implement this training for Trust staff. Currently all Trust staff receive LD training at induction.

Safeguarding Adults Level 1	92.77
Safeguarding Adults Level 2	93.62
Safeguarding Adults Level 3	62.51
Safeguarding Children Level 1	94.76
Safeguarding Children Level 2	92.04
Safeguarding Children Level 3	92.55
Prevent Basic Awareness Level 2	93.07
Prevent WRAP	90.40

Training compliance (31st July 2021)

3b. Evaluation on the quality of your training activity/programme.
All training is cross referenced and complies with the intercollegiate documents for both adults and children.
Evaluations are completed and reviewed. Learning from serious case reviews is embedded within the training.

A blended approach to training via MS Teams and eLearning is used, enabling the face-to-face element to be achieved.

3c. Details on the impact of safeguarding training on practice.
Numbers and quality of referrals to social care are monitored and reviewed by the safeguarding team. Audit is planned for next year.

3d. Has the organisation identified any gaps in safeguarding training?
All training is current and up to date and has had a recent review. No gaps identified in the training offer.

Broadmoor Hospital

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.

All staff are mandated to complete safeguarding adults and safeguarding children training. Between April 2021 and March 2022, all courses were delivered through e-learning and virtual training sessions. All registered professionals have a mandatory requirement to complete level 3 training courses for both adults and children. **(Prevention, Protection, Partnership and People)**

The level 3 training programmes comprise a modular e-learning programme, followed by a requirement to attend a tutored training session using Microsoft teams. At the time of writing, training compliance percentages are as follows:

- Safeguarding Level 1 (including children, adults and Prevent): **98%**
- Safeguarding Level 2 (including children, adults and Prevent): **99%**
- Safeguarding Adults Level 3: **89%**
- Safeguarding Children Level 3: **91%**
- Prevent: **99%**
- MCA training: **93%**

In addition to mandatory training, the Trust has provided several highly valued training sessions and webinars that have included topics on fabricated induced illness, adverse childhood experiences, trauma-informed care, and domestic abuse (including working with perpetrators of domestic abuse). In this past year, the Trust has further commissioned training from Small Steps, looking at the radicalisation impact of far-right extremism. Domestic Abuse Prevention Ambassador (DAPA) training has been delivered to approximately 100 staff across all Trust service lines, including high secure services. Other virtual training events have been delivered on labour and criminal exploitation, domestic servitude, modern slavery and child exploitation. Additionally, there have been many webinars on Liberty Protection Safeguards (LPS). **(Prevention, Protection, Partnership and People)**

Broadmoor Hospital has continued to provide bespoke child visits training. We currently have 24 child visit trained staff employed at the hospital.

3b. Evaluation on the quality of your training activity/programme.
A wide range of safeguarding related mandatory training courses and specialist training events, webinars and conferences have been made available to staff over the last year. Notably, there has been a substantial increase in webinar events provided or commissioned by the Trust during the pandemic. All Trust delivered training is subject to evaluation and feedback from attendees. Training packages are regularly updated to include relevant topics, such as contextual and transitional safeguarding, Covid-19 and safeguarding, and up-to-date statistical data on safeguarding trends.

3c. Details on the impact of safeguarding training on practice.
Training continues to influence good safeguarding practices across the hospital. Staff have a mandatory requirement to attend periodical refresher training which keeps skills, knowledge and awareness up to date. The Trust central safeguarding team has also issued various “bite-size” briefings focusing on safeguarding adults and children practice developments.

Training impact is monitored by the respective governance meetings for safeguarding adults and children, the clinical governance meeting for Broadmoor Hospital and is also monitored at a strategic level through the Trust combined safeguarding governance group, chaired by the Trust’s medical director. (Prevention and Protection)

3d. Has the organisation identified any gaps in safeguarding training?
West London Health Trust continues to provide relevant and up to date training for staff. This includes the commissioning of bespoke training on safeguarding related topics for the forensic and high secure services.

Royal Berkshire Fire and Rescue Service

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.

92% of all RBFRS staff and volunteers have attended the face to face Children's Level 1 Safeguarding Training and Adults Level 1 Safeguarding Training. The remaining 8% of staff and volunteers is due to a natural turn-over of staff and people leaving the organisation, so these individuals will filter over into this financial year's input of training.

We have created a Safeguarding Training Framework that now involves e-learning training for adults and children as part of employee's refresher training moving forward and in other more specific areas such as the Home Office core training objectives such as Prevent, Modern Day Slavery, Exploitation and Female Genital Mutilation (FGM).

Due to the increase of Domestic Violence cases during the Covid-19 pandemic, this has resulted in more referrals being signposted through to agencies from our staff and RBFRS also receiving more Threat of Arson referrals from other agencies. Approximately 50% of our Threat of Arson referral received were related to Domestic Violence cases. Please see the figures for referrals below.

As a result of the increase of Domestic Violence cases, the Safeguarding Team arranged for the DASH charity to deliver five training sessions online to ensure we understood the signs and indicators of Domestic Violence. This was delivered to 167 front line staff.

In our last Safeguarding Working Group meeting internally, we invited Figen Murray, the mother of Martyn Hett, who tragically died at the Manchester Arena Bombing. She has created Martyn's Law which now forms part of the Protect Duty. Martyn's Law is a piece of legislation that creates a coherent and proportionate approach to protective security. The new law will apply to any place or space to which the public have access. Figen has lobbied for stronger anti-terrorist security measures. We have recorded this session to ensure we can share this across the organisation.

3b. Evaluation on the quality of your training activity/programme.
We are due to implement our evaluation of training later this year which our Learning and Development Team and Data Team will be assisting with.

We are also due to attend the Bracknell L&D Subgroup to present on our new Safeguarding Training Framework in July 2022.

3c. Details on the impact of safeguarding training on practice.
Since we have had a Safeguarding Manager in place in RBFRS we have seen a 1008% increase in the past 5 years in referrals from operational staff, Safe and Well Technicians, control staff, support staff and volunteers. In the past year we have seen an increase from 489 to 566 safeguarding referrals. We have also seen a 74% increase in threat of arson referrals in the past financial year.
The above increase in referrals, we believe, has been due to face to face delivery to staff in Safeguarding Children and Adults Training. The Safeguarding Team, Safety Education Team and Prevention Hubs have also worked hard in cascading our service provisions to multiple other agencies. Please see below figures for the last financial year for Bracknell:

- 736 Safe and Well Visits were delivered.
- 36 Bracknell professionals attended the Adult at Risk Programme training.
- 66 safeguarding concerns and referrals were signposted into adult and children services or other agencies from our staff and volunteers.
- 29 Threat of Arson referrals were received and as a result Threat of Arson Safe and Well Visits were delivered to these properties to ensure our most at risk were safer and more reassured in their homes.
- Our Safety Education Team are supporting Bracknell Adult Board/Services with the delivery of the Risk Framework Tool training to agencies.

During Covid-19, RBFRS has seen an increase in the amount of Safeguarding referrals and Threats of Arson referrals. We believe that this is also due to being a direct impact of pressures within the community and society as a whole such as Domestic Violence, mental health and financial strain due to job loss.

The RBFRS Safeguarding Audit implemented in 2020 was utilised to discuss concerns like capacity and resources within RBFRS and the Safeguarding Team due to the increase of referrals. This was incredibly beneficial due to now having an extra resource within the team, our Safeguarding Support Officer, which was agreed by our Senior Management Team.

3d. Has the organisation identified any gaps in safeguarding training?
Recently we have designed a Safeguarding Training Framework for the organisation as a whole. This has been incorporated into our Safeguarding Action Plan for a more streamlined focus. This framework is currently with our L&D Manager for authorisation and agreement.

We believe we can improve on the reporting and efficiency of training, which the framework will hopefully also assist with the capacity and resource within the team.

National Probation Service (NPS)

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.
Out of 10 staff required to complete child safeguarding training in the Bracknell office, 9 staff have completed Child Safeguarding e-learning and 8 staff have completed the Safeguarding Children face-to-face course.
This means that 85% of the required Child Safeguarding training has been successfully completed.
9 out of 10 have completed safeguarding adult training.

3b. Evaluation on the quality of your training activity/programme.
Evaluation sheets are completed by staff following training and reviewed quarterly by named professionals. Training is regularly updated in line with national learning and information from evaluations.

3c. Details on the impact of safeguarding training on practice.
The Probation Service have a number of audit and assurance tool to monitor practice

3d. Has the organisation identified any gaps in safeguarding training?
A new competency based framework for probation staff requires all mandatory training to be completed in order to receive pay progression, which should increase the completion of mandatory training.

Community Safety Partnership

Safeguarding Training Provided

- Introduction to DA – x4 sessions delivered as half day virtual sessions with 52 delegates attending.
- MARAC (Multi Agency Risk Assessment Conference) and DASH (Domestic Abuse, Stalking, Harassment and Honour Based Abuse) training – x4 sessions delivered as half day virtual sessions with 56 delegates attending.
- Single agency MARAC and DASH – x2 sessions (one for BWA and one for Victims First) delivered as half day virtual sessions with 22 attending.
- Cut It Out training (for hairdressers/beauticians/barbers) - x1 session delivered as 1 hour evening session with 11 attending.
- Prevent e-learning - 17
- Modern Slavery and Exploitation e-learning – 269

Safeguarding Training Attended

Children Safeguarding Training – All 6 members of the team attended this in 2021/22
Risk Framework Training – 2 team members attended refresher training

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.
Community Safety Service: 100% have completed:

Modern Slavery and Human Trafficking
Safeguarding Children
Risk Framework Training

3b. Evaluation on the quality of your training activity/programme.
BFC undertakes feedback with internal staff who attend the Introduction to DA and the MARAC & DASH training. Feedback is not sought from external delegates, but the DA Coordinator sometimes gets contact from delegates afterwards with feedback/requests to join the DA newsletter distribution list.

3c. Details on the impact of safeguarding training on practice.
Other than the initial feedback after the training has taken place, no further details are sought from delegates re. the impact of the training.

3d. Has the organisation identified any gaps in safeguarding training?
Trauma-informed training: Understanding domestic abuse and the impacts on those experiencing it.

This gap was identified through the recent Domestic Abuse Safe Accommodation Needs Assessment and Strategy Development which included a victim/survivor consultation. Training provision is currently being explored through the DA Executive for delivery in 2022/23.

Silva Homes

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.
No breakdown by year but can summarise training totals.
These are the set safeguarding sessions. Individual colleagues may have also attended various partner led sessions. Where some are incomplete, they are new starters with us.

- Modern slavery (e-learning): 245 required. 237 completed.
- Safeguarding adults for housing (e-learning): 51 required. 48 completed.
- Safeguarding children for housing (e-learning): 48 required. 45 completed.
- Safeguarding training (classroom): 180 required. 171 completed.
- Safeguarding local arrangements as part of the Silva induction (classroom): all new starters since 2018.

3b. Evaluation on the quality of your training activity/programme.
An internal audit of training has identified that we should increase the number of colleagues that are taking the online safeguarding modules. This will be rolled out in the next few months.

The classroom training is provided by an external agency and evaluation forms are completed after each session.

3c. Details on the impact of safeguarding training on practice.
The safeguarding concerns raised by colleagues has increased every year following the introduction of safeguarding arrangements as part of the corporate induction process.

Formal referrals peaked in the Covid-19 pandemic, when colleagues were unable to reassure themselves that individuals were free from the risk of harm.

Our audit of our own safeguarding arrangements found that colleagues “were aware of their responsibilities and of when and how they should raise safeguarding concerns”.

3d. Has the organisation identified any gaps in safeguarding training?
We had noticed that our work on training safeguarding, specifically with front facing colleagues had led to a year-on-year increase in reporting, but as a landlord, the number of identified

hoarded properties was still lower than might statistically have been expected.
This year we have launched a new toolbox talks style training session for front line repairs colleagues (those most likely to be in a customers home) and a new quick reporting tool for hoarding.

Involve Community Services

All staff receive safeguarding updates and undertake Level-1 training bi-annually. Those who are in supervisory positions are also expected to undertake level 2-3 training.

3b. Evaluation on the quality of your training activity/programme.
Our training is well received by both Involve colleagues and the wider sector. We use knowledgeable trainers who have a breath of experience in their respective fields.

3c. Details on the impact of safeguarding training on practice.
We know that our training programme is making a difference. We know this as colleagues across the sector will come to us, recalling their training to discuss an issue of concern and seek guidance.

3d. Has the organisation identified any gaps in safeguarding training?
We seek to get our staff onto safeguarding training during their induction period. Often this acts as refresher learning as they are coming from fellow providers who are providing care to residents. Given the expansion of our safeguarding training offer, I am confident we have provision to accommodate need. That said, Involve can not be accountable for other charities, social enterprises and community groups but will continue to ensure cost sensitive safeguarding learning into the future.

The Ark Trust

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.
4 staff members/key volunteers have received training – 2 online, 2 face to face
5 people were due for training this year so 80% - but the remaining individual is currently not active (key volunteer)

3b. Evaluation on the quality of your training activity/programme.
Preferred training method is online (due to pandemic) but this was not suitable for staff and key volunteers with additional learning needs – a bespoke training session was delivered face to face.

3c. Details on the impact of safeguarding training on practice.
Awareness raised in staff, increase in referrals to not just safeguarding but to Adult Social care for care needs/carers assessments

3d. Has the organisation identified any gaps in safeguarding training?
As above – training for staff and key volunteers with additional learning needs – so a bespoke course delivered.

Healthwatch Bracknell Forest

3a. The number who have completed safeguarding training, the proportion (%) against set targets/required staff, broken down by face to face/online training/e-learning and training levels.
4 (100%) received face to face and e-learning training. Safeguarding Level 2

3b. Evaluation on the quality of your training activity/programme. All staff reported the training met their needs and was applicable to their practice
3c. Details on the impact of safeguarding training on practice.
Staff awareness increased and maintaining by applying learning in to practice

3d. Has the organisation identified any gaps in safeguarding training?
No

7.5 Pan Berkshire Safeguarding Adult Policy and Procedures Subgroup

The subgroup has met twice during 2021/22 and continues to review the policy and procedures at each meeting and discuss amendments suggested by partners.

During the year, the subgroup has continued to update its dedicated website and monitored its usage. A new multi-agency Hoarding Protocol was implemented in Bracknell Forest as a local policy linked to the pan Berkshire Self-Neglect Guidance. Training is being implemented to support the introduction of the protocol. Work has been progressing to review and update the:

- Self-neglect policy
- Reporting of Safeguarding Concerns Policy (in line with national guidance)
- Allegations Management Policy
- Information Governance Policy

7.6 Pan Berkshire Safeguarding Children Policy and Procedures subgroup

BFSB has continued to support the pan- Berkshire safeguarding arrangements that ensure multi-agency policy and procedures are in place and provide important guidance to those working in the region. This subgroup is well supported by colleagues representing a range of disciplines and works closely with a respected national provider.

Through its routine meetings the group scrutinise chapter amendments suggested by the procedure's provider, but also has a timetable of chapters for local review. This cross border and multi-disciplinary approach enable all Berkshire Safeguarding Partnerships to maintain up-to-date localised procedures that are easily accessed by all practitioners via an online platform.

The impact of the group's work is demonstrated by its response to the findings from local case reviews and national learning, an example being its work to revise guidance on engaging families that followed a Bracknell Forest Local Child Safeguarding Practice Review. Similarly, learning from reviews conducted by neighbouring partnerships helped inform the guidance to provide greater clarity as to when a case is stepped down from a child protection plan. This now ensures that a child in need plan is in place for at least three months and is the subject of management scrutiny and review before closure. In addition, it also states that where significant change occurs within 3 months of a conference that has ended a Child Protection plan, a multi-agency strategy meeting should be convened, to determine whether the criteria for a section 47 enquiry is met and whether a Child Protection conference should be held. Such arrangements are considered to be examples of how an issue raised in one local authority area can positively impact procedures that are accessed by six local authority areas.

Details of the procedures can be found at: https://proceduresonline.com/berks/

7.7 Pan Berkshire Section 11 subgroup

Purpose

To assess the safeguarding effectiveness for all Pan Berkshire statutory and voluntary organisations, by reviewing and evaluating S.11 returns of the three yearly audit of S.11 Children Act 2004, acting as a critical friend, with the aim of improving safeguarding and improving the welfare of children and young people in Berkshire.

Annual activity included:

- The arrangements were reviewed as Wokingham were no longer able to host and chair the subgroups
- Debbie Hartrick (Frimley CCG) and Jon Ennis (Probation) agreed to chair the subgroup jointly
- The audit tool was reviewed and updated
- It was agreed that there was no longer a need for mid-term reviews unless there was a cause for concern.
- Reviewed 3 agencies.

7.8 Case Review subgroup (CRSG)

The Board's 'all age' Rapid Review process has continued to offer an effective response and has ensured that learning is established in a timely manner. This work, together with the wider process of ensuring local learning and management of statutory reviews is overseen by the Board's Case Review subgroup (CRSG). The approach adopted within Bracknell Forest has been applied to range of cases during the year, with flexible approaches to learning having been endorsed by the National Child Safeguarding Practice Review Panel.

Ensuring the recruitment of independent lead reviewers is compliant with IR35 tax regulations has continued to impact on the Board's ability to conduct Local Child Safeguarding Practice Reviews within the required timescales. As a result, the work of the CRSG is essential in ensuring dissemination of best practice and actions relating to any improvement required. To that end, the subgroup routinely tracks progress made against identified actions for improvement and seeks evidence of the impact of such activities.

Along with the Bracknell Forest Learning and Development Forum (BFLDF), the CRSG also plays a crucial part in disseminating learning to those responsible for service development, to practitioners and is made available to members of the public via the Board's website. Learning events continue to be held in an online environment with learning briefs shared widely via email and through a reciprocal agreement with neighbouring Safeguarding Boards/ Partnerships. The BFLDF plays an important part in consolidating systems to enable the Board to understand better the extent to which learning has been embedded within local organisations and in enhancing our links with non-statutory partner agencies.

7.9 Local Case Reviews

Safeguarding Adult Reviews (SARs)

Under Section 44 of the Care Act 2014 the Safeguarding Board is required to arrange a Safeguarding Adults Review (SAR) when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have worked more effectively to protect them. SARs can also be commissioned when an adult has not died, but the Safeguarding Board knows or suspects that the adult has experienced serious abuse or neglect. It is intended that such processes enable the Board to ensure lessons are learnt, that they publish reports detailing the work of the review and the outcomes of SARs are contained within annual report such as this.

During 2021/22 Bracknell Forest Safeguarding Board commissioned two Safeguarding Adult Reviews. At the time of writing this annual report these reviews have not been completed but learning established early in this process was shared with the relevant partner agencies in order to highlight both the good practice observed and the areas requiring improvement. The issues emerging from these reviews include:

- Long term exposure to violence within the family
- Impact of substance misuse and associated criminality
- Effects of pandemic on individuals and service provision
- Effects of long-term trauma resulting in serious mental ill-health
- Oversight of medications prescribed
- Vulnerability of care leavers during transition from children's to adults' services

During 2021-22 the Safeguarding Board concluded one SAR (reported in last year's annual report). The key themes emerging from this review related to partner agencies' responses to concerns regarding Domestic Abuse and the part unconscious bias played in the assumptions that initially discounted the possibility of a woman being capable of such extreme violence and coercive control. In addition, learning identified the need for improvements in local systems to ensure information in respect of individual's mental health and substance misuse is appropriately considered within any assessments of the needs and/or risks they may pose and/or face. A formal report was published, learning brief produced and multi-agency seminars supported the dissemination of learning.

Learning in respect of the AB Nursing Home SAR were revisited following the successful prosecution of the owner of the home. A subsequent review of the additional information that had come to light during the prosecution provided further insight and was considered during an extraordinary meeting of professionals chaired by the original independent lead reviewer. Further actions were recommended and are subject to the Board's approval; it is intended the final report (with addendum) will be published in the coming months.

In this period the Safeguarding Board continued to have oversight of actions identified in earlier SARs. In addition to the learning from SARs conducted within the borough, the CRSG continues to work collaboratively with neighbouring Safeguarding Adult Boards to share learning.

Local Child Safeguarding Practice Reviews (LCSPRs)

Working Together 2018 sets out the statutory requirements for case reviews and also highlights the learning that can be achieved through an initial analysis of cases that may not meet the requirements for a formal LCSPR.

During the period covered by this report the Bracknell Forest Safeguarding Board (BFSB) completed one LCSPR and commissioned one other. Important learning has been identified by the review completed during the year and, subject to the Board's approval, it will be published anonymously and will be referenced in next year's Annual Report. A learning brief will be published and dissemination of learning will be further supported by a series of online seminars. Following a Rapid Review held in late 2021 the Board has commenced an LCSPR which is linked to one of the SARs referred to above. While these reviews will formally report on their findings, initial learning identified during the Rapid Review was shared with relevant partner agencies and will be extended by publication of a learning brief and multi-agency seminars.

Additional learning events were supported in respect of Child A (LCSPR), previously reported on. Due to on-going criminal prosecutions it has not been possible to publish this review as yet.

Rapid Reviews and Local Learning Review

During 2021-2022, the Board undertook a total of ten Rapid Reviews (RR), three of which are referred to above due to them meeting the necessary threshold for a review. Of the remaining seven, one involved a child and six related to adults.
Further details relating to the RR process, (including LLRs), SARs, & LSCPRs can be found at Bracknell Forest Safeguarding Board - Safeguarding Adults Reviews SARs & CSPRs

7.10 Partner Implementation of Case Review Findings

The Board asked partner organisations what changes their organisation has made in light of findings from CSPRs and SARs.

Bracknell Forest Council

Changes made by BFC as a result of learning from child safeguarding practice reviews (CSPRs) and safeguarding adult reviews (SARs) are:

SAR Adult GH

A range of actions from the SAR for GH have been completed including:

- Compliance with the procedures for the correct execution of Section 135(1) MHA 1983 (as amended 2007) warrant has been reinforced with specific training, supervision and quality assurance arrangements in place
- EDS Mental Health Policies & Procedures have all been reviewed and updated in accordance with the EDS Service Review

SAR Adult L

A range of actions from the Adult L SAR have been completed including:

- Promotion of the local DA pathway, to ensure staff and members of the public are aware of the contact details and help numbers of services.
- Updated domestic abuse training materials to ensure they reflect the learning from SAR for Adult L.

- Ongoing awareness, training and increased use of the risk framework assessment tool to support adults at risk where this is more appropriate for their needs than the usual S42 safeguarding process.

LCSPR Child N

A range of actions from the LSCPR for Child N have been completed including:

- Strengthened approach to serious concerns for neglect of a child and the need for joint investigation to take place
- Implementation of a proactive approach to developing practitioners' knowledge and skills in working with resistant families and promoting training and reflective supervision.

LCSPR Child A

A range of actions from the LSCPR for Child A have been completed including:

- Training opportunities to promote better understanding of mental health systems, in order that non-mental health staff are confident regarding what is required on a case-by-case basis and how vulnerable children can access the correct support
- Professionals are supported better to work with families who resist offers of help and support, including when the appropriate use of authority is necessary to safeguard children.
- Learning brief disseminated to staff and the voice and direct words of Child A are used when training professionals and in supervision to provide an understanding of the impact of systems and practice on children who have mental health concerns and who are at risk of exploitation.

Frimley Clinical Commissioning Group (CCG)

We make safeguarding practice changes in response to all SARs, CSPRs and Rapid Reviews across the Frimley CCG landscape. During 2021/22 across Frimley CCG footprint:

- CP Medicals and pathways training for practitioners was held and a webinar was shared with organisations.
- The 'was not brought' Policy was refreshed for Primary Care.
- We reviewed how Primary Care record domestic abuse on their patient systems (including other safeguarding flags) and the document is processing and due to be released shortly.
- Updated our Level 2 and Level 3 training to include professional curiosity, unconscious bias and awareness of males as victim of domestic abuse.
- All learning guides/briefs are shared across all health organisations and within the Safeguarding learning and development groups.
- As part of a review outcome, we have shared the importance of acknowledging fathers (and in line with the 'Invisible men' report).
- Produced a template of questions for GP/Associate practitioners to support undertaking assessments for temporary registered patients in Care Homes.
- Shared information with practitioners being cognisant of the link between abusive head trauma in babies and epistaxis (nose bleeds).
- Raised the profile of risk on safe sleep overlay deaths.
- Effective v Efficient communication paper shared across health organisations and at level 2 and level 3 training events.
- Self-neglect has a focus following SARs across East Berkshire, with task and finish groups meetings for all partners (the CCG are members).

- Learning was presented to Mental health and LTP practitioners to support how crisis team services are commissioned, hearing the 'voice of the child'.

Thames Valley Police

Internal Recommendations for organisational change from Individual Management Reviews (IMRs) have to be channelled through the Governance & Service Improvement Recommendations & Learning panel, and if adopted are assigned an action owner and actions are followed up for updates.

Learning Dissemination

Learning from CSPRs, SARs and all other types of statutory case review (occasionally non statutory too) is disseminated throughout TVP on completion of the written product, whether that be an extended Chronology, IMR or other product. Learning can sometimes even be derived for urgent matters following a Rapid Review which reveals vital fast time learning as necessary.

Written Case Studies are produced from each Individual Management Review (IMR) which comprise a 3-4 page document, detailing individual learning for each individual role profile, team or forcewide. More formal recommendations for organisational learning are also highlighted. These are put in place where training, resources or policy is inadequate or needs review. The latter Recommendations have to be channelled through the Governance & Service Improvement Learning & Recommendations Panel for approval (as above).

The Case Studies are published on the Intranet for all colleagues to view. They are also proactively sent out via email to key stakeholders and Learning & Development colleagues. During the period in question (2021/2022), two of the Case Studies were turned into 'Vodcasts' which consisted of films lasting 8-10 minutes long, containing extracts from voice recordings, interviews, photographs etc. These have been published on the TVP Moodle package as mandatory courses for certain groups of officers and more Vodcasts are currently being created.

A Compendium of Learning from Forcewide Reviews was collated which detailed 8 learning themes for 2021. These consisted of:

1. Intelligence Sharing
2. Inaccurate nominal recording
3. Ownership of risk management
4. Minimising risk involving mental ill-health
5. Undertaking secondary investigations
6. Hearing the voice of the child
7. Supervision of protracted investigations
8. Demonstrating professional curiosity

A forcewide online conference was also held to go through the learning themes identified. As a result of the conference, regular meetings and information sharing is taking place to proactively share relevant learning with specialist departments (such as Criminal Justice, Policing Strategy, PVP) and Operational Working Groups to progress the themes.

Berkshire Healthcare NHS Foundation Trust (BHFT)

- Transition work between CAMHS and CMHT to ensure safer transition from children's mental health services to adult mental health.
- Website reviewed to ensure information is available to partner agencies about BHFT mental health services. Pathways are available on BHFT website. Existing common point of entry triages all referrals and signposts both clients and professional
- Safeguarding children training enhanced regarding working with resistant families
- Pilot has started of Multi-agency professionals forum for discussing complex cases as required.
- Staff reminded via safeguarding newsletter to use the Berkshire procedures online escalation policy. Safeguarding support with escalation is provided via the on-call safeguarding advice line for BHFT staff and through child protection supervision
- All named professionals have recently received further specialist child protection supervision training and new a supervision process was piloted and has been rolled out.

Frimley Heath NHS Foundation Trust (FHFT)

Learning from local Child Safeguarding Practice Reviews, Domestic Homicide Reviews, Safeguarding Adult Reviews is disseminated during discussion sessions in the level 3 training along with general learning from relevant national reviews including Child Q Haringey and Star and Arthur.

Broadmoor Hospital

Local CSPRs and SARs are reviewed at the Trust's respective safeguarding adult and children governance meetings. The safeguarding lead from Broadmoor Hospital attends these separate meetings. Feedback from any learning lessons and recommendations appropriate for Broadmoor Hospital are then discussed at the Broadmoor Hospital safeguarding adult panel or safeguarding children clinical improvement group. These governance groups will also agenda SARs and CSPRs of national significance. Changes in practice will then be formally implemented through Broadmoor Hospital's clinical improvement group and senior management team meetings. (Prevention, Protection, Partnership and People)

The Trust is currently engaged with a multi-agency learning event to review diabetes, mental health and safeguarding cases. In addition, the Trust is developing a self-neglect protocol with one of the SABs we work with, which will be rolled out across the Trust. (Prevention and Protection)

The Trust are also developing a think family and safeguarding model with one of the London local authorities and will be delivering a presentation to the adult safeguarding conference in September 2022. (Prevention, Partnership and People)

Royal Berkshire Fire and Rescue Service (RBFRS)

Actions that RBFRS' Safeguarding Team has implemented over the last year with regards to changes we have made in light of findings from CSPR's and SAR's:

- We now have a Case Review section on our Safeguarding intranet page for all staff and volunteers to observe. This allows us to share any SAR/CSPR templates for organisational learning and any other internal cases.
- Within our Safeguarding Working Group, which takes place on a quarterly basis, a standard agenda item is for case reviews and reflective practice. At each meeting we ask for discussion and learning around a case from either of our three departments; prevention, protection or response. We also include any learning from our Boards.

- RBFRS Safeguarding Team are now the Leads for our South West Regional Fire and Rescue Service Safeguarding Forum. This takes place on a quarterly basis. We have included a Case Review and Reflective Practice standard agenda item. This has been received very well with all six Fire and Rescue Services across the South West. We already have a couple of offers at the next meeting in September for other fire and rescue services (Hampshire and Dorset and Wiltshire) to discuss other SAR's, CSPR's, DHR's or internal cases where others will benefit from the learning.
- We offer operational crews and any member of staff face to face Safeguarding Support Sessions. This is where the Safeguarding Team can visit teams/crews on fire stations to talk through the key elements of a case, to update them around the key learning and outcomes and to check on their own welfare and to offer support through this process. We have delivered two Safeguarding Support Sessions to two different operational crews regarding a child who was significantly neglected during Covid-19 and where the parents intentionally concealed the living environment and another case involving an adult living in significant self-neglect, whose circumstances had worsened during the pandemic also.
- The Safeguarding Team have created their own posters and guidance sheets for front line staff on three key topics; emollient creams, self-neglect and pressure sores. Posters provided by the board have assisted us with this but we have tailored them to be more useful and specific to our front line staff. These are now available on our Intranet Safeguarding page for all staff and volunteers. These topics are direct learning from SAR's in the past.

National Probation Service (NPS)

The Probation Service is primarily an adult-facing service. Probation Service staff, either working in courts or sentence management, may not routinely have direct contact with children as part of their work. However, the Probation service has a statutory responsibility to contribute to the safeguarding of children and is committed to ensuring that where relevant our work is informed by the voice of the child. NPS process ensure that the "voice of the child" is incorporated into the daily work of probation practitioners and provides extension guidance to support child safeguarding practice, in addition to the identification and support for people who have experienced care.

Community Safety Partnership (CSP)

Adult L: 2021

1.1	BF MARAC	To review and if necessary, revise DA pathways relating to the MARAC process	BF MARAC to provide evidence/ assurance of the adequacy of the local arrangements.	TVP completed a TV wide MARAC review in 2021 with actions being taken forward by TVP lead. Report has been shared with DA Exec. BF MARAC Self-Assessment to take place July 2022.
1.2	BF MARAC	MARAC to request partners to provide assurance that their staff are aware of and understand the MARAC pathways	Relevant staff have access to and understand pathways relating to the MARAC.	MARAC and DASH training delivered by DA Coordinator. Recommendation to BFC staff that this is completed within 6 months of starting role. See comment above re. Self-Assessment.
1.3	DA Executive	To review and update the existing training materials to ensure they reflect the learning from the KK SAR. (Link to Rec. 6)	BFSB to receive evidence that the training materials have been updated and reflect the learning from the review.	BFC DA webpages are under constant review. BWA new helpline number circulated across DA network and on relevant documents/ training materials. '1 page' document with key numbers /websites being developed.
1.4	DA Executive	a) To review the available contact information and help numbers relating to DA. b) to ensure this information is available across key partner websites.	People at risk of DA are offered timely support/protection/ sign-posting etc	DHR's, on completion should be sent to the TV Office of the Police and Crime Commissioner and the DA Commissioner. Also shared with the Thames Valley DA Coordinators. The Home Office are due to launch an online data set in 2022 of all DHRs.
8.1	BFSB & CSP	BFSB and CSP to establish a mechanism that ensures: a) the development of a portal enabling coordination of information relating to SARs/CSPRs/ DHRs b) The BFSB/CSP are updated on the use of the portal	Partner agencies & professionals have easy access to information relating to learning. To ensure the portal enables access to up-to-date information provided by trusted sources	DHR's, on completion should be sent to the TV Office of the Police and Crime Commissioner and the DA Commissioner. Also shared with the Thames Valley DA Coordinators. The Home Office are due to launch an online data set in 2022 of all DHRs.

Community Safety is also currently participating in the Family W SAR/CSPRF and SJW SAR.

Silva Homes

Relevant case findings are discussed at the operational meetings. Learning can be shared at a team level or via the intranet for any organisation wide messaging.

Silva Homes have tracked the formal referrals we make to partnering agencies for years, but we have recently changed our process to track concerns raised by colleagues that didn't result in a formal referral. This is to allow us to look for patterns, and re-visit customers that may have been ok at one point in time, but with a risk of deteriorating.

Involve Community Services

No changes as such other than to ensure some of the key messages are cascaded to the wider sector.

The Ark Trust

Included unconscious bias training in staff training

8. Performance information

There are approximately 122,000 people living within Bracknell Forest with a relatively even split between males and females.

Children (aged between 0-17 years) make up 23% of this population.

Figure 1 ONS Mid-2019 Population Estimates

8.1 Safeguarding Children Performance Information

Early Help

During 2021/22:

- There were 792 referrals (families) (covering 1,681 children) received and processed by Early Help (EH) Duty Team to assess the most appropriate Early Help support to be offered.
- There were 424 children re-referred within 12 months of a previous EH referral (compared to 290 in the previous year).
- There were 309 EH assessments completed during 2021-22 which includes both family assessments and targeted youth assessments. Of the 792 referrals received, 469 families were offered a service leading to an assessment (59%) however this does not include those offered other EH involvement such as, parenting programmes, Getting Help, Education Welfare Service (EWS) support. Those being offered a service (which may not be taken up) is lower than last year where it was 94%. The reduction is related to the EH duty system now triaging referrals more thoroughly/accurately leading to other types of EH involvement (up from 4% to 21%) or being signposted to other services / not accepted by EH (up from 2% to 20%).

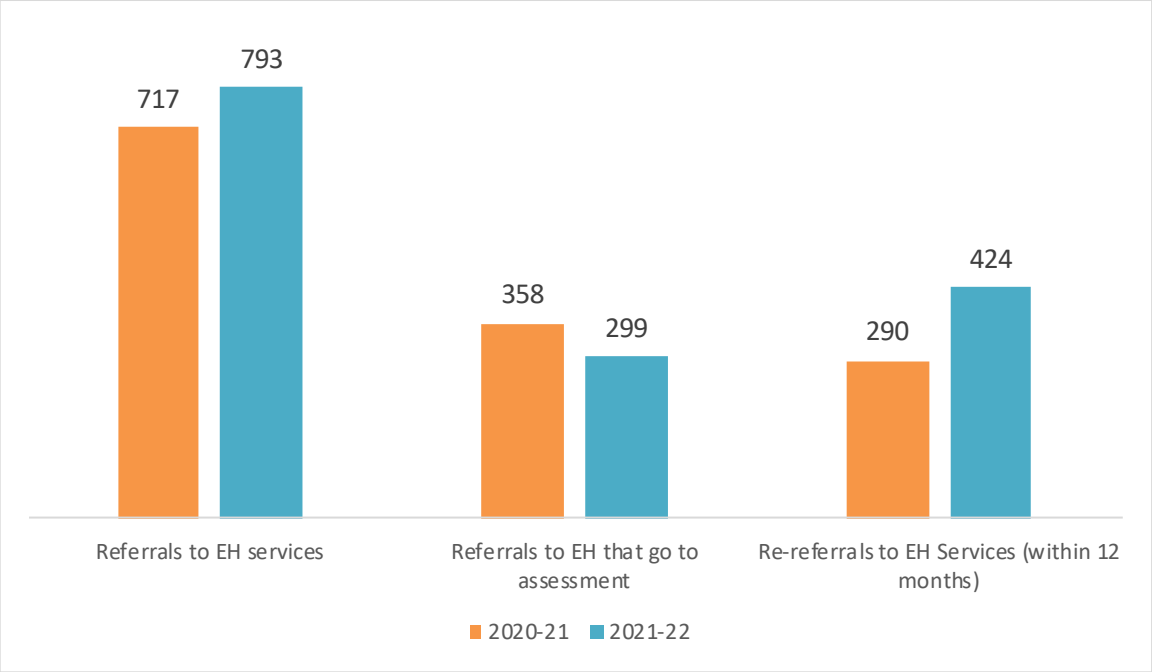


Figure 2 Referrals to Early Help services

Children's Social Care

There were 8,150 initial contacts received by Children's Social Care (CSC) during 2021-22 which is an increase of 10% from the previous year. Just under a fifth (18%) of initial contacts led to a referral. From the 1,562 referrals, 84% led to an assessment compared to 89% the previous year.

The rate of referrals to CSC (517.8 per 10,000 children U18) was higher than both the national average (437.8), South East (479.3) and statistical neighbours (441.94) (from 2020-21).

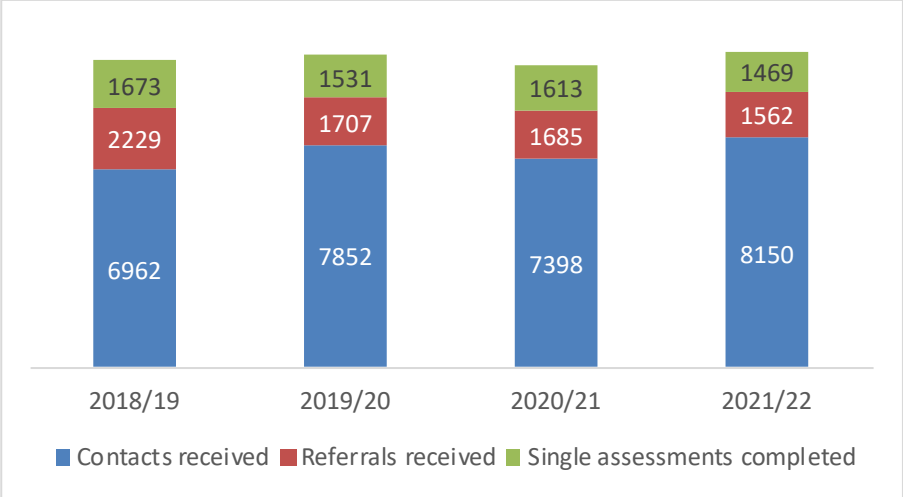


Figure 3 Children's Social Care contacts, referrals and assessments

The following children's safeguarding pathway shows Contacts, Referrals, Assessments, Child Protection Plans, Children Looked After and Child in Need during 2021/22.

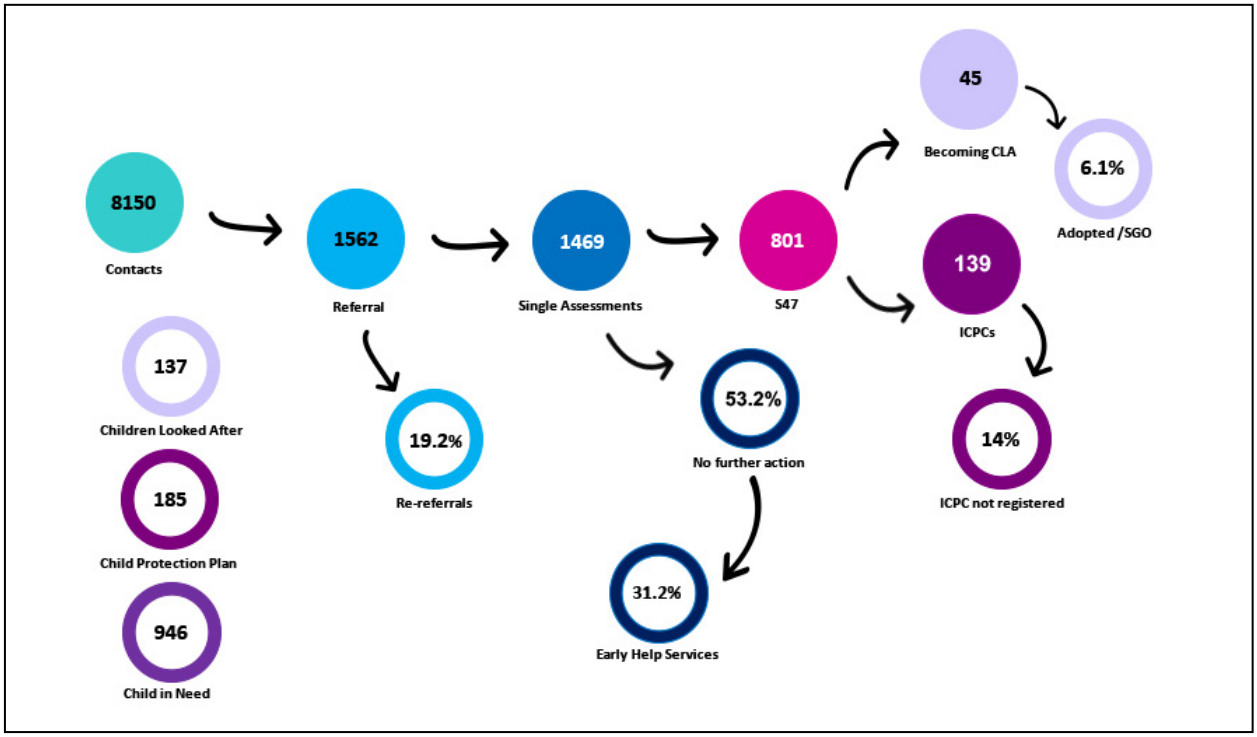


Figure 4 Children's safeguarding pathway 2021/22

Children in Need

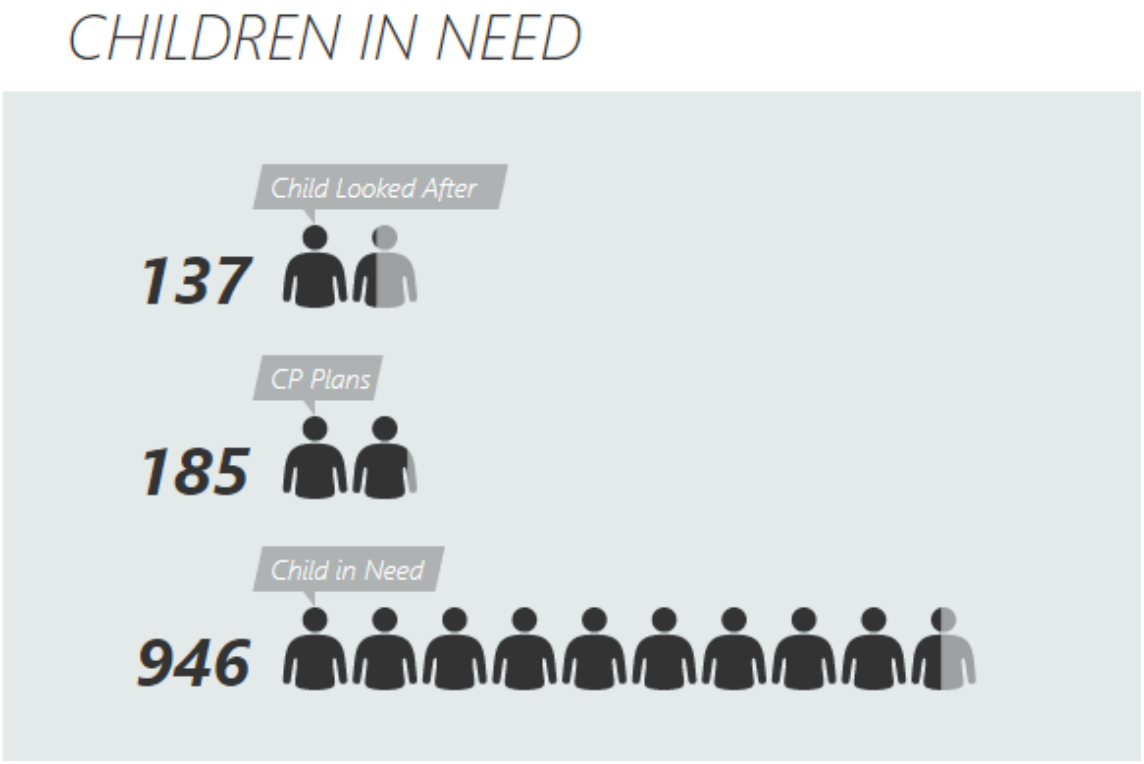


Figure 5 Snapshot at the end of March 2022

There were 139 children who had an Initial Child Protection Conference (ICPC) and from these 14% did not become subject to a child protection plan which is lower than the previous year (20%).

From the 185 children subject to child protection plans at the end of March, 23% were on a plan at any time previously compared to 19% the previous year (this includes 7% in the previous 12 months; 14% within the previous 2 years).

Children subject to CPP by Age Band & Gender	**Male**	**Female**
Unborn	4	
Under 1	9	5
1 to 4	19	20
5 to 9	30	22
10 to 15	33	29
16 and over	7	7
TOTAL	**185**	

Figure 6 Children subject to CPP by age and gender

Neglect and emotional abuse made up the vast majority of children subject to child protection plans (96%) at the end of March 2022.

Figure 7 Snapshot of number of CP plans at the end of March 2022

There were 137 children looked after (CLA) at the end of March which is slightly higher than the same point in the previous year (146). The rate per 10,000 under 18s was 47.9 compared to 53.0 in the South East, 51.0 for statistical neighbours and 67.0 across England.

The number of CLA with three or more placements was 13% at the end of March which is slightly higher than the previous year of 12% but that was an improvement from previous years. Emergency and temporary foster care would count as new placements.

Length of placement[1] is also important for CLA as it delivers consistency and permanence which is key if they are to recover from the trauma they have experienced prior to coming into care. In Bracknell Forest this was 64% in 2021-22 compared to 45% the previous year (and 68% in the South East and 70% nationally)[2]. Reasons for children needing to move placements is to manage risk factors such as gang activity, missing episodes and county lines. There are also positive reasons for a move such as children stepping down from residential to live within a family environment of foster care, being placed for adoption or needing to move in line with their care plan.

[1]This performance indicator measures children 0-16 who have been looked after for 2.5 years and in the same placement for 2 years.

[2] A higher figure is more positive.

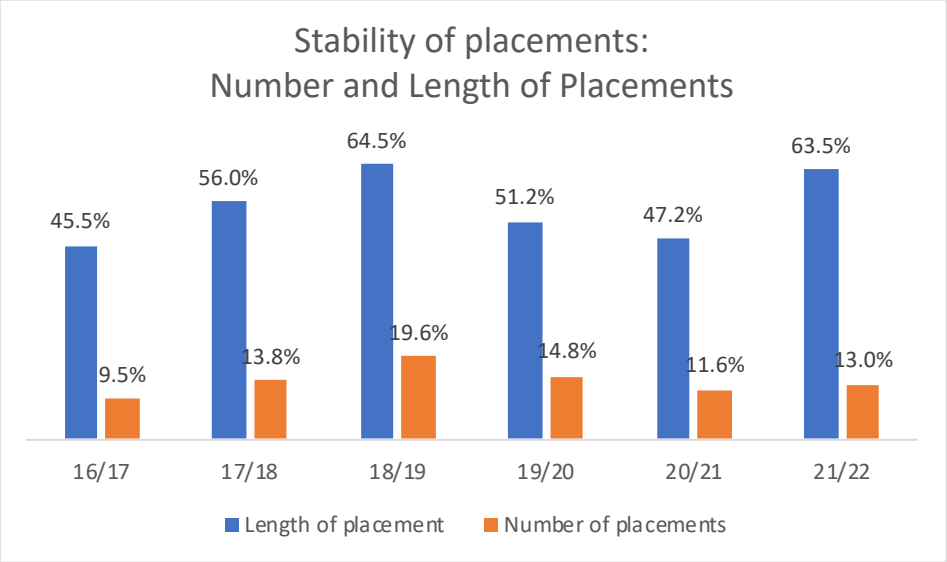


Figure 8 CSC Stability of Placements

6% of children looked after were adopted/Special Guardianship Order (SGO) expressed (as a % of CLA for at least six months). This is a slightly higher percentage to the previous year (5%).

The number of privately fostered children remains low with only one being recorded at any point in the year.

93% of care leavers aged 19, 20 & 21 were in suitable accommodation but 43% were NOT in education, employment or training. The main barriers to education, employment and/or training for care leavers includes those who are either parents or have a disability, are living out of borough and the lack of employment opportunities. There is a support service for NEET Care Leavers which professionals can refer to.

8.2 Safeguarding Adult Performance Information

The performance data reflects the key data monitored by the Board and its Quality Assurance subgroup to which all partners contribute. The safeguarding process including the definition of Concerns and Enquiries is found in the pan Berkshire safeguarding adult policy and procedures. A safeguarding concern is a sign of suspected abuse or neglect that is reported to the local authority or identified by the local authority. A safeguarding enquiry is an action instigated or taken by the local authority in response to a concern that abuse or neglect may be taking place.

Concerns	902
No. people involved in Concerns	653
Concerns progressing to enquiry	108
% of concerns progressing to enquiry	20.2%
Number of enquiries ended	109
No. people involved in Enquiries	132

Figure 9 Adult Safeguarding Concerns/Enquiries 2021/22

The table shows that 902 concerns were reported by partners to the local authority during 2021/22. The conversion rate of concerns received to enquiries taking place was 20.2%. A total of 109 enquiries were completed. These included enquiries that were started before March 2021. Further details of the concerns received and enquiries completed during 2021/22 are included below[3].

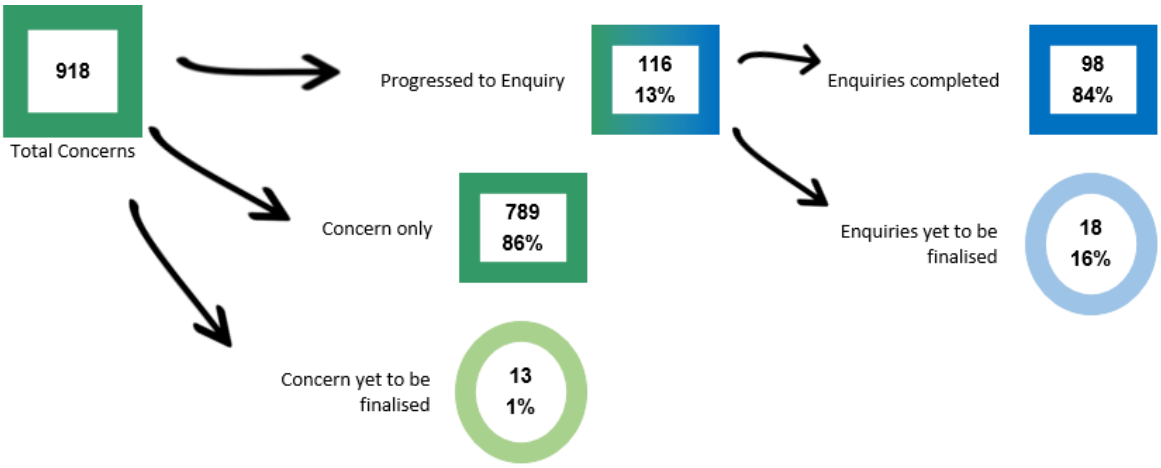


Figure 10 Adult Safeguarding Pathway 2021/22

The flow chart shows that of 918 reported concerns, 116 progressed to a safeguarding enquiry. As a result of the 98 safeguarding enquiries completed during 2019/20. Further details of the concerns received and enquiries completed are included below.

Safeguarding Concerns – Sources of Concerns

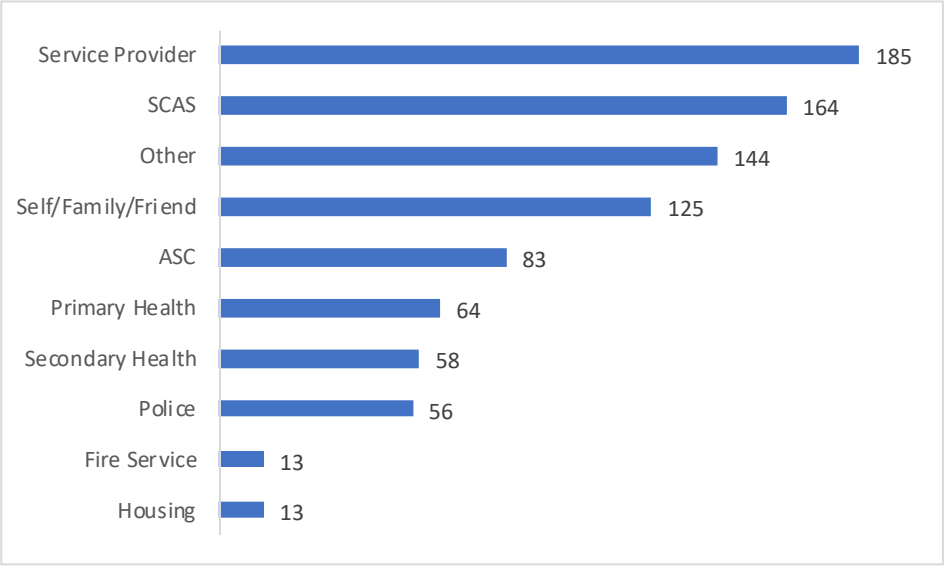


Figure 11 Source of Concern 21/22

The graph shows the range of partners that have reported safeguarding concerns during 2021/22.

[3] Figure 2 shows live data so differs from submitted figures shown in Figure 1

Completed Safeguarding Enquiries - Types of abuse

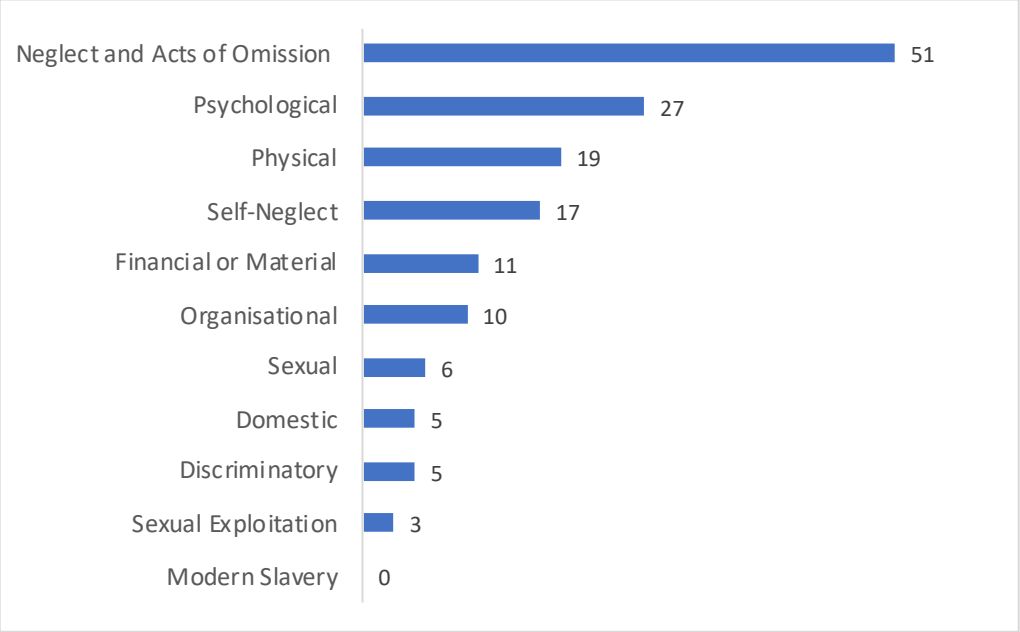


Figure 12 All enquiries concluded by abuse type

For all safeguarding enquiries completed, the greatest number of enquiries were due to neglect, followed by psychological, physical and self-neglect. This is a slight change to previous years where an increase in self-neglect has made it higher than financial abuse for the first time.

Completed Safeguarding Enquiries - Location of abuse

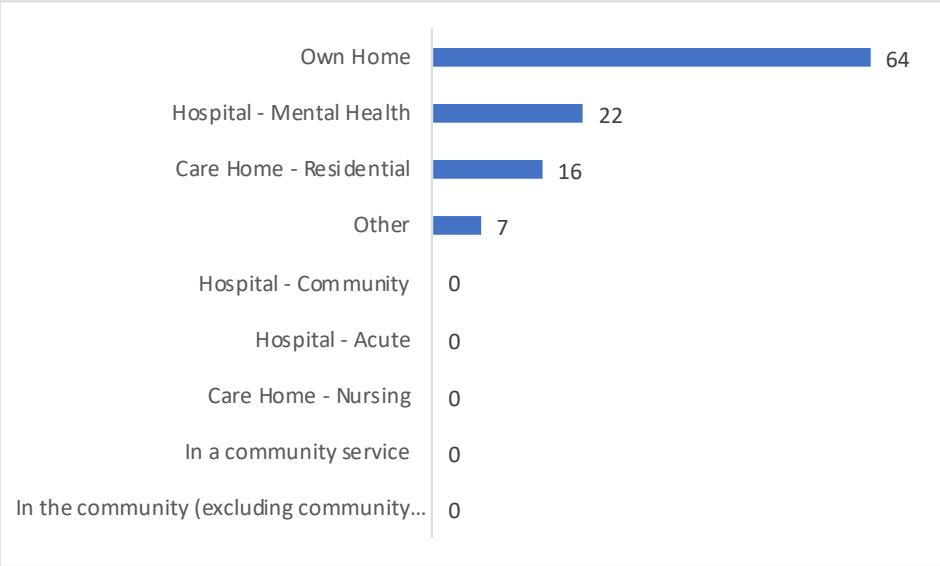


Figure 13 All enquiries concluded by location of abuse

As in previous years the majority of abuse or neglect investigated during a safeguarding enquiry was due to abuse and neglect being reported to have occurred within a person's own home.

Completed Safeguarding Enquiries – Perpetrators of Abuse and Neglect

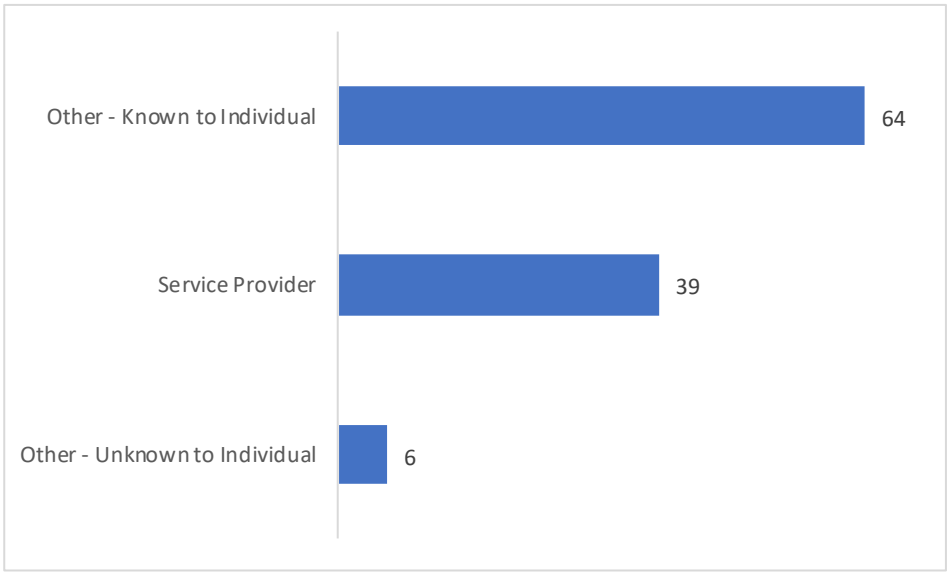


Figure 14 All enquiries concluded by source of risk

For the majority of safeguarding enquiries completed, the perpetrator was known to the person.

Management of risk

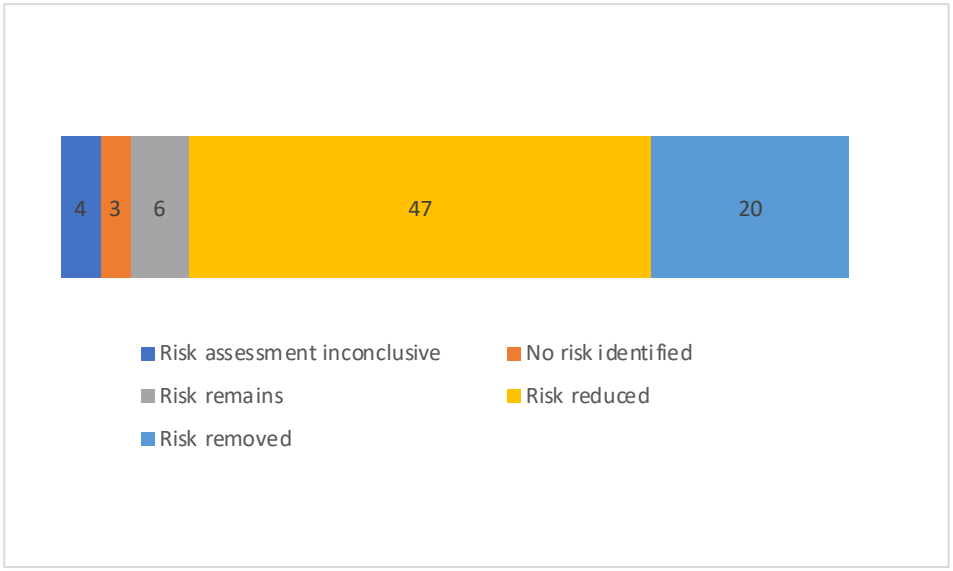


Figure 15 Risk level of actions taken

For safeguarding enquiries concluded, in the majority of cases (84%), risk was removed or reduced.

Making Safeguarding Personal – Outcomes

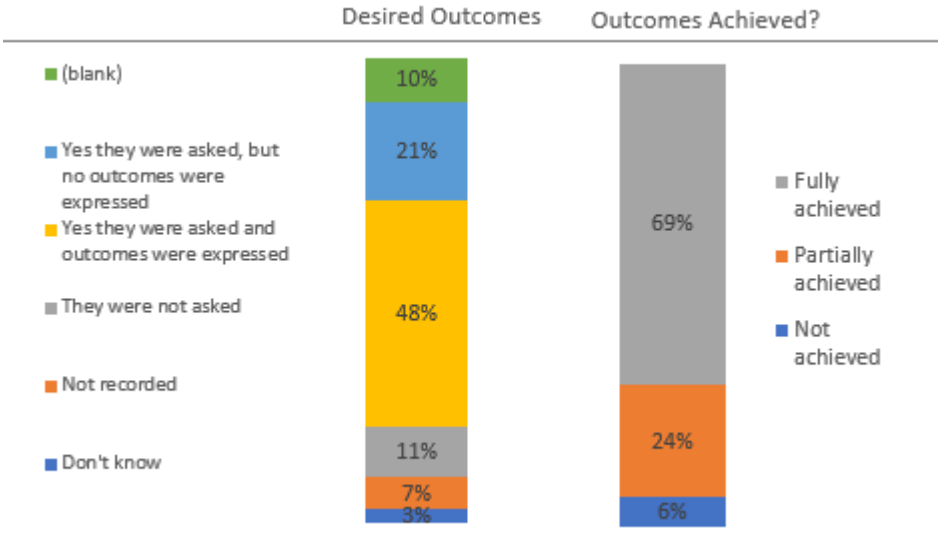


Figure 16 Outcomes desired and achieved

People were asked the outcomes they desired in 69% of safeguarding enquiries that were concluded. Where outcomes were expressed, they were fully or partially achieved in 94% of the cases.

9. Future challenges and priorities

While Covid-19 has continued to provide challenges to the Board and partners during 2021-22 they will continue to review the emerging priorities and will formulate plans that address both short and long-term issues. As stated in the introduction to this report and in line with the Board's Strategic Plan, the following challenges will be addressed through the work of the Board and its subgroups:

- Serious violence and exploitation including developing work to gain assurance of adult exploitation.
- Contextual safeguarding.
- Understanding roles and responsibilities.
- Evaluating the impact of training, learning from case reviews and the work of the Board itself.
- Evaluating impact of partners' prevention and early help work.
- Maintain focus on understanding the safeguarding environment as a result of covid 19 and taking account of extra pressures due to the cost-of-living crisis and war in Ukraine.

Maintaining focus on co-production and understanding lived experiences.

10. Financial Information

As there is no national formula for funding, levels of contribution are agreed locally. Bracknell Forest Council currently contribute the majority of the Board's direct funding. In addition, Bracknell Forest Council hosts the Safeguarding Board's Business Unit. The CCG and Thames Valley Police are the only other partners who currently contribute to the Board. Income and expenditure for 2021/22 are shown below.

Safeguarding Board 2021/22	
INCOME / BUDGET	
BF Council Budget (base budget plus adjustments)	156,125
Partnership Funding	56,497
Gross Budget	212,622
Underspend	76,722
AVAILABLE FUNDING 2020/21	**289,344**
COSTS	
Staff costs: Business Managers x 2 (32 hours / 22.5 hours) Partnership and Performance Officer (22.2 hours) Business Support Officer (22.5 hours)	158,720
Independent Chair and Scrutineer	19,336
Child and Adult Case Reviews (CSPRs and SARs)	3,180
Other costs	6,873
TOTAL SPENDING 2020/21	**188,109**
UNDERSPEND 2020/21 CARRIED FORWARD TO 2022/23	**101,235**

Appendix 1

Strategic Plan 2020-2023 – action plan progress – May 2022 update

1. Prevention – we will ensure partners work together to prevent all forms of harm recognising the long-term consequences

i. By publishing up-to-date multi-agency guidance/ procedures that help partners maintain a high level of safeguarding awareness.	1a. Policy and Procedures (P&P) multi-agency safeguarding guidance continue to be routinely reviewed through pan-Berks meetings (for adults and children separately). 1b. Adult P&P website reviewed for effectiveness following the work of a task and finish group taking feedback from practitioners. Each local authority to contribute £450 per year to maintain website. 1c. Children's P&P have continued to be updated on a quarterly basis. Local panel have ensured updates reflect our regional learning and Tri.x draw on national developments. 1d. Consideration is being given to the need for local policies given the existence of the online PB P&Ps. Work has commenced on developing a local neglect strategy. Local Multi Agency Hoarding Protocol agreed & circulated.
ii. By evaluating: partners work to prevent harm and offer of early help.	Regular partnership meeting ensures feedback on effectiveness of local preventative work and informs the Board's Risk Register. Review of safeguarding referrals completed which has helped to evaluate effectiveness of partners work and highlighted need for further emphasis on prevention – Prevention is on forward plan for QA Sub Group and is included in TOR for Transitional Safeguarding review QA sub group considers safeguarding performance. Rapid Reviews and Case reviews evidence compliance with procedures and inform actions to be taken to mitigate gaps. CEP subgroup continues to develop work on organisations promoting risks and referral routes.

iii. By evaluating: the strength of collaborative working within the borough to identify those who are most vulnerable.	Members of the Safeguarding Partnership continue to provide updates on their work and emerging risks. This has supported and enabled collaborative working. The Risk Register is constantly updated reflecting this. Risks that apply to other partnerships are shared with them.The Risk Framework continues to be used and further promotion of the framework is taking place. The CEP subgroup is collating responses on feedback from children and adult on the services they receive and are promoting work to tackle inequalities and ensure the voice of seldom heard groups is captured. Subgroups are evaluating strengths through case reviews and multi-agency reviews. The well attended Safeguarding Forum highlighted local risks to community organisation and provided resources to support collaborative working.
iv. By promoting and evaluating a 'contextual safeguarding' approach by partner organisations.	Recently established local multi-agency group exploring exploitation and serious violence has started to report to the to the Board's. Recent partnership workshop discussed serious violence and exploitation and outputs to be discussed by the Board to inform its strategy and the coordinated approach to working with other strategic partnerships. The Transitional Safeguarding review includes contextual safeguarding in it TOR and this review commencing formally in January 2022 will inform this work.
v. By supporting partners to continue to embed an 'all age approach' to safeguarding including expansion of the risk framework to develop its application for older children.	Work continues to promote an all-age approach to safeguarding and is reflected in the reconfiguration of the local subgroups and continues to be promoted through the Board's safeguarding partnership. The Business Unit continues to promote this approach within its joint working with neighbouring safeguarding partnerships. Challenges identified within this work is shared within meetings of the BFSB and its Partnership. The proposed e-learning helps promote understanding of an all-age approach. The Risk Framework is to be promoted further through presentations to partners and meetings (May) arranged to explore application to children. The Board continues to explore conceptual frameworks (such as the 'Family Approach') to support future strategic planning. The review of Transitional Safeguarding will incorporate the all-age approach and the frameworks referred to above.

vi. Through continual collation of risks identified by partner organisations and the mitigating actions being taken (to include a focus on the impact Covid and Covid recovery).	A risk register is informed by evidence provided by local partners, and in line with the Board's strategic direction, is continually updated following analysis undertaken within meetings of the Partnership and Safeguarding Board. Meetings have taken place to further develop the 'memorandum of understanding' between BF partnerships and further ensure that risks and relevant information is proactively shared between strategic partnerships.

2. Protection – we will ensure a robust outcome focussed approach to protect people at risk of experiencing abuse and neglect

i. By working with partners, we will seek assurance that safeguarding thresholds are understood and where there is concern about decision making staff promptly challenge and if necessary, escalate issues using the SB procedures.	Thresholds Task and Finish Group reviewed and revised the guidance which were signed off at the Board meeting held 22 Apr2021 and will be reviewed annually. The review of safeguarding referrals gave assurance that thresholds are understood but further awareness raising will take place and further assurance gained that the thresholds are well understood. Multi-agency audits/LSCPRs/ SARs continue to scrutinise how thresholds are applied on an ongoing basis.
ii. We will require partners to evidence the effectiveness of actions taken to safeguard the most vulnerable.	CEP Subgroup is collecting the voice of child / adults. Individuals are routinely invited to take part in learning reviews. QA sub-group review safeguarding performance data at each meeting and adult self-assessment data. BF and S11 panel returns are scheduled to be analysed in forthcoming meetings. The recent review of referrals has helped evidence effectiveness of actions and areas for improvement. Case Review Subgroup monitors progress against SAR/CSPRs multi and single agency action plans. Detailed discussion and corresponding challenge takes place at regular safeguarding partnership meetings. Key partners provided evidence and case studies of actions at community forum in November 2021. QA and Case Review Sub group working together to evaluate impact of learning from case reviews. Boards QA Framework will focus on impact of work.

iii. We will require assurance that local practice recognises the impact of inequalities and ensures safeguarding plans reflect the unique needs of the individual.	Discussions continue to take place with community leaders to identify issues of inequality and challenges. The Safeguarding Forum highlighted the importance of reaching all communities. The Safeguarding Board is also sharing information with other BF Boards through joint MOU meeting to ensure issues are addressed appropriately. CEP subgroup has been collecting the voice of adult/ children and raising awareness of safeguarding matters. The audits of safeguarding referrals / concerns provided assurance that cases were being dealt with appropriately. However recent feedback has highlighted potential to improve cultural awareness. Case Review subgroup work identified the need for equality of approach and action plans will aim to address this. The Business unit is currently supporting work to produce national guidance to ensure discriminatory abuse is robustly addressed within case reviews. Potential Inequalities to be discussed sub group chairs meeting.
iv. We will require partners to demonstrate compliance with the Mental Capacity Act (MCA) and the Liberty Protection Safeguards (LPS).	Periodic reports re LPS from Head of Safeguarding and Practice Development are being received by the Board and its Safeguarding Partnership. Annual adults self-assessment returns provide assurance of compliance with MCA. Case reviews also analyse compliance with MCA and has provided recommendations as required. The partnership has been advised to ensure awareness of MCA is maintained. The Business unit is to ensure its work with the Local Learning and Development Forum promotes the focus on LPS /MCA within partners training. Proposed e-learning could assist also.
v. We will implement local, regional and national learning to ensure local procedures are the subject of continuous improvement.	The work of the East Berkshire L&D group continues to be developed. The BF L&D Forum promotes key messages for inclusion in their development/training activities. The Case Review Subgroup ensures reviews include learning events/briefs and webinars. Learning is shared between Boards within the region. Safeguarding Forum shared case studies and promoted safeguarding matters to community representatives for dissemination in Nov 2021. A further forum will take place in June 2022. Task and finish group shared approaches to rapid reviews will undertake to analyse these from past 12 months to identify themes.

3. Partnership – we will seek assurance about the effectiveness of local partnerships and collaborations to safeguard people

i. We will review and revise the Strategic Partnerships Memorandum of Understanding.	MoU has been adopted by the Chairs of the Boards. Meetings of partnership officers have been taking place. A common theme of Transitional Safeguarding has already been agreed through this work and the first meeting of a multi-agency task and finish group is taking place in January. A Partnership meeting identified that serious violence is an area of joint concern. Common themes like these demonstrates the need for joint governance such as the MOU should provide.
ii. We will ensure partners work effectively together to develop mutual understanding of each other's roles and functions.	Members of the Safeguarding Partnership group provide updates on their work and roles at each meeting. This is core to the work of the CEP subgroup e.g., comms plan, community leaders meetings and forum. The BF L&D Forum facilitates mutual understanding. A local BF self-assessment for organisations has been developed and is being implemented to strengthen this work. Additional scrutiny provided by the ICS. The Case Review subgroup continues to identify good practice and areas for development. The Safeguarding Forum in Nov 2021 ensured partners clarified their local work amongst a wide range of community organisation representatives. Further forum taking place in June. ICS is further developing the sub group chairs meeting to include pan Berkshire sub groups. Pan Berkshire policy and procedures groups regularly update procedures which promote clarity relating to the roles and functions of partners. Further work has been identified to promote the policy and procedures.

iii. We will continue to support partners to identify emerging risks and to work collaboratively to implement effective solutions.	Risk register is central to identifying emerging risks and backed up by work of the subgroups. Work with all key partners has helped establish potential risks. This collaborative approach has strengthened problem solving and has supported the prioritisation of emerging risks. The risk register is shared as a standing item within each meeting of the Board. The register continues to be updated as a result of information received from all sources but particularly Partnership and Board meeting discussions. Risk and referral route awareness being developed by CEP and MOU group.

4. People – we will seek assurance that people who use services are involved in safeguarding processes and the work of the board.

i. We will work with local partners to establish an understanding of the Bracknell Forest community as it relates to safeguarding.	CEP work has previously identified community leaders who are supporting the work to understand issues facing Bracknell Forest communities. This group is now being expanded as a result of collaboration with the newly appointed local authority community engagement manager This work includes making safeguarding videos and promoting the voice of individuals. The Board's Safeguarding Forum has been developed to enhance this. The implementation of the memorandum of understanding is facilitating better information sharing amongst Bracknell forest partnerships which will include support to enable better understanding of local communities and how to engage them. The Safeguarding Forum in November promoted the need to understand safeguarding needs of all communities.
ii. We will require partners to work together to identify factors associated with inequalities and any barriers to people's engagement with local safeguarding processes and the work of the Board.	The Business Unit continues to work with community leaders and all partners through subgroups and the safeguarding partnership to identify safeguarding inequalities and to determine the needs of local community. The CEP subgroup is working with local communities to produce safeguarding materials. This action was promoted at the Safeguarding Forum.

iii. We will require partners to secure feedback from adults and children on the services they use.	The CEP subgroup and the Board's Safeguarding Partnership are receiving information collected by partners regarding the voice of children and adults. The CRSG has sought to strengthen the involvement of individual and begun to reflect this within dissemination of learning. Findings from the recent review of safeguarding referrals has additionally helped to identify any necessary improvement. The Transitional Safeguarding review will seek feedback from children and adults regarding their experiences and the CEP subgroup is working to promote the voice of carers.
iv. We will require partners to work together in an all-age approach to improve communication of the safeguarding messages to the local community.	Work with community leaders to identify safeguarding inequalities to determine the needs of local community. One safeguarding awareness video has been produced. The Safeguarding Forum has been developed to enable on going conversations around the different forms of inequality. Safeguarding messages are promoted via the board and partner's websites, social media and via campaigns and a partnership campaign calendar is in development.

Bracknell Forest Safeguarding Board

Annual Report 2021/2022

Bracknell Forest Council

Early Help Strategy

2023 - 2026

Working together to build a stronger community

Last updated: January 2023

Contents

Introduction

We are committed to working as a partnership to achieve the best possible outcomes for all children, young people, and families across Bracknell Forest. This document sets out our continuing focus to supporting children, young people, and families within our communities.

Many families can progress with their lives, coping with and responding to the experiences and challenges that come their way, with little or no involvement from outside services. Utilising universal services as and when needed i.e., libraries, GP's, leisure facilities etc. The successful delivery of Early Help depends on a wide range of agencies, services, and settings working together to help support identified need. This strategy places early intervention and prevention at the heart of all we do, recognising the valuable and crucial role universal, targeted and specialist services play in supporting and improving outcomes for families and individual children and young people.

Early help is not the responsibility of one service or organisation – it is everyone's business. For example, the housing sector has an important role to play in enabling families to gain the support they need at the earliest opportunity and/or at the onset of issues. They are well placed to be among the first to spot signs of difficulties with debt, antisocial behaviour, domestic violence, and social isolation. Our early help and prevention work involves support and intervention to navigate these personal and social issues and it is our collective aim through this strategy to support the children, young people, and families of Bracknell at a time they need us. Research suggests[1] effective early help at the earliest opportunity reduces the need for more intensive and costly support services where the needs have increased and intensified. Early help not only supports the reduction of potential harmful and/or negative behaviours, it can also provide transitional support at key life stages, notably from primary to secondary school or the transition from young person to adult.

1 The Heckman Equation (2013)

The value of investing in early childhood (0-5 years) development is crucial in helping identify and work with social & economic difficulties experienced by families which could involve issues of crime, inadequate education, financial issues and/or adverse health conditions both physical and mental. It is argued that the most economically efficient time to develop skills and social abilities is in the very early years when developmental support is most effective.

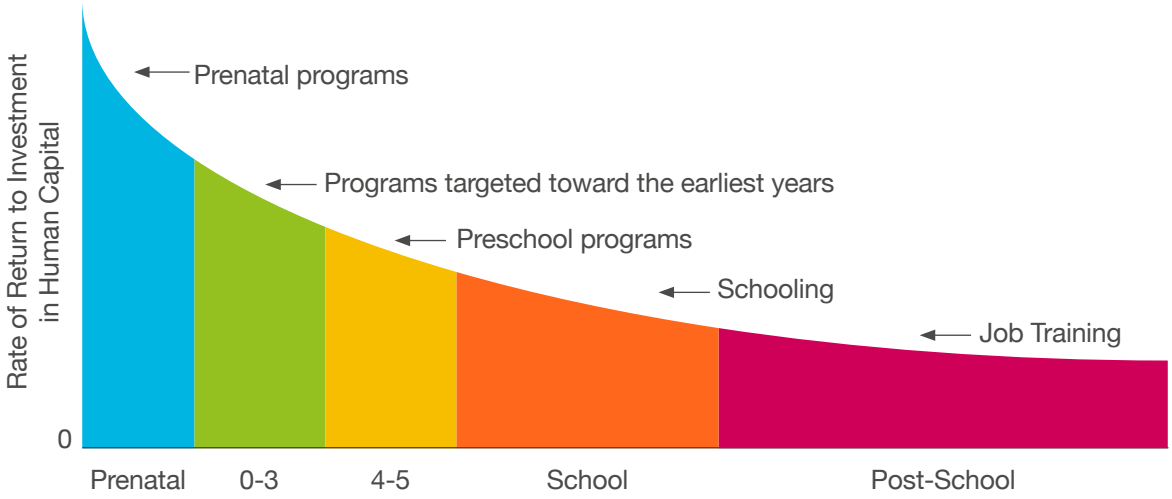


Figure 1:
Early childhood development is a smart investment. The earlier the investment, the greater the return.

Source: James Heckman, Nobel Laureate in Economics

One of the most significant and transformational programmes of activity within Early Help services is the national Supporting Families Programme overseen by the Department of Levelling Up, Housing and Communities (DLUHC). The programme focuses on collaborative early help partnerships driving system change that offers efficient local services which can identify families in need and provide the right support at the right time by providing effective, whole family support to help prevent escalation into statutory services. The Supporting Families programme encourages local services to be flexible and responsive to new challenges and sustainable for the long term. Strong multi-agency partnerships will work together to understand local trends, predict emerging need in their local area, identify and respond to those needing extra help.

The recent review of Children's Social Care[2] is explicit in the role early help services have in the wider children's support system and suggests that 'targeted early help' is replaced by 'family help', supported by multi-agency networks. MacAlister also advocates 'unlocking the potential of family networks' supporting the wider exploration into the child's extended family network i.e., uncles, brothers, sisters, aunts, grandparents together with the reduction in the number of handovers between services to enable more 'responsive, respectful, and effective support'[3], whereby transition for families and young people between the different tiers of children's services are positive. Whilst the recommendations of this review are yet to formally implemented, they provide a good foundation on which to design and deliver collaborate early help services both strategically and operationally.

2 'Independent Review of Children's Social Care'. (May 2022)
3 Independent Review – Executive Summary – Page 1. Para.4

Working collaboratively with Partners it's our intention to achieve the following vision and mission statements and what children, young people, families, and professionals can expect from and work towards Early Help Services:

Early Help Vision

Bracknell Forest is a place where children, young people and their families feel safe, have access to high quality education and well-being services, giving them the opportunity to live healthy and empowered lives in their community.

Early Help Mission

To collectively work together to create and embed an Early Help system that identifies, is shaped by, engages with, and supports children, young people, and their families to flourish, thrive and achieve their potential in the communities in which they live.

What children and young people can expect from Early Help Services:	What parents, carers and families can expect from Early Help Services:	What professionals and partner organisations can expect from Early Start Services:
• **I will feel safe, valued and respected** • I am recognised as an individual and I am free from any discrimination • **I will be at the centre of all decisions and will only need to tell my story once** • My voice will be heard and will influence the services and support I am offered • **It will be understood that things that have happened to me might affect me, but these are the things that I need help with, not to be refused service because of them**	• **I am recognised as an individual, who has unique characteristics and needs, and am free from discrimination** • The diverse needs of all my family are recognised • **I am encouraged and empowered to support my family** • It is recognised that some of my past and current experiences may impact on me as a parent • **It will be understood that I may need support with other areas of my life to be a good parent**	• **I understand my role and responsibilities in relation to the Early Help Offer in Bracknell Forest** • I am empowered to take responsibility to ensure that children, young people, and families receive the support they need • **My employer, colleagues, and partner agencies I work with are committed to the principles and processes that underpin the Offer** • I have access to training and support which will enable me to develop skills as a practitioner

Our Approach

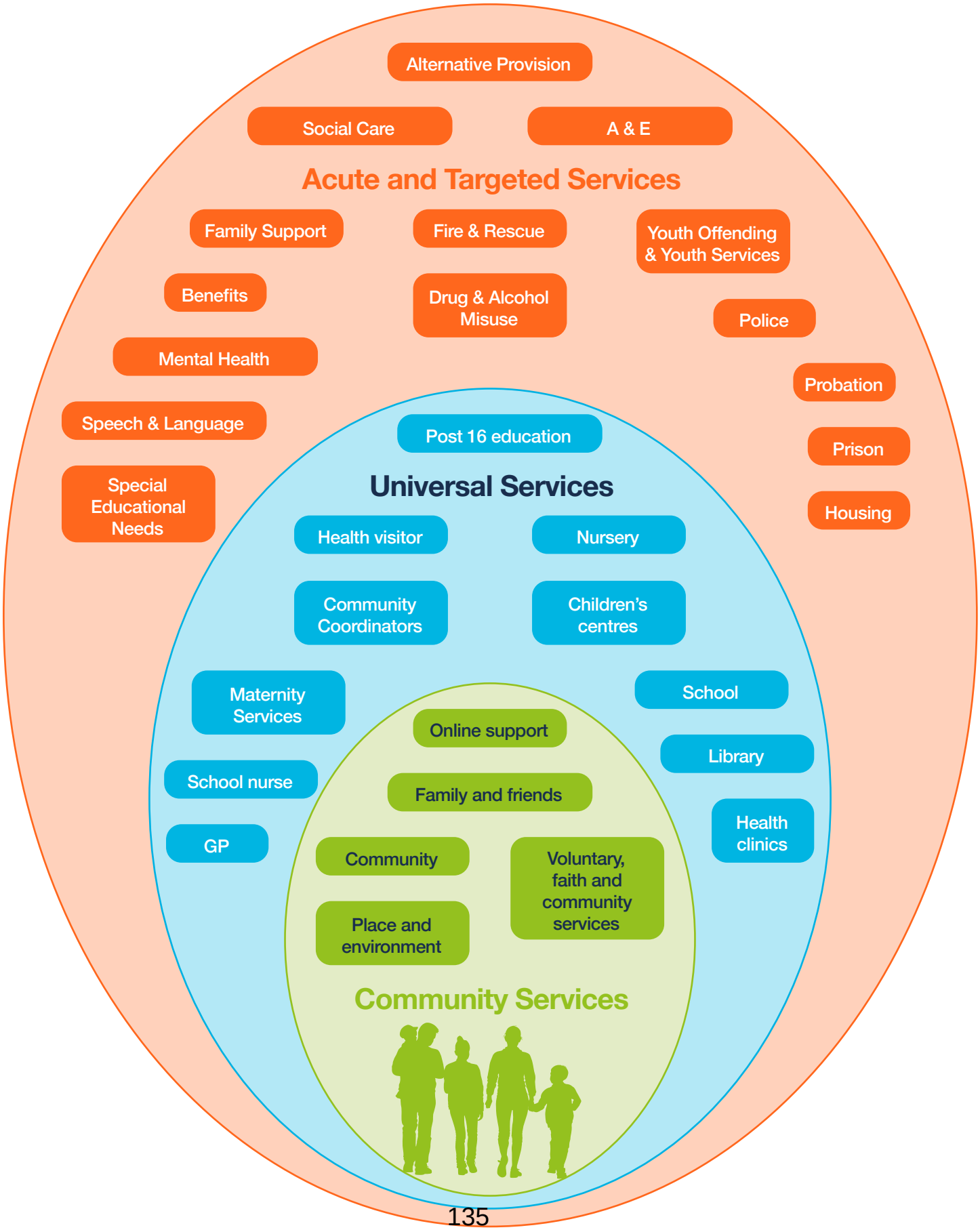
This strategy aims to create a shared approach to meeting enhanced needs across the wider children's early help workforce, recognising the need to support agencies to develop the skills and expertise to do so. Just as this strategy creates and endorses a principle of working with families, not doing too, it establishes a way of working together with partners to facilitate a move to a shared approach. In which the following foundations are essential:

Early Identification

Central to our early help approach is the early identification of children, young people, families, and individuals who would benefit from early help through a co-ordinated early assessment and response to help improve their outcomes, which we will achieve through:

The Local Authority procurement of a data warehouse system, underpinned by robust information sharing agreements from within and external to the Council. The purpose being to enable the development of consistent and open data feeds to create an automated data matching system that identifies vulnerable families and young people. Ensuring information sharing agreements enable and promote coordinated and timely services for children, young people, and families.

Alongside early identification, as illustrated on the next page, there are differing levels of support available to families beginning with localised community support moving outwards from the families social, cultural, and environmental context to that of universal services and further out wards, if needs continue to escalate, acute and targeted services. The three varying levels of support and influence can be described as follows.


Alternative Provision
Social Care
A & E
Acute and Targeted Services
Family Support
Fire & Rescue
Youth Offending & Youth Services
Benefits
Drug & Alcohol Misuse
Police
Mental Health
Probation
Speech & Language
Post 16 education
Prison
Special Educational Needs
Universal Services
Housing
Health visitor
Nursery
Community Coordinators
Children's centres
Maternity Services
School
Online support
Library
School nurse
Family and friends
Health clinics
GP
Community
Voluntary, faith and community services
Place and environment
Community Services

Community Support

Building services within the community to enable support to be provided at the earliest possible opportunity to enable children, young people, and families enabling positive progression through the varying developmental and transitional stages from child to adult through:

Offering services at a local level including the development of community led groups etc. i.e., a model utilising volunteer led initiatives, that are co-produced with support from the Family Hubs and other family focused services.

Universal Services

Working collaboratively to create an efficient, effective, value for money and user focussed system, within which vulnerable children, families and communities are identified and engaged with at the earliest opportunity. Helping prevent their needs from escalating to where they would require a high cost and/or statutory intervention, is the best way to ensure Bracknell Forest is thriving through:

The provision of open access services generically available within the community which support development and growth of the individual within which, the identification and assessment of both unmet need and those with recognised needs occurs. Preventing escalation of need and/or the requirement of targeted and specialist services.

Acute and Targeted Services

Supporting children, young people, and families to access acute and specialist services targeting high level specific needs. Enabling clear pathways to step-up and step-down into and from these specialist services, with the purpose of providing support at every level to help children, young people, and families overcome the challenges and difficulties they face. Creating within this arena a self-sustaining model of support working with early help services within the community, through:

Provision of multi-agency support working collaboratively to de-escalate the identified needs where families can self-identify and access holistic support alongside specialist and/or intensive treatment-based services.

Family Safeguarding has been the practice Model within Bracknell Forest Children's Social Care since 2017. The national evaluation findings clearly suggest that Family Safeguarding is effective at preventing children from becoming looked after (where that is safe and appropriate) and at reducing the number of children on Child Protection Plans. The impact of the specialist adult workers (Domestic Abuse, Mental Health & Substance Misuse) is significant in promoting partnership working with families and between professionals. It reduces the regularity with which the police are called out to the families, reduces the impact of mental health conditions, and supports parents with substance misuse. It supports the delivery of interventions by social workers by having access to specialist advice in these areas from the adult workers.

Motivational Interviewing (MI), Group Case Supervision (GCS) and the Family Programme are key pillars of the Family Safeguarding Model. Motivational interviewing empowers families and promotes a sense of involvement and ownership. It is a vital tool to working in partnership with families and supporting long term change for children. Group Case Supervision involves both children's and adult practitioners coming together each month to reflect on and manage risk jointly. The Family Programme is an 8-module programme of direct work with the parents underpinned by MI.

Family Safeguarding enjoys strong support from social work practitioners and specialist adult workers. A large majority of those staff that contributed to the evaluation agree that it stimulates more sustained engagement and generates better and longer lasting outcomes for families.

Working Together to Safeguard Children (2018) sets out a clear expectation that local agencies will collaborate to identify children with additional needs and work together to ensure support as soon as a problem emerges.

The Bracknell Forest Safeguarding Board Threshold Guidance states: *'Providing Early Help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later when problems may have become more entrenched. The importance of using a child-centred approach in understanding levels of need is also emphasised. All services provided must be based on a clear understanding of the needs and views of the individual child within the context of their family and the community in which they live. The guidance provides a framework for professionals who are working with children, young people, and families, and aims to help identify circumstances when children may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of children's need, and gives examples of some of the factors that may indicate when a child or young person needs additional support or protection'*
(Please see Appendix 1)

When working holistically with families it is important to remember that children, young people, and family needs are complex and do not remain static, as they may experience different needs, at different points on the continuum, throughout their experience. It is also important to understand that not all needs exist purely within the family/caring context and often exist outside of the family/caring environment which leads on to contextual safeguarding.

Contextual Safeguarding *'is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.*

Therefore, children's social care practitioners, child protection systems and wider safeguarding partnerships need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices.'

This is the context in which Early Help services play a crucial role in not only supporting children, young people, and families at an early stage, for the purpose of prevention of escalation of need, but also to enable support to be given in the wider contextual arena. In support of this we are working within the conceptual model the **'My World Triangle' (Please see Appendix 2)** within which, key considerations within any assessment of a child's circumstances are captured. The My World Triangle enables practitioners to assess strengths and pressures in all aspects of a child's life. The model is evidence based and has been developed from knowledge and research relating to children's development.

Population needs of Bracknell Forest

According to the National Census data, in 2020 Bracknell Forest had an estimated population of 124,165, of which, 49.5% (61,460) male and 50.5% (62,705) female. It was estimated that 30.3% (37,633) of the population were aged 0-24 years. The population of Bracknell Forest is projected to rise to 131,262 by 2043 a rise of 5.7% (7,097) however, the 0-24 years age group is estimated to reduce by 1.9% (2,454) which would equate to a population of 0-24 years of 26.8% (35,179) overall.

With regards to ethnicity, the population of Bracknell is predominately, circa 88-90% White British, with the next largest ethnic group being Asian/Asian British (5%), followed by Black/African/ Caribbean/Black British and mixed/multiple ethnic groups (2%) respectively. The proportion of people from ethnic groups living in Bracknell Forest is greater than the national figure, also greater than within the Southeast region as a whole and has steadily been increasing over the last decade, whilst White British has seen a relative decline. The BAME (Black and Minority Ethnic) population has increased over the past decade, with the largest group being Asian or Asian British (5%).

When considering the levels of deprivation in Bracknell Forest, as of the 2018-2019 Dept. Work and Pensions (DWP) Office National Statistics (ONS) estimates approximately 8.4% (2,114) of children who are living in families with absolute low income and 9.5% (2,397) children living in families with relatively low income[1]. There are four wards in the Borough which have child poverty figures ranging between 14.9 and 25.4%, which are ranked the four most deprived wards in the Borough those being Wildridings & Central, Great Holland North, Priestwood & Garth, and Old Bracknell. Overall, according to 2016 DWP/ONS figures circa 9% of children in the borough are living in low-income families, with 76% of children achieving a good level of development at the early years stage.

Data acquired over the last 7 years by the council's Early Help service as part of the national Supporting Families programme, provides a view of the needs of children, young people, and families in Bracknell Forest. The two highest single most common ages for children being supported were 7 & 10yrs old and two lowest were prebirth 0.48% (10) and 17yrs 3.2% (75). It is also noted the relatively high level of volume in the 14-17yrs. 16.4% (390). With regards to the parent and other adult the most common age is from 30 to 46yrs 69.3% (962) and for Grand Parents the most common age was 59+yrs 63.4% (26). Most of the family work was completed within 1-12months (89.9%) thirty percent of which being completed within 4 to 5 months.

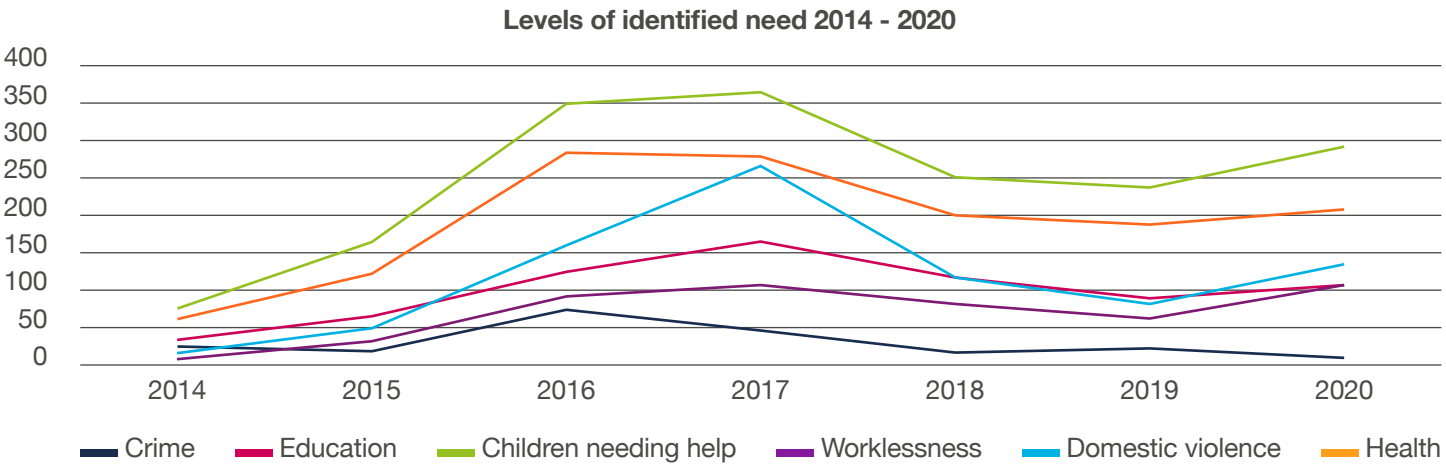
1 Derived from analysis of family income over the entire tax year – where income is less than 60% of median income before Housing Costs.

With a view to ethnicity 2871 (75%) of those supported were White British, Irish, and White Other, with 4% (169) being mixed race, 3% (100) being Asian or Asian British, and 3% (129) are Black or Black British. This is reasonably consistent with the overall ethnicity composition of Bracknell Forest as noted above.

The Supporting Families programme identifies families by need, and up to September 2021 those categories cover the following domains:

- Health (physical and emotional),
- Education,
- Financial exclusion and worklessness,
- Crime and Anti-social behaviour,
- Domestic Abuse,
- Children Needing Help.

The chart below shows the changing levels of need according to the above categories for the years 2014 – 2020.



In this year 2021/2022 across all categorisations, there are like-for-like increases except for crime which is yet to be recorded as an affective need. Children Needing Help and health remain the most prevalent need, followed by Domestic Violence. When taking account that the most prevalent age is that of children aged 7 years of parents in their 30's, this is a key consideration when looking at the targeting and type of intervention required going forward. This may then provide an overall picture or indication of the type of challenges and resulting escalation of need at a time of the pandemic, the pressures of which will, in this context impact most on family relationships. One other aspect to consider however is it would appear fewer referrals are coming through within the 0-4yrs age range, with a rise in both the 5-10 and 11-18yrs, the largest increase being in the latter age group. This is significant to note, as even if the volumes do remain within this level, the fact that the increases are in the older age ranges this will affect the type of invention and services required.

The data recorded 97% of families were from 4 individual postcodes across Bracknell, those being RG12 66% (706), RG42 18% (193), GU47 9% (98), RG45 3% (36), with 3% (36) from other postcode areas. The main concentrations being within the Priestwood & Garth, Old Bracknell, Harman's Water, Wildrings & Central Great Hollands (North and South) Hamworth, Bullbrook, Owlsmoor, College Town, Central Sandhurst and Crown Wood, ward areas, which is consistent with the above deprivation and child poverty figures. These concentrations of need also match the location of the four Family Hub's which are located as follows:

- The Willows Family Hub - Priestwood & Garth
- The Rowans Family Hub - Old Bracknell
- The Oaks Family Hub – Great Hollands North
- The Alders Family Hub – College Town (Sandhurst)

The location of the Family Hubs shows the proximity of resource to need, proving the value and service of the Family Hubs to the communities in most need. In addition, six types of accommodation were recorded, for 768 of cases, across all four postcode areas, 50.3% (386) were in Local Authority or Housing Association rented properties, 22.7% (174) were owner occupier, with 17.4% (134) private rented, 3.9% (30) were in temporary accommodation provided by the Local Authority, 0.26% (2) no fixed abode, and 5.5% (42) were in other types of accommodation. Considering the postcode areas,

This means our core physical resources are already placed in the areas of highest need, but we will still consider the other areas of Bracknell to ensure hidden need is not building without recourse or families are being left without the ability to access help in their own community. As part of the EHPN's development an overarching analysis of family level data is crucial to provide insight and direction for services to be commissioned, targeting and allocation of resources to meet identified need and future planning of sustainable services. **(Please see Appendix 3 for the full analysis)**

Nationally, the largest ever survey of children in England was conducted between March 2021 – March 2022, by the Children's Commissioner's office. The result of which is the publication of 'The Big Ask' – having over 557,000 children aged 4-17, from all 151 Local Authorities respond to the survey. The survey provides a unique insight into what children and young people thought at a critical time during the pandemic. Children across the country emphasised the importance of good education, skill development for jobs, their health and wellbeing, the community in which they live and having a loving family.

The following is what the young people, families & professionals of Bracknell Forest told us having conducted borough wide survey to gain the views on the services currently available. The survey was comprised of three versions for: i) children and young people ii) families & iii) Professionals, it is noted that the version for children and young people is targeted at those aged 11-18yrs. **(For the full survey analysis, please see Appendix 4).** In total there were seventy-five responses received, with

only ten responses received from young people directly. The relatively low level of direct response from young people means few if any direct conclusions can be drawn but taken with the responses from family's, insight from seventy-seven children in total was obtained. The first aspect of note from the direct responses is that no young people declared they used services but did engage in activities. This suggests that young people are reluctant to engage with services of the own volition but more likely to engage via support and/or in collaboration with their parents/carers. Taken with the low level of direct response the question remains **'How best to engage with young people directly?'**. This is an aspect that the Early Help Partnership could offer support in via sharing what has worked well and/or sharing of previously gathered information. What is consistent is the reasoning for not accessing services/ activities, which are as follows:

- Lack of confidence and anxiety
- Too high a cost
- The service/activity was not right for them
- The timing and accessibility mainly due to lack of public transport

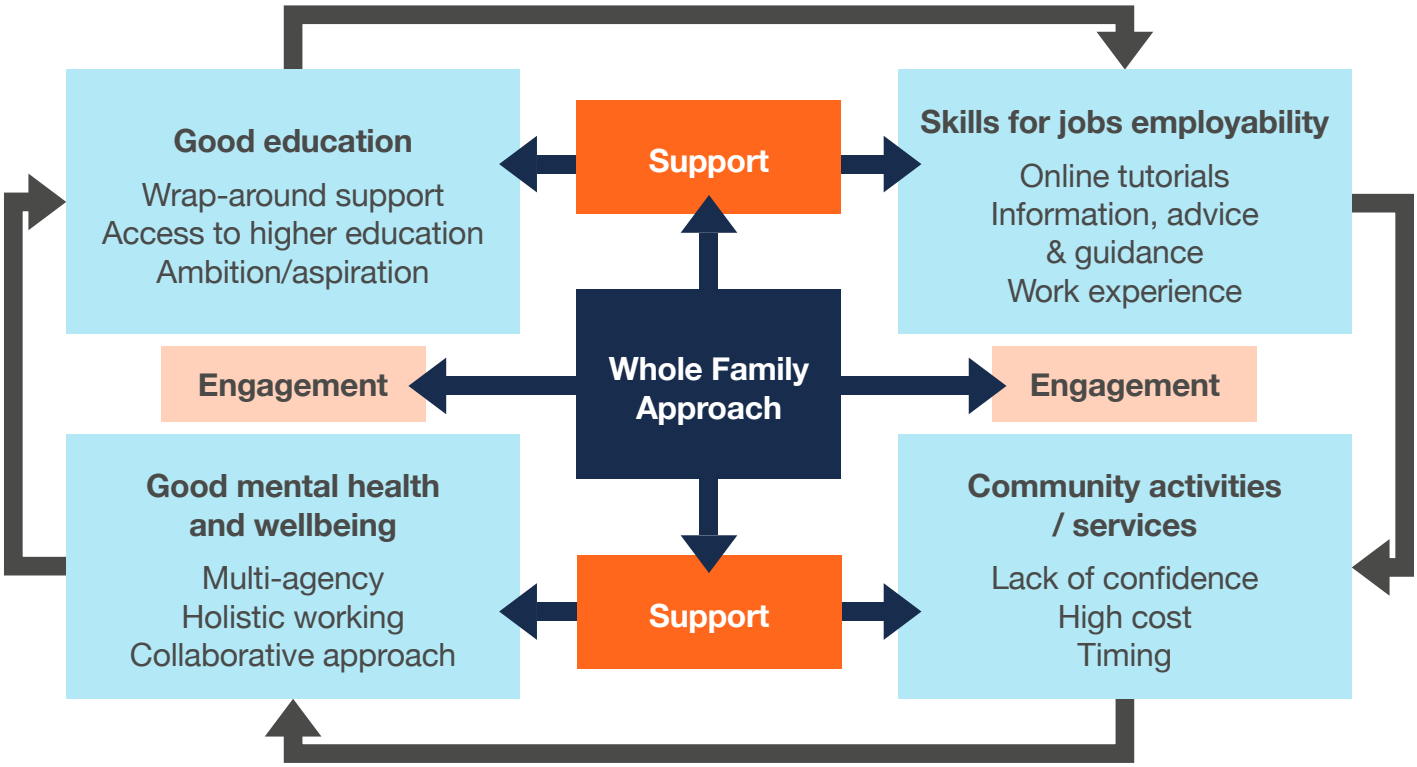
It would appear however, young people are willing to engage, especially in activities, which may be a consideration the partnership can take when looking to engage with and/or advertise services for young people i.e., by putting on events or activities that young people can engage with, providing an opportunity to showcase the services on offer. Again, this is something that the entire Early Help Partnership could develop, plan, and implement. Once engaged young people do appear satisfied with their experiences.

With regards to the responses from families holistically, given the age of respondents and the age of their children, it supports the prediction that people in Bracknell are starting families at an older age, which would align with the fact that the birth rate is reducing. When these two aspects are combined it supports the predication of a reduction in the 0-24yr population of Bracknell Forest over the next 10 years or so. This is important for the Early Help Partnership to note when thinking of resources especially in relation to the Early Years provision. It is acknowledged however, capacity to meet demand is currently an issue, which means if demand over time drops the existing resources should be sufficient to meet demand in the long-term. The Partnership could look to enhance the efficiency of existing resources by collaboration and sharing as appropriate to the needs of families in Bracknell Forest.

In conjunction with the above, the overall preference of access for families is that of in person at a venue offering the service/activity in their own community. Although online access was a relatively low choice, services should consider offering increased information, guidance, and advice online rather than just how to access the service e.g., times and place of delivery. This could aid service delivery as if parents could access more direct information online this could help prevent needs from escalation or even stop needs emerging in the first place. This could involve

online tutorials, information pieces, editorials etc. The latter would also be a good way of involving parents in more wider debates on key issues not just information, advice, and guidance, all of which is very useful feedback for services.

When considering the above collectively, as the diagram below depicts at the centre is a whole family approach to service delivery. A whole family approach involves working with not only the presenting needs but working within the underlying conditions and issues that have led the family to requiring support. Families can have singular or multiple needs either simultaneously or individually, which is why the need to work with the family holistically. Enabling engagement and support across the varying areas of need will ensure the best possible outcomes are achieved.



If support is to be effective the family needs to be engaged with, from which support can be offered, therefore support and engagement are the two symbiotic aspects which are required to achieve positive outcomes. With respect of the four areas of need (the green boxes) each has listed within, areas for consideration when offering the services. It is noted the community activities & services are aspects that were indicated to be barriers to access. The arrows indicate causal links i.e., a good education can lead to better skills for jobs and employment, which provides access to community activities and services especially where cost is concerned. Whilst being active community services and activities can support good mental health and well-being which in turn can lead to gaining a better education and/or raising of aspiration/ambition, through an enhanced ability to learn and so forth.

With respect to response from professional colleagues, when asked what challenges were faced by the professionals the single most common response was that of not sufficient staffing to meet demand, followed by not sufficient finance to enable expansion, working more closely with other services would be more effective, struggling to engage with other services required to help the service user, and not sufficient resources to meet demand, which is seen as currently outstripping capacity.

When asked how services could support each other the main themes indicated are those of gaining information in a timely manner, whilst working together to alert each other over the current waiting times for access to services. One possible solution is the co-location of staffing and more efficient forms of sharing information, termed here as provider collaboratives.

When asked how the Early Help Partnership could support services the following responses were given which echoed and matched comments from young people and families:

- having a multi-agency, holistic and collaborative approach to supporting families with complex issues
- sharing of resources especially concerning access to specialists
- utilising the same systems to make collaborative working easier
- offering better facilitation of information sharing without undue management lines and processes making it difficult to navigate
- having a consistent approach to service delivery across the whole Early Help Partnership.

Strategic and operational delivery

Working strategically means working collaboratively with all internal and external partners to develop and embed services that meet the needs of children, young people, and families. An essential ingredient of working collaboratively requires services to be co-produced to ensure holistic, family focused, and effective services.

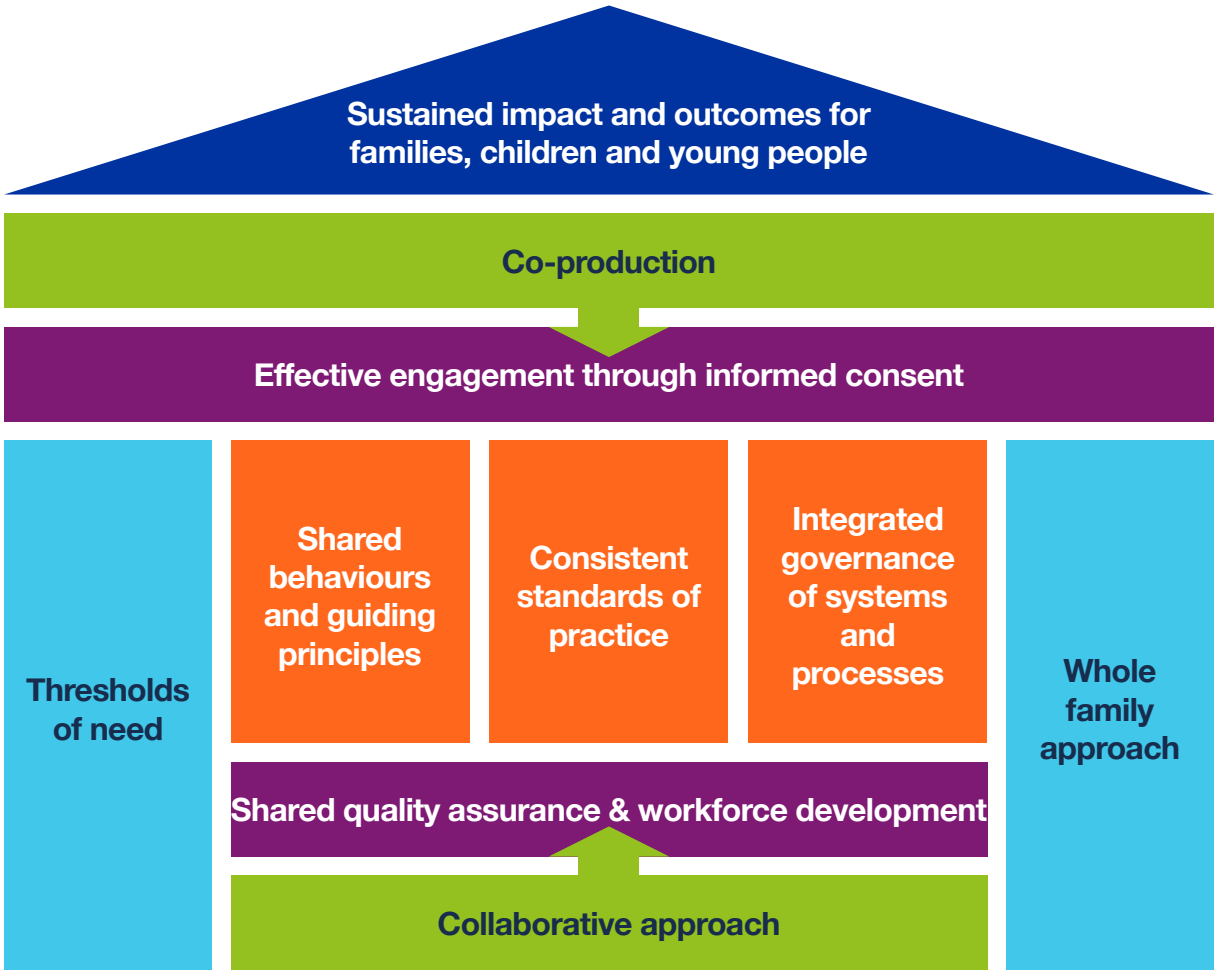
The relationship between this strategy and those across the council and wider partnership should not be seen in isolation. The very nature of an intuitive early help system is its relationship with other strategic priorities, avoiding unnecessary duplication where there is overlap and utilising well established strategic frameworks as a basis for securing even better outcomes for children, young people, and families. The graphic below shows the range of strategies that the Early Help Strategy is referenced too.

Our ambitions

The Early Help Partnership Network (EHPN) has agreed five strategic ambitions to support delivery of effective and well-resourced early help services across the partnership. The strategic aims form the basis on which an Early Help Development Plan for 2022-2023 has been agreed **(see Appendix 5)** and are considered key in the delivery of this 3-year strategy. To note, the EHPN will review the development plan annually to ensure steady progress and as the partnerships matures new objectives will be set annually to reflect this.

Early Help partnership framework for delivery

Taking all the above into consideration, the following framework has been developed to enable the effective delivery of the five strategic ambitions detailed above.



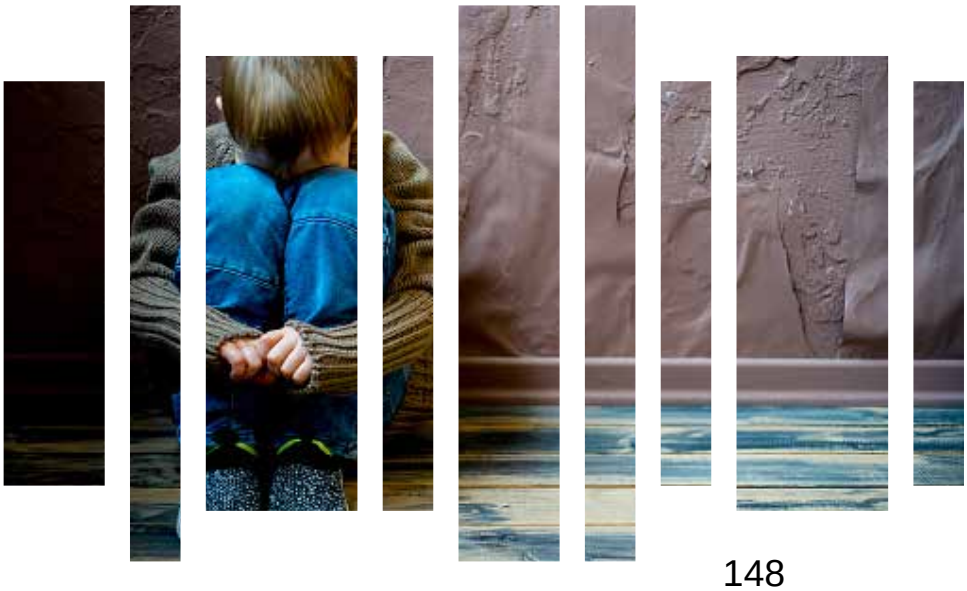
The first core element is that of a **Collaborative Approach** i.e., a way of working between all partners and stakeholders that serves to add value to any one single approach or service for those who require support. In the context of Early Help taking a collaborative approach requires individuals/groups coming together to share their knowledge and ideas on a particular area for improvement. This can be across authorities, organisations, and/or between differing teams within an organisation. This is the foundation the Early Help Partnership will be built on.

The collaborative approach supports **Shared Quality Assurance and Workforce Development** which means working in way that leads to the development of a shared vision for workforce capacity-building and agreed standards of practice. This underpins three core aspects of early help intervention:

- **Shared Behaviours and Guiding Principles** – Shared awareness and understanding are developed in a professional and social processes of interaction shaped by agreed behaviour characteristics
- **Consistent Standards of Practice** – Agreed ways of working both internally and externally
- **Integrated Governance of Systems and Processes** – Ability to share information and best practice across differing organisations and internal departments which aim to identify those in need to prevent escalation and the need for specialist services

The core aspects are supported by the two pillars of agreed **Thresholds of Need** and a **Whole Family Approach** i.e., understanding the level of need against the type and level of intervention required whilst taking a whole family approach, support both the individuals and the collective family or carers with their identified challenges and needs. All of which should lead to the **effective engagement** of those being supported enabling informed consent to be given so that individuals and families can engage with the whole process, direct the support they require and as such **Co-produce** the services they need to thrive and achieve positive outcomes. In this sense the whole

Finally, and crucially, the **Sustained Impact and Outcomes for Families, Children, and Young People** is the apex of learning that enables all the above to continually inform practice, prove value and impact, whilst providing the data leaders can strategically plan, commission, and deliver the services that have a real impact within the lives of those requiring support and assistance at a time they need it.



Bracknell Forest Council

Appendices

Early Help Strategy

Contents

Appendix 1: Thresholds of need

To gauge the level of intervention required, the presenting issues are evaluated against a Continuum of Need which is comprised of four tiers, which are defined as follows:

Tier 1: No additional needs

Those with no additional needs representing the majority of those living within Bracknell Forest. All health and developmental needs can be met by their family with the support of others and universal services.

Tier 2: Early help

Those with additional needs who may be showing early signs of abuse/neglect; the parents of some children who require early help may not have prioritised their children's needs and /or have limited parenting capabilities. This is the threshold for a multi-agency early help assessment to commence, that does not include services provided by Children's Social Care.

Tier 3: Children with complex and multiple needs (Child in need)

These children require specialist services to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and /or who are disabled. The parents/carers of some children with complex and multiple needs may have limited capacity to parent and/or fail to consider the risk to them.

Tier 4: Children in acute need (Child Protection / Children Looked After (CLA))

These are children who are suffering or are likely to suffer significant harm. This is the threshold for 'child protection'. These children are likely to have already experienced significant adversity that has already impacted on their development or is considered likely to. In many cases parenting capacity is likely to have been significantly impaired.

Some children may benefit from specialised services to address their mental health needs and/or complex health problems.

Appendix 1
Thresholds of need

Bracknell Forest Council

To support practitioners in their decision-making there are defined **Possible Indicators of Need (Tier 1 – 4).** This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement as concerns for children may emerge through a combination of factors and individual indicators of concern may not reach the threshold for specialist services. Remember that need is not static; the needs of a child/young person/ family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child. The indicators are categorised under three main headings those being:

1. **Development of the baby, child, or young person**
2. **Environmental Factors**
3. **Parental and Family Factors**

An example of these indicators are as follows:
For the full list of indicators please see the 'Threshold Guidance'.

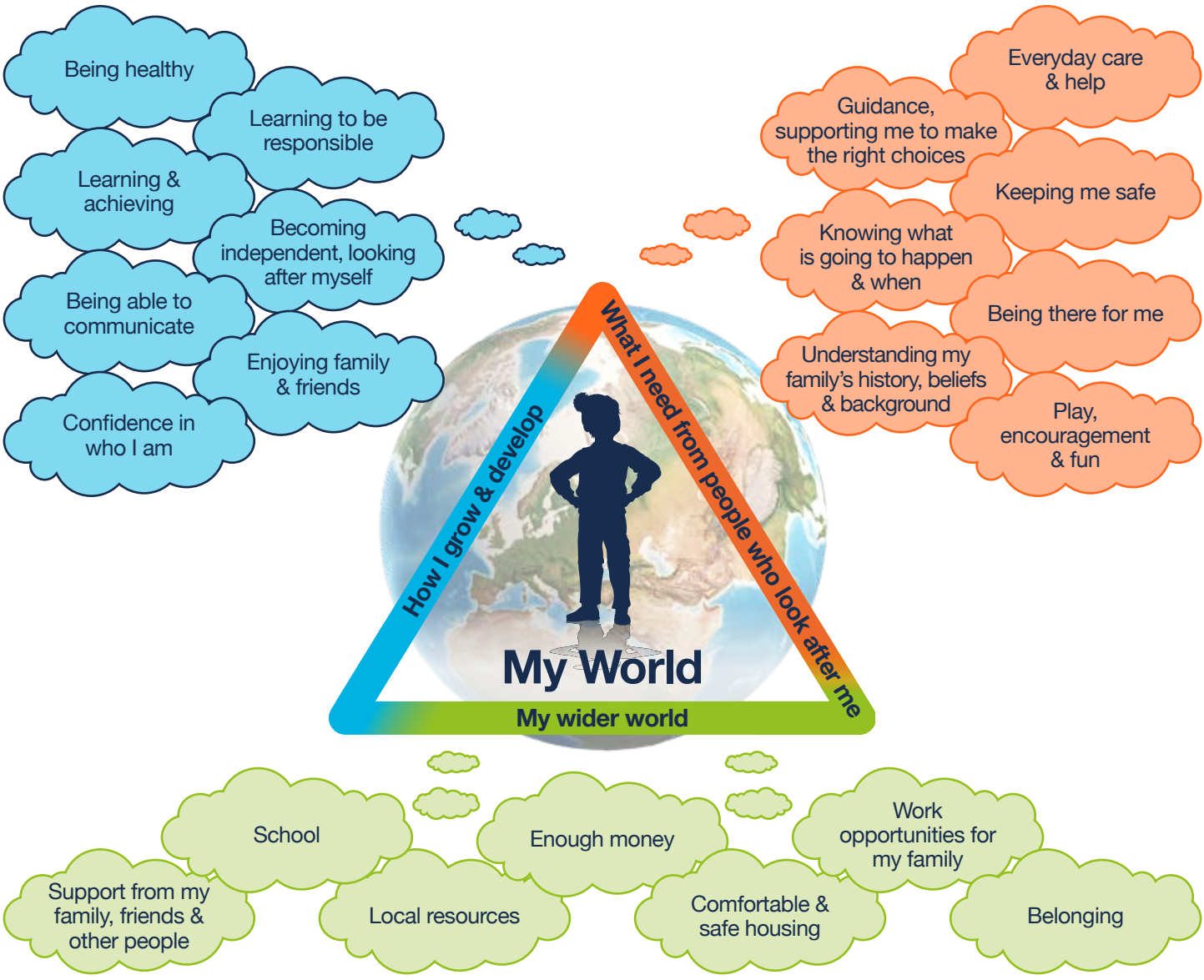
1. Development of the baby, child or young person			
This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age.			
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
Children with no additional needs whose health and developmental needs can be met by universal services.	Children with additional needs that can be met through the provision of 'early help'. A referral to early help services should be considered.	Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Children in acute need. Require immediate referral to children's social care and/or the police.
1a. Abuse and neglect			
The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could indicate neglect such as poor hygiene or tooth decay.	The child consistently shows physical symptoms which clearly indicate neglect.	The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parent/carers.

2. Environmental factors			
Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick-box' exercise and practitioners should use their professional judgement.			
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
Children with no additional needs whose health and developmental needs can be met by universal services.	Children with additional needs that can be met through the provision of 'early help'. A referral to early help services should be considered.	Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Children in acute need. Require immediate referral to children's social care and/or the police.
The family feels integrated into the community.	The family is chronically socially excluded and/or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	The family is excluded, and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.

3. Parental and family factors			
Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick-box' exercise and practitioners should use their professional judgement.			
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
Children with no additional needs whose health and developmental needs can be met by universal services.	Children with additional needs that can be met through the provision of 'early help'. A referral to early help services should be considered.	Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Children in acute need. Require immediate referral to children's social care and/or the police.
3a. Parenting during pregnancy and infancy			
The parent/carer accesses ante-natal and/ or post-natal care.	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments. There are indicators or and expressed wish from the parent/ carer that they require additional support	The parent/carer is not accessing ante-natal and /or post-natal care/concealing their pregnancy. The parent/carer has previously had a child subject to a plan.	The parent lacks support and neglects to access ante-natal care and is using illicit substances and/or alcohol excessively whilst pregnant which impacts on the infant's well-being. Failure to access ante-natal care where there are identified or suspected complicating obstetric factors pose a risk to the unborn/new-born child. The person is suspected to have a concealed pregnancy and there could be a future safeguarding risk to the baby. The parent/carer has previously had a child removed.

Appendix 2: My world triangle

The **My World Triangle;** is a conceptual model.



The whole child or young person: physical, social, educational, emotional, spiritual & psychological development

My World Triangle helps workers examine key areas of the child's circumstances under the headings:

- How I grow and develop
- What I need from people who look after me
- My wider world

Appendix 2
My world triangle

Bracknell Forest Council

These headings help practitioners to reflect on what is happening in a child's whole world. When assessing children who may need additional help, practitioners should use the 7 headings in the three areas of the My World Triangle to help them think about the following questions:

- What information have I got?
- Is this enough to assess the child's needs?
- From where might that information be gathered?

The information gathered should be proportionate to the presenting problems and in some circumstances, those working with a child may consider it unnecessary to complete all dimensions of the model in detail. However, it is important that what happens in one area of the child's world may have a significant impact on another area. For more information on how the My World Triangle can be used, go to: www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/

Appendix 3: Early Help Survey Results

Total number of responses:	**76**
Breakdown of responses received:	
Young People	10
Families	30
Professionals	35

Young People – Profile

Of the young people who responded, four were aged 11-15yrs and five were aged 16-17yrs, it is noted there was one blank response sent in which has been removed from the analysis due to no usable information being provided.

Of the respondents, six are female and three are male, (one NR[1]), eight of which are White British and one young person is African. Only one young person declared a disability, which does impact on their day-to-day activities, with one young person preferring not to say.

All respondents were from the post code area RG42 and RD12, nine of the ten young people are attending Secondary School and one young person is attending school somewhere else.

Services and Activities

No young people stated they used any services in Bracknell Forest, with one young person stating they used neither service nor activities.

Of the eight young people who stated they attended activities pertaining to cinema, theatre, Outdoor spaces, art, hobbies, dance, and uniformed groups. The only noticeable difference in activities attended by the younger age group over the older young people was that the younger age group did not attend community events nor uniformed groups, but the older group did.

There was relatively consistent response to the frequency of attendance as in those attending activity classes stated they attended only once or twice, with the Cinema/ theatre being attended monthly and/or every 2/3 months, outdoor spaces were every week/month and sports clubs attended every week. All of which were attended in person at the venue offering the activity/event and within the young people's own community, close to where they live.

1 NR = non-response

With regards to the times the young people attended the activities, of the five young people who responded to this question, three young people completed activities daily, including weekends. The majority of which attended either in the afternoon or in the evening, with only one young person attending an activity on the Saturday morning. Two young people attended activities on a Sunday afternoon and evening.

The reasons for non-attendance of services available, two of the three young people responded that they didn't think the services were right for them. One young person stated that the service they were interested this being school/education services, cost too much to attend and that there is little or no public transport available as the service was not close enough to their home.

The reasons stated for non-attendance at activities were concentrated around three main reasons as detailed below, with one young person stating that the service they want does not exist and the activity was not close enough to home, therefore no public transport.

Main Reasons for non-attendance:

- I am too anxious to attend/not confident enough to go
- It costs too much
- Not at a time they could go

Of the five young people who responded four were either happy or very happy with the activities they attended with two young people stating that the activities were 'Okay, sometimes' or were neither happy nor unhappy with the activity they attended.

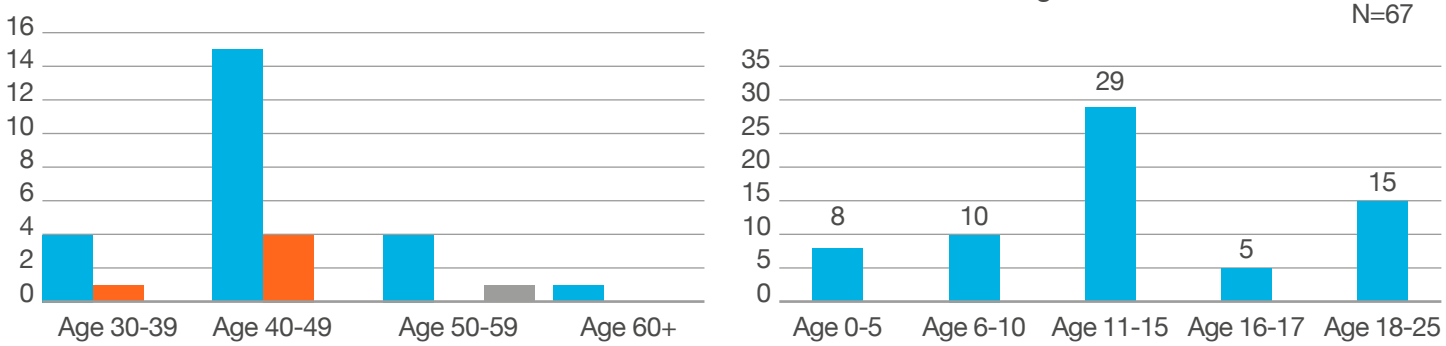
When asked what support the young people would benefit from and at what time only two young people responded, stating that they would like a teacher to offer more support with one young person wanting support in the mornings and one young person wanting support in the evening, being able to access the support either at school or at a venue where the support is being offered.

Young People Summary

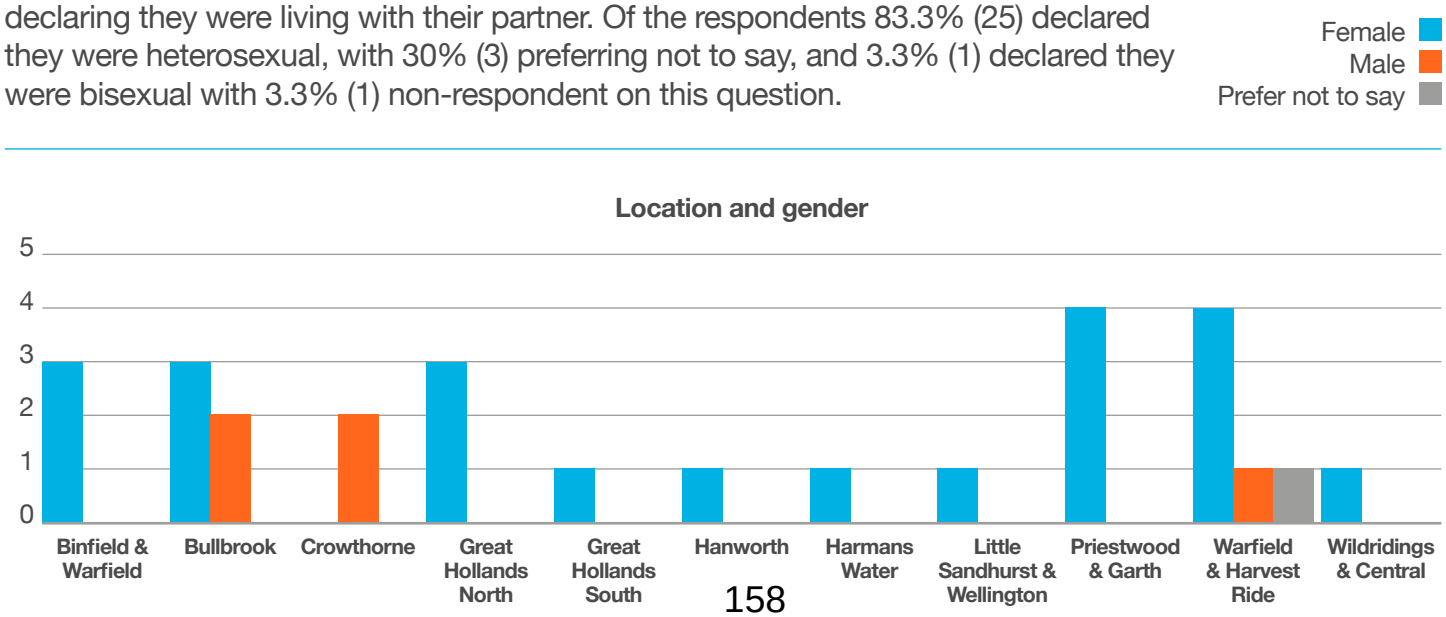
The relatively low number of responses from young people means few if any direct conclusions can be drawn but the responses do offer some level of insight from a young person's perspective. No respondents used services, stating the main reasons as being the service was not right for them, it cost too much, and services were not close enough to their home, with little access to public transport. With respect to activities the three main reasons for non-attendance, as shown above, were centred around lack of confidence and anxiety, too high a cost also the timing of the activity was not right for them. With regards to the latter, however young people do appear to be involved in activities on a regular basis. The question raised by the low response is more about how services engage young people. It is when looking to the responses from families that a much larger contingent of children and young people are represented, sixty-seven, making a total representative cohort of children and young people of seventy-seven children and young people.

Families – Profile

Of the 30 responses received, 29 were Parents, with one respondent having no children. As shown in the chart below on the left, the age and gender of respondents shows 80% (24) were female, 16.7% (5) were male and 3.3% (1) preferred not to say. 63.3% (19) of the respondents was predominately aged 40-49yrs, with 16.7% (5) aged 30-39yrs & 50-59yrs, with 3.3% (1) aged 60+. The total number of children between all parents was 67. As shown in the table below on the right, the predominant age of the children were 11-15yrs 43% (29), with 22% (15) aged 18-25, 15% (10) aged 6-10, 12% (8) aged 0-5 and 8% (5) aged 16-17yrs.



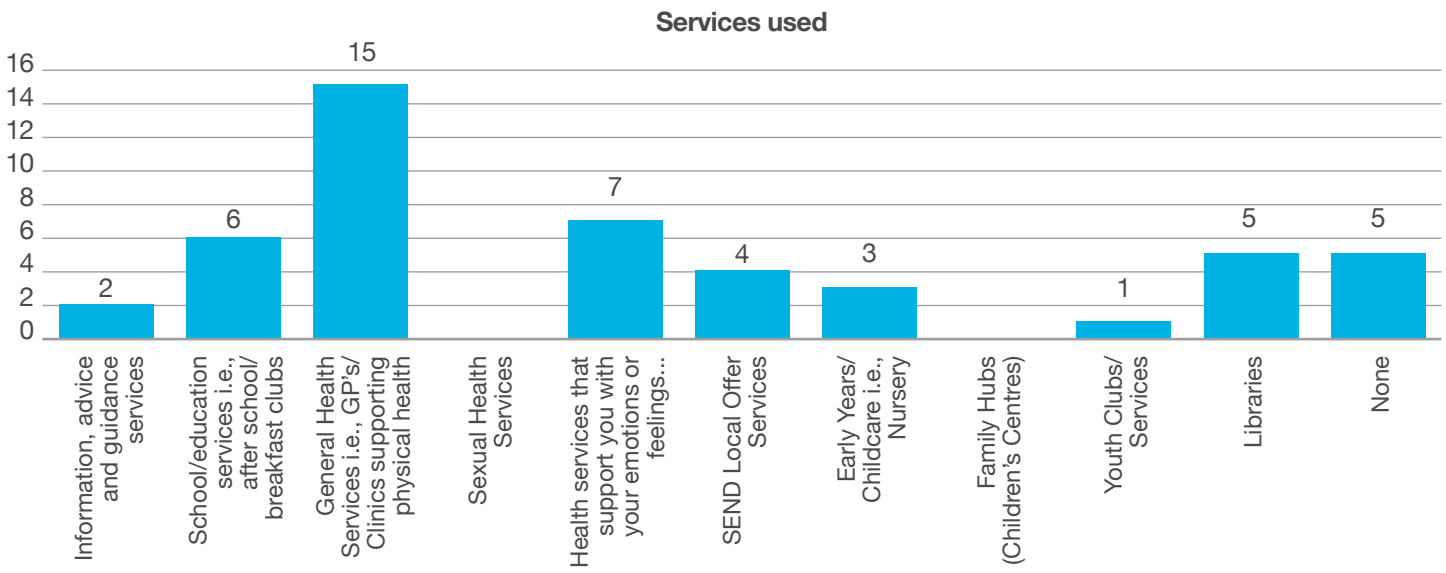
With regards to ethnicity, 83.3% (26) respondents were White British, 6.7% (2) were Indian with 3.3% (1) being Filipino and 6.7% (2) preferred not to say. The location by gender is shown below of which 11 out of the 18 wards are represented, with the highest number of respondents living in the Warfield and Harvest Ride ward 21% (6). Of the 30 families who responded 16.7% (5) declared they had a disability. 70% (21) declared they were married, with 3.3% (1) being in a Civil Partnership, 6.7% (2) are divorced, 6.7% (2) are single, with 10% (3) preferring not to say and 3.3% (1) declaring they were living with their partner. Of the respondents 83.3% (25) declared they were heterosexual, with 30% (3) preferring not to say, and 3.3% (1) declared they were bisexual with 3.3% (1) non-respondent on this question.



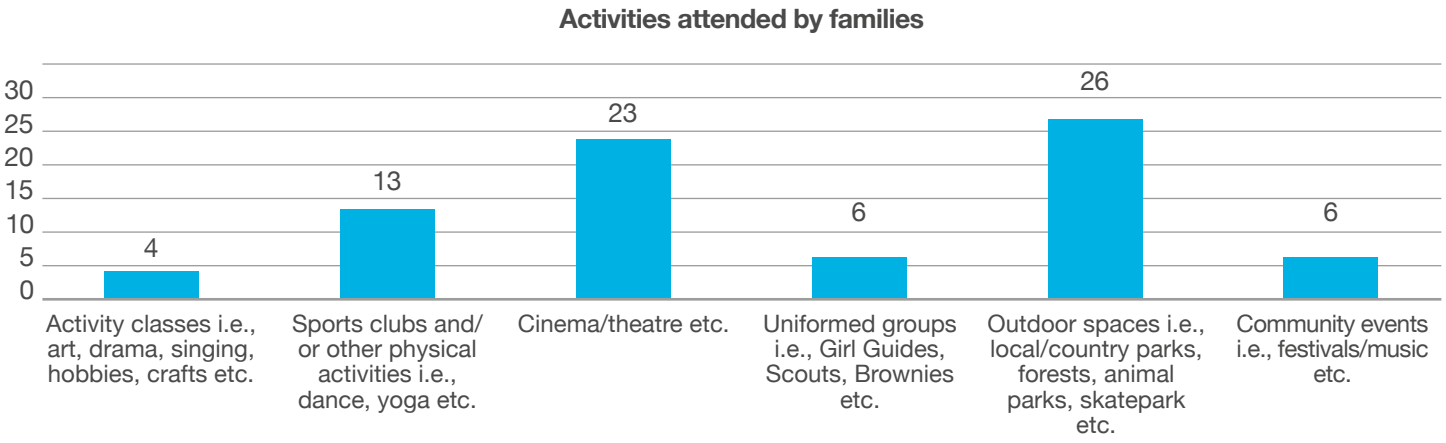
Appendix 3
Early Help Survey Results

Services and Activities:

As the chart below shows, the main Services used by families are General Health Services, supporting both physical and emotional well-being 46% (22). The next most used service is School/Education Services 13% (6) with Libraries next at 10% (5). Finally SEND and Early Year/Childcare Services make up 8% (4) and 6% (3) respectfully. 10% (5) of respondents stated they used no services at all.



The chart shows below the activities attended by families, of which the most used are Outdoor Spaces 33% (26) & Cinema/Theatre 29% (23). The next most popular activity was Sports Clubs 17% (13) with Unformed groups and Community Events 8% (6) for each. Activity Classes was the least popular 5% (4).



Appendix 3
Early Help Survey Results

With regards to how often families attended services and activities, the table below shows the pattern of usage from all respondents. The pattern of attendance with respect to Services shows a slightly increased usage weekly and 2/3 monthly when compared to the more infrequent usage. The pattern of attendance with respect to activities shows over two and a half times the usage than that of services with a much higher frequency of regular use i.e., every week, month and 2/3 times a month. This shows that families are investing time and commitment to services and activities with a high level of regular usage, as stated above.

How often attended services/activities	Every week	Every month	2/3 months	Every 6 months	Once a year	Once or twice
Services						
Early Years/Childcare	2		1			
Family Hubs (Children's Centres)			1			
General Health Services i.e., GP's/ Clinics supporting physical health		2	6	6	6	3
Health services that support you with your emotions or feelings i.e., Counselling etc.				1	1	
Information, advice and guidance services	2	1				
Libraries	1	1	1			
School/education services i.e., after school/breakfast clubs	7	1				
SEND Local Offer Services	2	1	1			
Sexual Health Services					1	
Youth Clubs/Services	1					
Total	**15**	**6**	**10**	**7**	**8**	**3**

Appendix 3
Early Help Survey Results

How often attended services/activities	Every week	Every month	2/3 months	Every 6 months	Once a year	Once or twice
Activities						
Outdoor spaces i.e., local/country parks, forests, animal parks, skatepark etc.	18	7	1			2
Activity classes i.e., art, drama, singing, hobbies, crafts etc.	3			1		
Cinema/theatre etc.	1	4	11	5	2	2
Community events i.e., festivals/music etc.	2		1	1	4	
Sports clubs and/or other physical activities i.e., dance, yoga etc.	10	2				
Uniformed groups i.e., Girl Guides, Scouts, Brownies etc.	5					
Total	**39**	**13**	**13**	**7**	**6**	**4**

Appendix 3
Early Help Survey Results

With regards to how families accessed services and activities, as the table below shows, in person at a venue offering the service/activity is the most common access route accounting for 55% (29) and 64% (61) of all types of access. With regards to services the next most popular access route is that of online 28% (15) and for activities the second most common was accessing activities within the community where the families live 26% (25).

How services/activities are accessed	Online only	In person at a venue offering the activity	In your own home	In your community i.e., close to where you live	Not close to where you live	Other
Services						
Early Years/Childcare		1		1		
Family Hubs (Children's Centres)						
General Health Services i.e., GP's/ Clinics supporting physical health	9	15		3		
Health services that support you with your emotions or feelings i.e., Counselling etc.	2	1				
Information, advice and guidance services	3					
Libraries		2		2		
School/education services i.e., after school/breakfast clubs		6				
SEND Local Offer Services	1	2		1	1	
Sexual Health Services		1				
Youth Clubs/Services		1				
Total	**15**	**29**	**0**	**7**	**2**	**0**
Activities						
Outdoor spaces i.e., local/country parks, forests, animal parks, skatepark etc.		17		11	3	
Activity classes i.e., art, drama, singing, hobbies, crafts etc.	1	3		1	1	
Cinema/theatre etc.		20		5	2	
Community events i.e., festivals/music etc.		5		5		
Sports clubs and/or other physical activities i.e., dance, yoga etc.	3	11		2		
Uniformed groups i.e., Girl Guides, Scouts, Brownies etc.		5		1		
Total	**4**	**61**	**0**	**25**	**6**	**0**

Appendix 3
Early Help Survey Results

The table below shows the pattern of usage for services and activities with Saturday and Sunday being the most common days of attendance during the afternoon. With regards the service delivery aspect, if assuming most activities were attended at the weekend, Monday, Thursday, and Friday appear to be the most common days of attendance during the day with evening attendance showing lower levels of attendance.

Times of access services and activities	8am-12pm	12.01-5pm	5.01-7pm	7.01-10pm	Daily Total
Monday	9	6	4	6	25
Tuesday	6	9	5	3	23
Wednesday	5	7	5	3	20
Thursday	6	8	6	6	26
Friday	8	6	7	7	28
Saturday	13	15	12	7	47
Sunday	7	12	10	3	32
Time Total	54	63	49	35	

When asking families what would prevent them from accessing services, by far the most common response 55% (29) was that the service was not right for them, which would indicate that services need to be specific to the identified needs of families. Anxiety and confidence 21% (9) were the next most common response with cost 12% (5) also being an issue.

Services	It costs too much	Not close enough i.e., no public / personal transport	The service I want does not exist	I am too anxious to attend / not confident enough to go	Not on at a time I can go	I don't feel that the service is right for me
Information, advice and guidance services				1		3
School/education services i.e., after school/breakfast clubs	2					3
General Health Services i.e., GP's/Clinics supporting physical health					1	1
Sexual Health Services						5
Health services that support you with your emotions or feelings i.e., Counselling etc.				1		2
SEND Local Offer Services				1		2
Early Year/Childcare	1			1		3
Family Hubs (Children's Centres)		2		3		
Youth Clubs/Services			1	1	1	1
Libraries						3
Other	2			1		
Total	**5**	**2**	**1**	**9**	**2**	**23**

When asking the same question of activities, as that above for services, cost 62% (24) by far was the most common reason for not attending an activity, with anxiety and confidence 15% (6) being the next most common response, as shown in the table below.

Activities	It costs too much	Not close enough i.e., no public / personal transport	The activity I want does not exist	I am too anxious to attend / not confident enough to go	Not on at a time I can go	I don't feel that the activity is right for me
Activity classes i.e., art, drama, singing, hobbies, crafts etc.	6	1	1	3	2	
Sports clubs and/or other physical activities i.e., dance, yoga etc.	8			2	2	
Cinema/theatre etc.	7					
Uniformed groups i.e., Girl Guides, Scouts, Brownies etc.	1			1		
Outdoor spaces i.e., local/country parks, forests, animal parks, skatepark etc.		1	1			1
Community events i.e., festivals/music etc.	2					
Total	**24**	**2**	**2**	**6**	**4**	**1**

Asking how satisfied families were in relation to the services they used the highest level of response was that of being satisfied 34% (22) with neither satisfied nor not satisfied 30% (19) was the second most common response. Very satisfied was the third highest response given 20% (13) which shows on average families were generally satisfied with the services they attended.

Appendix 3
Early Help Survey Results

Services	Very Satisfied	Satisfied	Neither satisfied nor not satisfied	Sometimes satisfied but not always	Not satisfied	I had reason to complain
Information, advice and guidance services	3		2		1	
School/education services i.e., after school/breakfast clubs	2	4	2			
General Health Services i.e., GP's/Clinics supporting physical health	1	8	6	6	2	
Sexual Health Services			1			
Health services that support you with your emotions or feelings i.e., Counselling etc.		3	1			
SEND Local Offer Services	2	1	1		1	
Early Year/Childcare	1	2	2			
Family Hubs (Children's Centres)	2		3			
Youth Clubs/Services			1			
Libraries	2	4				
Other						
Total	**13**	**22**	**19**	**6**	**4**	**0**

When asking the same question in relation to activities the same overall result was given as with services, as shown in the table below, with 85% (78) stating they were either very satisfied or satisfied with the activates they attended. When including neither satisfied nor not satisfied this raises the result to 97% (89) of families that were generally satisfied with the activities they attended.

Services	Very Satisfied	Satisfied	Neither satisfied nor not satisfied	Sometimes satisfied but not always	Not satisfied	I had reason to complain
Activity classes i.e., art, drama, singing, hobbies, crafts etc.	3	1	3			
Sports clubs and/or other physical activities i.e., dance, yoga etc.	3	7	3			
Cinema/theatre etc.	11	12	1	1		
Uniformed groups i.e., Girl Guides, Scouts, Brownies etc.	3	2	1		2	
Outdoor spaces i.e., local/country parks, forests, animal parks, skatepark etc.	14	13	2			
Community events i.e., festivals/music etc.	4	5	1			
Total	**38**	**40**	**11**	**1**	**2**	**0**

Appendix 3
Early Help Survey Results

Families were asked what their preferred time of day is for services and activities, which the table below shows, is mornings followed by afternoon then early evening to late evening as their preference. This differs slightly from the previous results of the times families attend activities and services, which is mainly in the afternoon, as shown in the table at the bottom of page 4.

Preferred time of day services/activities	8am-12pm	12.01-5pm	5.01-7pm	7.01-10pm
Monday	4	3	1	2
Tuesday	3	3	2	1
Wednesday	3	2	3	1
Thursday	4	1	2	1
Friday	4	2	2	1
Saturday	5	3	1	
Sunday	3	3	2	
Time Total	26	17	13	6

When families were asked how they wished to access services and activities it was clear as shown below their overall preference was in person at a venue offering the service/activity within their own community. This matches with how families do access services and activities, as detailed previously on page 4, and it is noted that families are accessing services more online than they are for activities. This would indicate therefore services should consider offering online access, despite the relatively low response to online access below.

How services/activities are accessed	Online only	In person at a venue offering the activity	In your own home	In your community i.e., close to where you live	Not close to where you live
Total	**4**	**13**	**3**	**10**	**2**

Appendix 3
Early Help Survey Results

Bracknell Forest Council

Family Summary

Of all respondents 80% were female, married, heterosexual, with all respondents bar one having children, the predominate age of which are 11-15yrs old. This fits with the age profile of the parents which was predominately in their forties, which signifies a later age profile of those having children, i.e., 25-35yrs. This is supported by the relative drop in the birth rate which supports the predicated 1.9% drop in the 0-24yrs population of Bracknell Forest over the next 10yrs. With regards to ethnicity the profile of respondents matched that of the overall profile for the Borough.

From the responses it would appear families are investing time and commitment to services and activities with a relatively high level of regular usage. For services general health, both physical and emotional and school led services were the most utilised. For activities outdoor spaces and cinema/theatre are the most popular and accessed at approximately two and a half times the rate of access of services. This is supported by the frequency of use of activities by the young people who responded. The most popular time of access is during 12-5pm closely followed by the morning, 8-12pm and early evening 5-7pm. This pattern is seen in the days of access the most popular been the weekend followed by a consistent weekday usage with Monday, Thursday and Friday being the most popular.

When looking at the reason for not attending services the main cause was families didn't feel the services were right for them. Being too anxious/not confident enough and cost was the next two highest levels of response given. With regards to activities, cost was the highest response followed by being too anxious/not confident enough, both of which accounted for 77% of all responses. Of the four respondents who stated they were not satisfied with the services they attended all were dissatisfied with services for SEND.

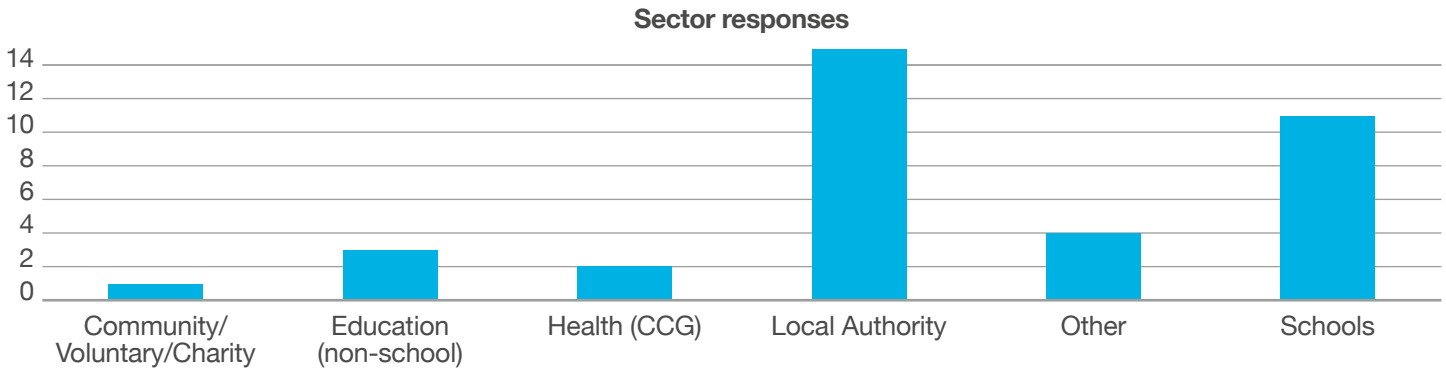
When asked how satisfied with the services attended 54% were either very satisfied or satisfied, with 30% being neither satisfied nor dissatisfied, which shows on average families were generally satisfied with the services they attended. When asking how satisfied with the activities attended 85% were either very satisfied or satisfied with 12% being nether satisfied nor dissatisfied, with the activities they attended.

For both services and activities, the most common way of accessing them was in person at a venue offering the service/activity in their own community. It would appear therefore that families are prepared to invest time and funds into services and activities preferring in person at a venue withing the communities where the families live. The only anomaly within this is that families were more prepared to access services online than they were for activities, thus service providers should consider the range and depth of services offered online as there is a relative need for this type of access, especially when related to general health services.

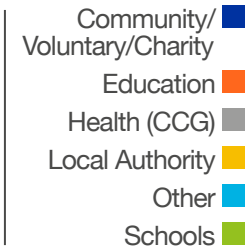
Appendix 3
Early Help Survey Results

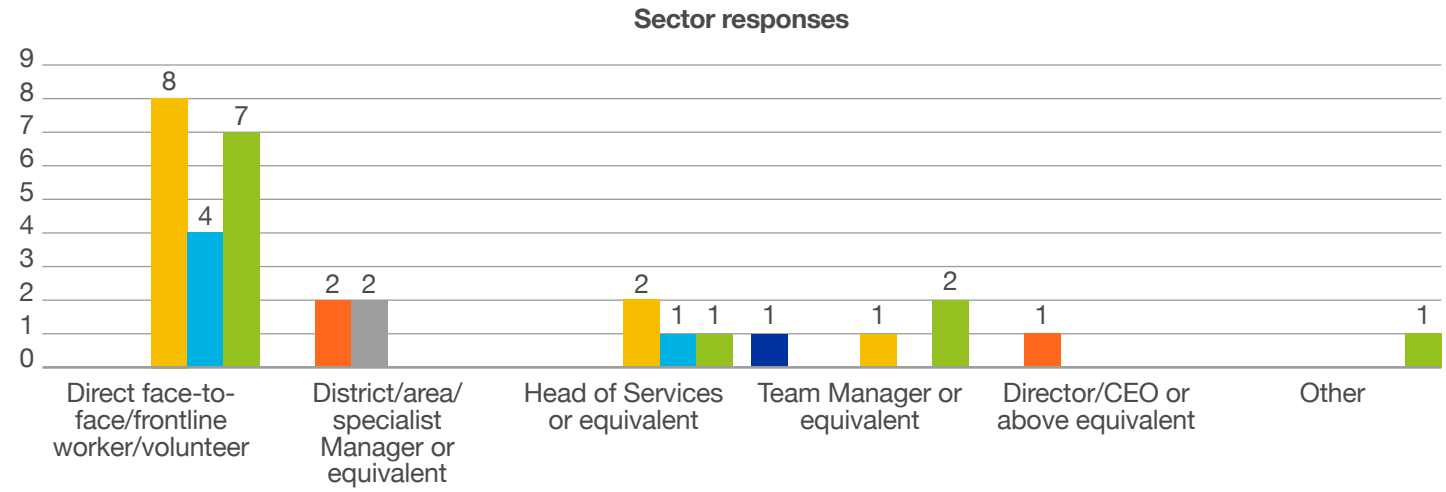
Professional – Profile

Of the 35 responses received 37% (13) were from Local Authority, 31% (11) were from schools with 14% (5) being other - 4 of which were childminders and 1 was from a housing association. 9% (3) were from education non-school, 6% (2) were from Health and 3% (1) was from the community/voluntary/Charity sector.



With regards to the respondent's current career level, as the chart below shows, 54% (19) were front line workers/volunteers with 11% (4) being District/Area/Specialist managers or equivalent, Heads of Service and Team Manager level. There was one CEO level response from the Education sector, with responses also from a specialist team and administration. 68% (23) of respondents worked within services that covered all of Bracknell Forest, with the remaining 32% (11) working across one to seven wards.





37% (12) respondents were from education/school services and 28% (9) were from Early Years/Childcare/Family Hub services. 86% (30) were female colleagues and 11% (4) were male colleagues. 80% (28) are White British with 20% (7) being from other ethnicities.

With regards to age of those who responded 49% (17) were aged 50-64yrs., & 43% (15) were aged 25-49yrs, with 3% (1) being aged 18-34yrs. When asked if colleagues were satisfied or not with the services, they provided 37% (13) were very satisfied and 46% (16) stated they were satisfied making 83% (29) being overall satisfied with the services they provided. Only 6% (2) stated they were neither satisfied nor dissatisfied and 11% (4) were sometimes satisfied but not always.

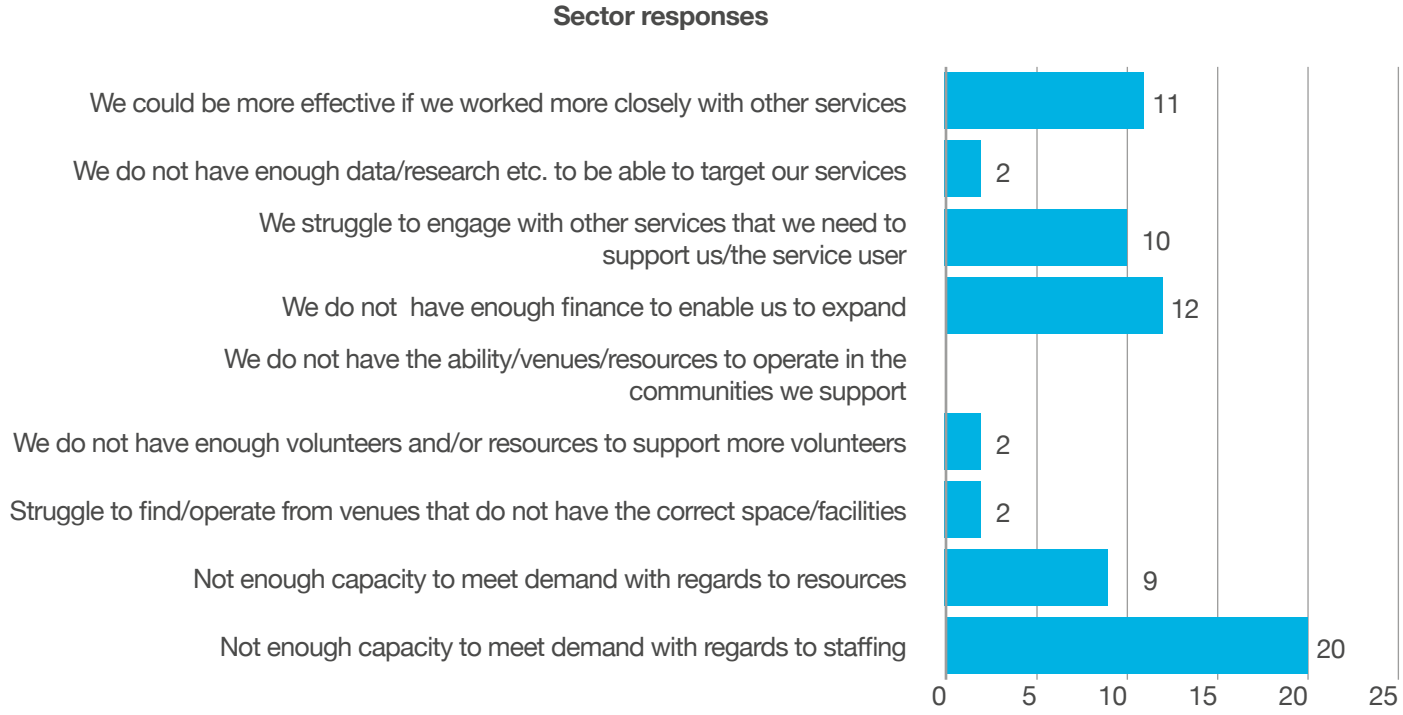
Only 5 respondents stated they charged for the services they provided, ranging from £1-£50 (4) and one charged £51-£100. With regards to the estimated use of the services monthly, 34% (12) responses were mainly in the 151-300+ range with 23% (8) in the 1-30 range. With respect to mode of delivery of the services provided, 28% (8) offered services in the local community, 24% (7) were offered via either a venue or the service users own home, with 14% (4) being offered online only. Other forms of delivery were from the professional's own home, a hybrid or mixed approach or via telephone and system.

With regards to the times services are offered, as the table below shows, the standard 8am-5pm is the most common operating time with a much smaller offer in the 5-7pm time slot, with only 1 service offering a 7-10pm slot. When comparing the offer below to the responses made by the families, although the times of usage, both actual and preferred match, in respect of the highest levels of usage of services is that of 8-5pm, there is a higher level of usage by families in the 5-7pm slot. This may be something to consider re service development in offering a potential reduced service offer in the 5-7pm slot. It is noted there were zero responses for services offered on a weekend, which again is maybe a consideration for services.

Times of services offered	8am-12pm	12.01-5pm	5.01-7pm	7.01-10pm
Monday	32	31	6	1
Tuesday	34	31	8	1
Wednesday	34	32	8	1
Thursday	32	30	7	1
Friday	30	28	7	1
Saturday	0	0	0	0
Sunday	0	0	0	0
Time Total	162	152	36	5

When asked what challenges were faced by the professionals the single most common response was that of not sufficient staffing to meet demand 29% (20), followed by not sufficient finance to enable expansion 18% (12), working more closely with other services would be more effective 16% (11), struggling to engage with other services required to help the service user 15% (10) and not sufficient resources to meet demand. The one aspect that received no response was no ability to operate in the communities we support, as shown in the chart below.

Appendix 3
Early Help Survey Results



The above indicates services are working in the communities they serve; with demand outstripping capacity caused mainly by insufficient staffing. Considering what affects staffing, comments made indicate high turnover, impact of annual leave and training, especially at times of high demand, and the recruitment of specialist staffing. One possible solution is the co-location of staffing and more efficient forms of sharing information, termed as provider collaboratives.

Looking at the responses provided we can deduce that the developing Early Help Partnership arrangements are well placed to support the other needs of services i.e., working closely with other services, not enough finance to enable expansion, struggling to engage with other services that could help support the client and resources. All these aspects could be supported by the partnership in sharing resources, better communication between services and improved connections to other services.

One issue highlighted by a sole trader (Childminder) was that of the requirement of the varying paperwork, invoicing, finding allocations, accounts and other associated administrative tasks related to the work. In consideration of this type of issue it could be possible to develop support packs of useful documents, spreadsheets, templates, funding information, and links to online support services for new and existing sole traders. This is something the partnership could undertake in a variety of service arenas as one-off workshop group projects to enable and support increased entry into varying service areas as appropriate.

When asked 'How could other services/organisations support you in delivering your service and/or help you achieve greater/improved outcomes/impact?' responses included the following suggestions:

- Gaining information in a timely manner to better decisions to meet the needs of families including direct information from differing agencies
- Working together to alert services to waiting lists - working together to look at creative ideas - counselling services and availability of Data to look at trends for the purpose of planning ahead etc.
- Standardised administration packages for Government funding, Developmental Matters, and related administration also the promotion of other available services especially across differing sectors
- Access to specialists who can help with housing advice and benefits advice and provide ad hoc support with more complex issues
- Multi-agency approach to complex issues e.g., hoarding, ensuring that the service user can get all the help that they need
- Ensure the inclusion of all agencies working with the child in correspondence, not just their registered school or primary support services
- Mental health - a direct access to suggestions for support that can be done in school and prevent the need to refer every potential need
- Using the same system - All EH services, TYS, EWS Having duty contact numbers which are covered - such as CPE and CAMHs which are quite hard to contact and get timely reply
- Making collaboration easier between differing services to enable more efficient use of existing referral pathways with better facilitation of information sharing without individual service processes/management lines making it more difficult to navigate
- Consistency of approach and ethos across differing service areas

The above comments are also echoed in the responses when asked the question 'How could an Early Help Partnership help you and what would be the benefit of this help to you, i.e., what would it help you achieve?'

- An Early Help Partnership would enable us to know more about the constant changes in other partner agencies and new developments which would benefit our families. We could also develop services which are more efficient and targeted due to better information & data
- If there was a clearer partnership between early help services and the Better Start professional leads in the NHS that the management structures took account of and worked together on to improve then I think that operationally the processes would follow and be more effective
- We have the bones of a targeted service, but this has not been jointly agreed upon with the local CC commissioning group or NHS management. It is therefore patchy and not all service users are aware who /what and how to access

- Support services to understand the expectations and limitations of other services will enable services to provide more well-rounded support and utilisation of the skills and support of other professionals
- Ensuring there is a clear shared vision and clear achievable targets, working towards shared goals and outcomes with families, children and young people involved at every stage
- Transparency and easy access to family information to benefit and enable services ensuring the right support is in place for the family, including having contact with other professionals working with families to provide background information include safeguarding issues
- Staff training in identifying and supporting early stage needs in terms of mental health
- Inclusive working to support the child, regular correspondence, and inclusion in meetings, having clear and understood targeted goals for all professionals involved with the family

Finally other comments received, when asked for any other comments and/or suggestions to support the development of services/achieve greater outcomes/ impact for the children/young people/families of Bracknell? Are as follows:

- Is there an opportunity to set up a support group for children and young people whose parents misuse substances?
- With all the new initiatives we need to ensure that we are not 'throwing the baby out with the bath water' and build on existing services rather than create new
- Whatever system is created it needs to be kept simple and to consider consent from families. It would also be helpful if voluntary sector has a way of updating us or feeding into the resources
- It would be helpful for advice/contact numbers/emails to go out to parents for minor concerns on their child's emotions/well-being. I think a lot of parents will not approach main websites as they feel their child is not an urgent case for help, but they still require advice to support their child through a difficult change to a new secondary school or bullying etc. A lot of children do not want parents to report cases to, or ask for help from, their school
- I hope that the user /family experiences will be able to give some information that supports joint working more clearly. When you are a front-line worker but also have some responsibility to develop and give advice re best practice it can be very hard to influence change. There are a lot of management hoops to go through and this often seems to be the barrier as it is unclear who is accountable
- Ensure that there suitable experts are available and stick with those in need of support until support is no longer required and/or appropriate step-down processes can be developed

Appendix 3
Early Help Survey Results

Bracknell Forest Council

Professional Summary:

In the responses received all four main sectors, Local Authority, Education, Private and the voluntary/charitable sectors were represented, with the majority 77% (24) being from the Local Authority and Education, both school and non-school. Fifty-four percent of respondents were front line workers, with team, district and senior management all represented, with 68% of represented services covering all of Bracknell Forest and 32% covering between a single and seven wards.

With regards to the times services are offered the standard 8am-5pm is the most common operating time with a much smaller offer in the 5-7pm time slot, with only 1 service offering a 7-10pm slot. When comparing this to the responses made by the families, although the times of usage, both actual and preferred match, in respect of the highest levels of usage of services is that of 8-5pm, there is a higher level of usage by families in the 5-7pm slot. This may be something to consider re service development in offering a potential reduced service offer in the 5-7pm slot. It is noted there were zero responses for services offered on a weekend, which again is maybe a consideration for services as appropriate.

When asked what challenges were faced by the professionals the single most common response was that of not sufficient staffing to meet demand, followed by not sufficient finance to enable expansion, working more closely with other services would be more effective, struggling to engage with other services required to help the service user, and not sufficient resources to meet demand.

The one aspect that received no response was no ability to operate in the communities we support. The latter indicates services are working in the communities they serve; with demand outstripping capacity caused mainly by insufficient staffing. Considering what effects staffing comments made suggest high turnover, impact of annual leave and training, especially at times of high demand, and the recruitment of specialist staffing. One possible solution is the co-location of staffing and more efficient forms of sharing information, termed as provider collaboratives.

From the above, it is possible to deduce that the developing partnership arrangements are well placed to support the other needs of services i.e., working closely with other services, not enough finance to enable expansion, struggling to engage with other services that could help support the client and resources. All these aspects could be supported by the partnership in sharing resources, better communication between services and improved connections to other services. It could be possible to develop support packs of useful documents, spreadsheets, templates, funding information, and links to online support services for new and existing sole traders. This is something the partnership could undertake in a variety of service arenas as one-off workshops or ongoing projects.

Conclusion

The relatively low level of direct response from young people means few if any direct conclusions can be drawn but taken with the responses from family's, insight from seventy-seven children in total was obtained.

The first aspect of note from the direct responses is that no young people declared they used services but did engage in activities. This suggests that young people are reluctant to engage with services in their own right but more likely to engage via support and/or in collaboration with their parents/carers. Taken with the low level of direct response the question remains 'How best to engage with young people directly?'. This is an aspect that the Early Help Partnership could offer support in via sharing what has worked well and/or sharing of previously gathered information from young people including local, regional, and national surveys/consultations. It is not always necessary to gain direct feedback given the level of available information that already exists, but for specifics e.g., a young person's experience of a service or activity then asking young people direct, is always informative, and insight into how the service/activity is experienced can be gained. The latter aspect however could be achieved via survey or focus groups and/or better still ongoing service/activity feedback from participants. This will give the most accurate considered information on how a service or activity is perceived/received and the benefits or not gained from the experience.

What is consistent is the reasoning for not accessing services/activities, which are as follows:

- Lack of confidence and anxiety
- Too high a cost
- The service/activity was not right for them
- The timing and accessibility mainly due to lack of public transport

It would appear however, young people are willing to engage, especially in activities, which may be a consideration the partnership can take when looking to engage with and/or advertise services for young people i.e., by putting on events or activities that young people can engage with, providing an opportunity to showcase the services on offer. Again, this is something that the entire Early Help Partnership could develop, plan, and implement. Once engaged young people do appear satisfied with their experiences.

With regards to the responses from families holistically, given the age of respondents and the age of their children, it supports the prediction that people in Bracknell are starting families at an older age, which would align with the fact that the birth rate is reducing. When these two aspects are combined it supports the predication of a reduction in the 0-24yr population of Bracknell Forest over the next 10 years or so.

This is important for the Early Help Partnership to note when thinking of resources especially in relation to the Early Years provision. That is not to say Early Year services should consider reducing the level of resources they have at their disposal, but more a consideration of how to target the resources available, and whether to expand the range of services offered, even if that means additional resourcing, knowing that demand may well stabilise over the next 10 years or so, therefore existing resources could be realigned or manoeuvred into new service developments. It is acknowledged however, capacity to meet demand is currently an issue, which means if demand over time drops the existing resources should be sufficient to meet demand in the long-term. Therefore, in the short-term a permanent increase in resource may not be needed, which means the Partnership could look to enhance the efficiency of existing resources by collaboration and sharing as appropriate to the needs of families in Bracknell Forest.

When considering access and timing the afternoon and morning and early evening were the most frequent times of usage. This may be a consideration, but also may be the result of when services and activities are available. When asked what the families preferred time of access is the mornings were stated as the most wanted time of access, with early evenings being the second most requested time. Given the two most popular services accessed were those of health and educational based services it would make sense to time services in and around the mornings and afterschool early evening times if wanting to engage with families. Offering services later in the evening e.g., 7-10pm slots may also be a consideration for services especially for those parents who commute to and from work.

In conjunction with the above, the overall preference of access for families is that of in person at a venue offering the service/activity in their own community. Although online access was a relatively low choice, services should consider offering increased information, guidance, and advice online rather than just how to access the service e.g., times and place of delivery. This could aid service delivery as if parents could access more direct information online this could help prevent needs from escalation or even stop needs emerging in the first place. This could involve online tutorials, information pieces, editorials etc. The latter would also be a good way of involving parents in more wider debates on key issues not just information, advice, and guidance, all of which is very useful feedback for services. Again, when asked of their satisfaction levels most parents were satisfied with the services provided, apart from SEND services which were indicated to be less than satisfactory. It is noted however there were only four responses indicating a level of dissatisfaction with SEND out of the thirty responses received.

With respect to response from professional colleagues, when asked what challenges were faced by the professionals the single most common response was that of not sufficient staffing to meet demand, followed by not sufficient finance to enable expansion, working more closely with other services would be more effective, struggling to engage with other services required to help the service user, and not sufficient resources to meet demand, which is seen as currently outstripping capacity.

The capacity issues appear to be driven by the fact that there is insufficient staffing caused by high turnover, impact of annual leave and training and the difficulty in the recruitment of specialised staffing. One possible solution is the co-location of staffing and more efficient forms of sharing information, termed here as provider collaboratives.

When asked how services could support each other the main themes indicated are those of gaining information in a timely manner, whilst working together to alert each other over the current waiting times for access to services. Having a multi-agency, holistic and collaborative approach to supporting families with complex issues, the sharing of resources especially concerning access to specialists. Utilising the same systems was another suggestion as was making collaborative working easier, offering better facilitation of information sharing without undue management lines and processes making it difficult to navigate, as well as a consistent approach to service delivery across the whole Early Help Partnership. When asked how the Early Help Partnership could support services the responses echoed and matched those stated here, as did all other comments made.

It would appear therefore the Early Help Partnership is a very well-placed mechanism to support services in all the above aspects. As in the partnership could share resources, develop better communication between services and improve connections to other services, for those who need differing or multi-agency input to complex issues. The results of this survey will inform not only how the partnership develops but also the focus and direction of the Early Help Strategy that is currently being developed.

Appendix 4: Early Help data analysis report

Introduction and context

This data analysis has been conducted to support the development of both an Early Help Strategy and inform current and future commissioning intentions and service delivery across the Borough; both developments are part of a wider development of an Early Help Partnership. The Early Help Partnership is a framework to enable services and agencies to work collaboratively, either directly or indirectly, to support families, children, and young people living in Bracknell Forest, where and when it is required.

Helping families cope with the challenges they face and the needs they have, Early Help can offer the support needed to help children and young people reach their full potential. In addition, Early Help is there to enable professionals to work together more closely with families to improve the quality of a child's home and family life, enable them to perform better at school, reduce their risk of involvement in the criminal justice system and support the development of good physical, emotional well-being, and mental health. Research shows that Early Help can: protect children from harm, reduce the need for a referral to child protection services and improve children's long-term outcomes. The evidence suggests effective early help at the earliest opportunity reduces the need for more intensive and costly support services where the needs have increased and intensified.

This analysis will be used to inform and support the design and delivery of early help services that support families, children and young people and will also be utilised to anticipate future demand of such services. Both aspects are equally important if services are to be accessible and meet need at the right time.

In 2020 Bracknell Forest had an estimated population of 124,165, of which, 49.5% (61,460) male and 50.5% (62,705) female. It was estimated that 30.3% (37,633) of the population were aged 0-24 years. The population of Bracknell Forest is projected to rise to 131,262 by 2043 a rise of 5.7% (7,097) however, the 0-24 years age group is estimated to reduce by 1.9% (2,454) which would equate to a population of 0-24 years of 26.8% (35,179) overall.

With regards to ethnicity, the population of Bracknell is predominately, circa 88-90% White British, with the next largest ethnic group being Asian/Asian British (5%), followed by Black/African/Caribbean/Black British and mixed/multiple ethnic groups (2%) respectively.

When considering the levels of deprivation in Bracknell Forest, as of the 2018-2019 Dept. Work and Pensions (DWP) Office National Statistics(ONS) estimates approximately 8.4% (2,114) of children who are living in families with absolute low income and 9.5% (2,397) children living in families with relatively low income.[1] There are four wards in the Borough which have child poverty figures ranging between 14.9 and 25.4%, which are ranked the four most deprived wards in the Borough those being Wildridings & Central, Great Holland North, Priestwood & Garth, and Old Bracknell. Overall, according to 2016 DWP/ ONS figures circa 9% of children in the borough are living in low-income families, with 76% of children achieving a good level of development at the early years stage.

The following analysis has been taken from data collated by the Local Authority, supported by estimated and projected population statistics provided from a range of sources. It is acknowledged that if further data is made available from other sources a more detailed and richer profile of need could be achieved. In this context it is the intention to use the analysis as a comparative document to enable other partners to assess their own data collation against what is found here to provide a more comparative and in-depth understanding of the current and future positions, so aiding service delivery and development across the Early Help Partnership.

1 Derived from analysis of family income over the entire tax year – where income is less than 60% of median income before Housing Costs.

Bracknell Forest Council

Executive Summary

In the financial year 2020/21 there were a total of 717 families and 1428 individual children referred to Bracknell Forest Council's Early Help Service. In the financial year 2021/22, as of the end of November year to date (YTD) there have been a total of 491 families and 975 individual children referred. When comparing the YTD figures to the same period for the previous year to date there has been an overall increase of 12% in both individual children and families. As of the 30/11/2021, 346 children within 156 families were being supported by the early help service, which is showing a 7% reduction in the 0-4years age group, with a 23% increase in the 11-18years age group and a 14% rise in the 5-10 years age group. This could be an indication of increasing development need as children and young people progress through the varying developmental stages and possibly a reflection of the aging population of Bracknell Forest.

The most common referral types into the service are those via the Multi-Agency Safeguarding Hub (MASH) and Children's Social Care, via a single assessment, totalling 92% YTD of all referrals. The three primary referral agencies are schools, Children's Social Care, and the Police, however when compared to the same period last year both Children's Social Care and Police have seen a decrease in referrals -24% and -30% respectively, whereas schools have seen a significant increase by 45%. The number of re-referrals into the service within the last 12 months of a previous referral accounted for circa 20% of all referrals, representing an overall increase of 22%. This requires further exploration to determine the reasons for referral set against the effectiveness of the first intervention. When comparing YTD to the same period for 20/21, there has been an overall reduction in both assessments completed monthly since 1st April 2020 and on all referrals, showing a 7% and 27% reduction respectively. The identification of Young Carers has also seen an increase with the predominant age of carers being 9-17yrs, making up 84% of all identified young carers, of which 56% were male and 44% were female. The increase in the identification of young carers is in part attributed to a conscious promotion to increase awareness of young cares across agencies through the Young Carers Strategy Group.

Figures for declined assessments and no response have both declined significantly (-57% & -77% respectively), which when taken in the context of all referrals suggests that referrals are becoming more accurately triaged in the initial stages and

engagement with families is improving. It could also be an indicator of improved earlier identification and targeting of families at a stage where their needs are emerging rather than escalating. To note, although the number of referrals has reduced by -30% (-130) the overall number of children linked to the referrals has risen slightly by 5% (22), which could be an indicator that families with a greater number of children, are being identified earlier with regards to their needs. Most of the family work cases (89.9%) were completed with 1-12month, and 10.1% falling outside of this time, broken down as follows:

- 1 month or less – 6.8% (12)
- 2-3 months – 21.6% (38)
- 4-5 months – 30.7% (54)
- 6-7 months - 23.3% (41)
- 8-9 months – 8% - (14)
- 10-11 months – 6.3% (11)
- 12 months or over – 3.4% (6)

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There has also been a lengthening of time spent on cases, which is consistent with the offering of more category 2-3 service level interventions as well as the increasing age of the children and young people and the fact that less inappropriate cases are being put through to Assessment or intervention level. It could be surmised therefore that given the overall patterns that are emerging the service is strengthening in its targeted approach to the needs of the family/s.

With regards to Children Missing from Education (CME) in the YTD for 2021/22, there were a total of 208 CME enquires, 52% primary and 45% secondary schools, with 29 CME referrals received which is a fall of 36% (16) on the same period of 2020/21. With regards to gender 52% (15) were male with 48% (14) female. Interestingly when comparing gender to the same period as last year, i.e., up to 30/11/20, the ratio of male to female was 66% (30) 34% (15) female, thus it would appear there is a relative rise in referrals of females in this year when compared to last year. In addition, 809 enquires were received on behalf of other Local Authorities. When compared to the same period in the previous year there were 489 enquires, which equates to a rise of 165% and is reflective of the national picture in terms of increased enquires relating to CME from other Local Authorities during the pandemic.

Considering Sexual Health Services, which are classified as drop-in clinics run by council's Youth Service staff along with a GP/Sexual Health Nurse in BFC secondary schools & colleges for pupils aged 13+. It is noted that clinics have been impacted

by the Covid shutdown since March 2020, re-opening in limited venues only when restrictions have permitted, therefore comparable data across this and the previous year is not possible.
In total, 78 individual young people attend the available clinics 175 times, YTD 2021/22 a ratio of approximately 2.2:1. Of those 175 attendances on 128 occasions the attendees received a service. Of those receiving a service, 36% (46) were male, 60% (77) were female with 4% (5) identifying as other. Given the ratio of male to female it may be worth considering how to engage more males into the clinics as the inference is that females are taking the initiative more so than males when it comes to their sexual health.

Supporting Families Data

The Supporting Families Data, acquired under the government's Supporting Families Programme, provides a snapshot, against the six categories of need that are used to identify families who may need support which are as follows:

- Worklessness and Financial Exclusion – Adults out of work or at risk of financial exclusion, or young people at risk of worklessness
- Education and School Attendance – Children not attending school regularly
- Children who Need Help – Children of all ages, who need help, identified as Children in Need or subject to a Child Protection Plan or Looked After children
- Health – Parents or children with a range of health problems (including drug or alcohol misuse)
- Crime and Anti-Social Behaviour – Parents or children/young people involved in crime or anti-social behaviour
- Domestic Abuse – Families affected by domestic violence and abuse

From 2014 to 2021 YTD, 5870 unique individuals (adults and children) within 1732 families have been classified as needing some level of support across the defined national criteria as stated above. The most common need presented is that of children needing help 32% (1898) unique individuals within 26% (458) unique families. Health is the next most common need identified 25% (1472) unique individuals within 28% (483) of unique families. It is noted that the individual within a family can be classified as having more than one of the categories of need therefore the percentages for individuals will differ to that of families. When looking at the family percentages, health has a slightly greater percentage overall than children needing help and the same pattern appears across Domestic Violence, Worklessness and Crime. This indicates that, proportionately more families are affected by health and the other categories, than Children Needing Help and Educational issues. It is noted that for YTD 2021/22 no crime indicator is recorded, Children Needing Help remains the highest level of need recorded, however

Domestic Violence has risen again to just above Health, whilst Education and Worklessness remain the two lowest levels of need recorded. Domestic Violence, which is recorded as 96% on last year's total therefore there has already been a 30% increase on the benchmark figure. This confirms that Domestic Violence is rising in this year as a primary level of need, which could be a result of the Covid lockdown period where nationally domestic violence reporting has increased. Given the low level of crime recorded it is possible to argue that the needs of families within the community of Bracknell Forest is parental Health and their socio-economic environment, which is reflected when viewed against the Dependent Child category. It is therefore a consideration with regards to service provision to services that support socio-economic needs, i.e., engagement in work and/or training and parenting skills, with a real need for accessible Health Services.

From 2014 to 2021 1070 individual families were identified in the recorded data, of which 97% (1033) were recorded within four individual postcodes across Bracknell, those being:

- RG12 66% (706) – concentrated within Great Hollands North & South, Wildrings & Central, Harmens Water, Old Bracknell, Crown Woodand, Hanworth and Bulbrook wards
- RG42 18% (193) – concentrated within Priestwood & Garth, Warfield Harvest Ride, Binfield, and Winkfield & Cranbourne wards
- GU47 9% (98) – concentrated within Little Sandhurst & Wellington, Central Sandhurst Owlsmoor and College Town wards
- RG45 3% (36) – concentrated within Crowthorne ward and surrounding area just outside of the Bracknell Forest Boundary
- With 3% (36) from other postcode areas.

Of the housing types, of the 1033 individual families identified, six types of accommodation were recorded for 786 cases, across the above four postcode areas, 50.3% (386) were in Local Authority or Housing Association rented properties, 22.7% (174) were owner occupier, with 17.4% (134) private rented, 3.9% (30) were in temporary accommodation provided by the Local Authority, 0.26% (2) no fixed abode, and 5.5% (42) were in other types of accommodation.

Given the data spans 7 years (2014-2021) the levels of consistency seen indicates the six categories of need are evenly distributed across the varying geographical areas and, likely to show the same patterns in both volume and type of need in the future. This is particularly useful when considering future commissioning of services both in type and volume. What is

interesting within this analysis is that children aged 7-12 years with parents in their 30's are the most common category of need. Given the above it would appear that for Bracknell Forest families with parents who are in their 30's with dependent and other children 7yrs and above would appear to be most in need, when looking at the last seven years of data. This may provide some level of insight to who the families are that are being identified for Early Help, the age of the children and the parents alike.

With regards to the needs of the children/young people and families, all categorisations, are showing like-for-like increases except for crime which as noted previously is yet to be recorded as an affective need for this year. Having said that it remains that Children Needing Help and Health remain the most prevalent need, followed by Domestic Violence, see page 11. When adding in the fact the most prevalent age is that of 7yrs. of parents in their 30's this is a key consideration when looking at the targeting and type of intervention required. It isn't that unexpected therefore that Children Needing Help, Health, and domestic violence are prevalent and rising during the same period as the pandemic. This may then provide an overall picture or indication of the type of challenges and resulting escalation of need at a time when employment, confinement to the home, the pressures of which will in this context as with any other context impact most on family relationships.

With a view to ethnicity as the chart below shows, 2871 (75%) are White British, Irish, and White Other, with 4% (169) being mixed race, 3% (100) being Asian or Asian British, and 3% (129) are Black or Black British. This is reasonably consistent with the overall ethnicity of Bracknell Forest, where the population is White British 84.9%. The BAME (Black and Minority Ethnic) population has increased over the past decade. The largest BAME group is Asian or Asian British (5%) which are similar to the recorded figures above. The proportion of people from ethnic groups living in Bracknell Forest is greater than there is nationally and within the Southeast region as a whole and has steadily been increasing, whilst White British has seen a relative decline.

With respect to the targeting of resources the four postcode areas that hold the 97% of all those screened at the point of eligibility, see page 13, are the obvious geographical areas to concentrate on, which is the case when considering the placement of the Family Hubs. This means the physical resource is placed in the areas of highest need; however, consideration should be given to the other areas to ensure hidden need is not building without recourse or families are being left without the ability to access help in those areas.

Finally, it is recognised that this analysis is derived only from Local Authority data if other data was available a more detailed and richer analysis could be achieved. This therefore is a significant consideration when developing the overarching Early Help Partnership arrangements that sharing data on individuals is critical to positive outcomes and efficiency of interventions on an individual or family level. However, using the data from partners will enable an overarching data analysis to be completed on a more strategic level. This is crucial in providing insight and direction for the commissioning, targeting and placement of resources that enable the effectiveness of intervention to meet identified need.

Bracknell Forest Council

Referrals

In the financial year 2020/21 there were a total of 717 families and 1428 individual children referred to Bracknell Forest Council Early Help Services. In this financial year 2021/22, as of the end of November year to date (YTD) there have been a total of 491 families and 975 individual children referred. It is noted that of the 491 families referred, 142 were stepped down, from Children's Social Care (CSC) and 24 were stepped up to CSC. When adjusting last year's figures to the same period of this year, i.e., 8 months from April to November in comparison to this year there has been an overall 12% increase in both categories. This equates to an additional 53 families and 101 individual children when compared to the same period of the previous year, as shown in the table below. With regards to the waiting list as of November 2021 there were 40 families held on the waiting list, which is a rise of 16 on quarter two (September 24) but a reduction of 44 from quarter 1 (June 84). It is noted that the waiting list as of April this year was 0, which suggests either a change in process and/or significant influx of referrals.

Referrals in to Early Help Services	2020-21					2021-22											Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals	April	May	June	Qtr 1 Totals	July	Aug	Sept	Qtr 2 Totals	Oct	Nov	YTD			
Number of families	127	156	233	201	717	66	80	71	217	70	25	46	141	72	61	491	438	53	12%
Number of children	249	311	471	397	1428	143	164	144	451	137	45	87	269	151	104	975	874	101	12%

As of 30/11/21, 346 children within 156 families were being supported by the Service. The table below shows a general trend of increase in the 5-10 by 14% (+14) and 11-18yrs. by 23% (+33) age groups and a decline in the 0-4yrs. by -12% (-7) age group, when compared with the same period (Nov) last year. Although the figures do fluctuate the overall trend across the age groupings remains relatively consistent from the beginning of the previous financial year (20/21). This could be an indication of increasing needs within families with older children, and that the Services are supporting a range of needs and issues within families across Bracknell Forest. It could also be an indication of strengthening resilience within families in the 0-4yrs age group and/or a reducing level of engagement of families with babies and toddlers. However, when considering this trend from the

perspective of the deprivation levels of the borough, which are very low comparative to the rest of the country (ranked 287 of 326), this trend could be an indication that the needs of families are borne from developmental rather than socio-economic needs per-say. That would explain the increasing identification of the needs of older children and young people as they move through the varying developmental stages. It is noted however that four wards in the Borough, Wildridings & Central, Great Holland North, Priestwood & Garth, and Old Bracknell, have child poverty figures ranging between 14.9 – 25.4%, ranked the four most deprived wards in the Borough.

It is noted that of the total number of children being supported 31 are recorded under Targeted Youth Support, which has an older age range of 11-18yrs.

Number of children being 'Early helped' *	2020-21										2021-22										Previous year 8 month total	Difference plus/ minus to previous year	%age difference to previous year
	Qtr 1	Qtr 2	Qtr 3		Qtr 3 Totals	Qtr 4			Qtr 4 Totals	Totals	Qtr 1			Qtr 1 Totals	Qtr 2			Q2 Totals	Qtr 3				
			Nov	Dec		Jan	Feb	Mar			Apr	May	Jun		Jul	Aug	Sept		Oct	Nov			
0-4 years	65	61	59	55	55	53	53	54	54	54	53	53	51	51	46	44	49	49	51	52	59	**-7**	**-12%**
5-10 years	106	94	102	104	104	100	111	97	97	97	104	108	108	108	109	118	118	118	125	116	102	4	14%
11-18 years	140	149	145	155	155	160	159	137	137	137	134	161	166	166	157	172	169	169	184	178	145	33	23%

* as at last day of period.

Appendix 4
Early Help Data Analysis Report

Source of Referrals

As shown in the table below the two most common referral types into the service are those via the MASH 66% (467) Yr. 20/21 & 79% (388) YTD and via Single Assessment 17% (125) Yr.20/21 & 13% (62) YTD.

Referrals by type	2020-21					2021-22				Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	Totals	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	YTD			
Total Number of Referrals to Early Help by Referral Type	127	156	233	201	717	217	141	133	491	438	53	12%
CAF	11	4	9	5	29	5	2	0	7	21	**-14**	**-67%**
CAF Review	2	4	3	2	11	1	0	0	1	8	**-7**	**-88%**
Children Centre Referral	6	19	14	9	48	3	5	0	8	34	**-26**	**-77%**
CIN Review	3	4	3	6	16	3	3	4	10	9	1	11%
Early Help Assessment	0	0	0	0	0	0	0	1	1	0	1	-
Early Help Contact (via MASH)	67	82	168	150	467	174	103	111	388	261	127	49%
Parenting Programme Referral	0	0	1	3	4	0	0	1	1	1	0	50%
Single Assessment	38	39	27	21	125	25	23	14	62	95	**-33**	**-35%**
Targeted Youth Support Referral	0	4	8	5	17	5	5	2	12	9	3	29%
Other	0	0	0	0	0	1	0	0	1	0	1	-

When looking at the differences between the two years adjusted figures, as a comparison, there has been a significant increase in referrals coming through to the Service via the Multi-Agency Safeguarding Hub (MASH) (+49%) with significant reductions in referrals coming through from CAF, Children Centre's (family hubs), and CSC Single Assessment, -67%, -77%, -33% respectfully. These comparative figures indicate a move of referral type towards the Front Door (MASH) since the CAF and Children Centre referrals are being phased out in favour of an Early Help Assessment. In terms of the referral agencies the three primary referral agencies are Schools 32% (228) Yr. 20/21 & 30% (149) YTD, Children's Social Care 22% (159) Yr. 20/21 & 19%

(91) YTD, and Police 13% (96) & 9% (44) YTD. When comparing this year's performance to date with the previous year, both Children's Social Care and Police have a reduced level of referrals by -24% & -30% respectively, yet schools have increased their referral rate by 45%. For a full breakdown of referral agencies please **(See Appendix A).**

The number of children referred to the Service that were recorded as having an Education and Health Care Plan (EHCP) or SEND was 9% (125) for 20/21 & 6% (57) for YTD. Similarly, the number of children referred to Early Help that were coded as having Support for Learning (SFL) was 53 (4%) for 20/21 & 47 (5%) for YTD. When comparing the two year adjusted figures as a comparison for both EHCP/SEND and SFL there is a decrease in referrals by -22 (28%) and an increase of 23 (96%) respectively. With respect to the latter figure, it is noted that there were no recorded referrals in Qrt.1 of 20/21 which accounts for the large increase when comparing to this year-to-date figure, as this figure does include the Qrt.1 figure (21) in total.

The number of re-referrals into the Service received within 12 months of a previous Early Help referral was 20% (142) for 20/21 & 22% (109) for YTD. This equates to 290 and 224 individual children respectively. When comparing the two year's figures there was an overall increase in referrals of 22% (20) and an increase of individual children by 17% (33), which is showing an upward trend so far this year.

Referral to Assessment

The table below, shows the number of completed Early Help Assessments. Please note that Pop-Parenting Assessments ceased as a type of intervention, therefore no comparison is shown from the previous year 20/21. Overall, there has been a reduction in targeted Youth Assessments -44% (-41), total Assessments completed Monthlyi -27% (-67). Whole family Assessments -17% (-26) and total assessments on referrals allocated since 1st April of each year -7% (-14). Equally there has been an increase of whole family assessments on referrals allocated since 1st April 26% (27) and Young Carer Assessments 47% (16), the former reflecting the cessation of the Pop-Up Parenting Assessments. The figures for Young Carers suggest more young carers are being identified within the community through the work of the young carers team and more broadly the Young Carers Strategy Group. It is noted the ratio of female to male carers is 56% (105) to 44% (81), of which 86% (158) are recorded as being white with the predominant age of carers being 9-17yrs, 84% (167).

Appendix 4
Early Help Data Analysis Report

Early Help Assessments	2020-21					2021-22											Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals	Qtr 1			Qtr 1 Totals	Qtr 2			Q2 Totals	Qtr 3		Qtr 3 Totals	YTD			
						Apr	May	Jun		Jul	Aug	Sept		Oct	Nov					
Early Help Assessments Completed (monthly) on Referrals Allocated since 1st April 2020	38	87	93	94	312	20	31	22	73	20	17	28	65	32	12	44	182	196	**-14**	**-7%**
Early Help Assessments Completed (monthly) on All Referrals	75	99	97	99	370	19	53	51	51	46	44	49	65	26	15	41	180	247	**-67**	**-27%**
Whole Family Assessments	52	59	63	73	247	8	23	18	49	15	11	21	47	19	12	31	127	153	**-26**	**-17%**
Whole Family Assessments on referrals allocated since 1st April 2020	15	47	59	68	189	9	25	16	50	15	11	19	45	25	9	34	129	102	27	26%
Targeted Youth Assessments	23	40	34	26	123	11	6	6	23	5	6	9	20	7	3	10	53	94	**-41**	**-44%**
Young Carer Assessments	7	18	17	31	73	14	6	11	31	11	0	1	12	5	2	7	50	34	16	47%
Pop-Up Parenting Assessments (PUP)	33	42	71	60	206	6	0	1	7	n/a	n/a	n/a	0	n/a	n/a	0	7	-	-	-
Early Help Assessments Not Completed with Reason	38	52	38	40	168	3	6	4	13	9	7	8	24	3	6	9	46	119	**-73**	**-61%**
Declined	27	41	32	29	129	1	5	3	9	9	6	8	23	2	6	8	40	93	**-53**	**-57%**
No response	11	11	6	11	39	2	1	1	4	0	1	0	1	1	0	1	6	26	**-20**	**-77%**

With regards to the Assessments that were not completed, as shown at the bottom of the above table, overall, there has been a decline of 61% (-73), with declined at -57% (-53) and No Response at -77% (-20). Investigation into the declined category, suggests that the available services were not being described correctly by the referrer, therefore when Early Help contacted the client, these were not the services the client was looking for. The No Response category details where the client did not respond to an Early Help contact.

When reviewed together it would appear that although the overall number of referrals have increased on this time last year, the overall rate of non-completed Assessments has significantly reduced. This could be taken to mean that referrals are becoming more accurately triaged in the initial stages and engagement with families is improving which may explain the reduction in both declined and no-response. It could also be an indicator of improved earlier identification and targeting of families at a stage where their needs are emerging rather than escalating.

Referral Outcomes

As shown in the table below, of the 491 referrals received as of 30/11/21, 92 were either not completed with reason, declined, or received no response from the client. The remaining 399 referrals were allocated under one of the following 4 available categories to the Early Help Duty Manager: Category 1 – Leading to an Early Help Assessment 61% (298) involving 502 individual children, Category 2 – Leading to another type of Early Help involvement e.g., referred to Education Welfare, Joint working with another agency and/or already open to Early Help Services, 21% (101), Category 3 – Not leading to an Early Help assessment 18% 86 & Category 4 – Referrals Awaiting a Decision 1% (6). Please note If the needs of the referral require a combination of intervention, for example both Targeted Youth Support and a Parenting Programme, the referral outcome will be aligned and recorded under the most dominant category, which in this example would be a Targeted Youth Assessment.

What is interesting is that although the number of referrals has reduced by -30% (-130) the overall number of children linked to the referrals has risen slightly by 5% (22), which could be an indicator that families with a greater number of children, are being identified earlier with regards to their needs. With regards to categories two and three, these are showing very significant increases of 1583% (95) and 750% (75) over the previous years adjusted target. Again, this may be an indicator that families who are struggling are being reached earlier, where a full assessment is not required but another type of Early Help intervention is appropriate. This is further supported by the fact that at the end of the previous year 20/21 the rate to assessment was 95.5% and as of end of November this year (21/22) the rate to assessment has reduced to 60.8%, which provides some explanation of the increased rates in categories 2-4. In addition, given there is only 1 case of a referral being stepped up to CSC, it is assumed that the accuracy of referrals with regards to the level of need is relatively good.

Appendix 4
Early Help Data Analysis Report

Early Help Duty Outcomes	2020-21					2021-22											Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals	Qtr 1			Qtr 1 Totals	Qtr 2			Q2 Totals	Qtr 3		Qtr 3 Totals	YTD			
						Apr	May	Jun		Jul	Aug	Sept		Oct	Nov					
Referral Allocation Decisions made by Early Help Duty Manager*	127	156	233	201	717	66	80	71	217	70	25	46	141	72	61	133	491			
Total Referrals Leading to an Early Help Assessment (Category 1: Whole Family Work; Targeted Youth Support; or Young Carer)	120	152	227	186	685	46	52	40	138	39	14	28	81	47	32	79	298	428	-130	-30%
Total Number of Children in Referrals Leading to an Early Help Assessment (Category 1: Whole Family Work; Target Youth Support; or Young Carer)	166	168	217	238	789	99	95	76	270	61	22	41	124	57	51	108	502	480	22	5%
Total Referrals Leading to Another Type of Early Help Involvement (Category 2: Getting Help Service; Parenting Programme; Education Welfare Service, Joint Working; or Already open to Early Help)	0	3	3	11	17	12	13	16	41	19	4	12	35	13	12	25	101	6	95	1583%
Total Referrals Not Leading to Early Help Involvement (Category 3: Step-up to Children's Social Care; Signpost to another agency/ universal service; Moved out of area; Referrer Withdrawn etc.)	7	1	3	4	15	8	14	15	37	12	7	6	25	12	11	23	85	10	75	750%
Step-Up to CSC (as a subset of Category 3)	1	0	1	0	2	0	0	0	0	0	1	0	1	0	0	0	1	2	-1	-50%
Total Referrals Awaiting Decision (Category 4)	0	0	0	7	7	0	0	1	1	1	2	0	3	0	6	6	10	0	10	-

*(Total of 'Total Referrals Leading to Early Help Assessment' + 'Total Referrals Leading to Another Type of Early Help Involvement' +'Total Referrals Not resulting in Early Help Involvement' + Total Referrals Awaiting Decision below)

Timeliness

As of November 2021, there are 156 families with open whole family work cases, across Bracknell Forest. As the table below shows most cases are within the 1-12 months, 91% (142) with only 7% (8) over 12 months and 2% (3) less than a month.

Number of open cases	2020-21					2021-22				Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	Totals	Qtr 1 Totals	Qtr 2 Totals	Qtr 3				
								Oct	Nov			
Total number of Open Whole Family Work Cases (by number of months between allocation and last day of reporting period)	138	125	139	126	126	137	149	158	156	127	29	23%
Less than 1 month	22	16	17	10	10	7	20	7	3	26	**-23**	**-88%**
1 to 6 months	90	76	103	98	98	94	100	113	104	83	21	25%
7 to 12 months	17	25	14	13	13	30	21	27	38	14	24	171%
13 to 18 months	6	7	3	2	2	4	6	9	8	3	5	167%
19 to 24 months	3	0	2	3	3	1	0	0	2	1	1	100%
Over 24 months	0	1	0	0	0	1	2	2	1	0	1	-

The timeframe between case allocation to case closure where an assessment has been completed is shown in the table below. The average timeframe is that of 116 working days, which has increased by 113% (62) days on the same period for last year, April to November 2020/21. The total number of cases closed within the comparable periods of time has seen an increase of 83% (80) cases closed.

When making the same time comparison of the number of cases closed within each defined period, i.e., 1 month or less, 2 to 3 months etc. as shown the timeframes appear to have increased progressively from the 4 – 12 months onwards, the most

common being 4-5 months. The period 1 month or less has seen a comparative reduction of -63% (20) for the same period which means the timeframes from allocation to case closure is lengthening. This is consistent when compared to the increase of ages of children and young people receiving Early Help Services, as shown on page 3 above, especially if the needs are more developmental than strictly poverty based.

When comparing the table below to all cases closed, whether an assessment was completed or not, there is a similar pattern of increase from the 4-5 months period onwards for similar proportions with an overall increase of 26% (53) cases set against the same period for last year. Which again indicates a lengthening timeframe for dealing with cases. This lengthening of time spent on cases is also consistent with the offering of more category 2-3 service level interventions as well as the increasing age of the children and young people and the fact that less inappropriate cases are being put through to Assessment or intervention level. It could be surmised therefore that given the overall patterns that are emerging Early Help Services are strengthening in the targeting and approach in supporting families in need.

Timeframe between Case Allocation to Case Closure (All Cases whether an Assessment completed or not)	2020-21					2021-22				Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	**Totals**	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	**YTD**			
Total number of Case Closures (by number of months between allocation and case closure)	7	41	72	70	190	77	70	29	176	96	80	83%
1 month or less	3	21	15	12	51	5	3	4	12	32	**-20**	**-63%**
2 or 3 months	4	15	22	24	65	21	11	6	38	36	2	6%
4 or 5 months	0	5	22	21	48	20	24	10	54	22	32	145%
6 or 7 months	0	0	9	10	19	23	13	5	41	5	36	720%
8 or 9 months	0	0	4	3	7	5	9	0	14	1	13	1300%
10 or 11 months	0	0	0	0	0	1	8	2	11	0	11	1100%
12 months or over	0	0	0	0	0	2	2	2	6	0	6	600%
Average number of working days between case allocation and case closure	36	39	76	81	68	106	129	111	116	55	62	113%

Given the above there is another important aspect to note when considering the timeframe between the length of time from case allocation to assessment completed as well as the time between the assessment being completed and the initial Team Around the Family (TAF).

With regards to the timeframe between case allocation to assessment completion the service standard is 20 working days as of Jul 2021. As of 30/11/2021 (YTD) the average completion rate within the timescale was 23%, with the overall average YTD for 20/21 was 21%. It is noted the average rate in the month before was 43% therefore showing a wide range of fluctuation, which is repeated in other months across the year. When comparing this to this YTD average the percentage completion in timescale is 34% YTD and 22% for November 21/22. This is an increase of 13% on average between the two comparable periods of time, which means timeliness is improving. It is noted however the service target for this timeframe is 70% by end of March 2022, so there is still significant improvement required.

The service standard for the timeframe between a whole family assessment completed and the initial TAF date agreed is 5 working days. As of YTD 21/22 the completion rate was 77% increased by 9% for the same period in 20/21 from 68%, therefore this is an improving target, but still more improvement is required, given the service standard for this target timeframe is 85%. Finally, when considering the timeframe between the TAF date and the first review date, again the service for YTD 21/22 is 42% a slight increase on the same period for 20/21 of 2%. However, there is a 138% increase of cases being reviewed within the timeframe overall when compared to the same period last year. This means that both a greater number of cases are being achieved in the timescale with more cases being completed overall. It is noted however that the average number of working days taken within this timeframe is 40 so still 10 days above the service standard.

In part the above percentages for completion in the timeframes set by the service could account for the lengthening of time cases remain open and it is clear there is more work to be done to continue to improve on these service standards.

Children Missing from Education (CME)

Children Missing Education (CME) are children & young people of compulsory school age who are not registered pupils at a school AND are not receiving suitable education otherwise than at a school. There were a total of 208 CME enquires for this YTD of which 52% (108) were primary school, 45% (93) were secondary school, with one enquiry being not statutory school age and 3% (6) unconfirmed. Please note that the data is not available for comparison to previous year. In addition, 809 S2S enquires were received on behalf of other Local Authorities. When compared to the same period in the previous year there were 489 enquires, which equates to a rise of 165% and is reflective of the national picture in terms of increased enquires relating to CME from other Local Authorities.

As of 30/11/2021 there were 29 CME referrals received, which is a fall of 36% (16) on the same period last year. As of 30/11/2021 6 cases remained open, 4 primary and 2 secondary school. The highest number of referrals 28% (8) came from the Safeguarding and Inclusion Team, with 14% (4) coming from the Education Welfare Service & 10% (3) coming from SEN, and other Local Authorities for each category. Other referrers include members of the public, independent schools, Children's Social Care, School Admissions & Bracknell Forest Schools. The main reason for referral is recorded as moved into and out of the borough 66% (19) & 14% (4) respectively. With regards to Gender 52% (15) were male with 48% (14) were female. Interestingly when comparing Gender to the same period as last year, i.e., up to 30/11/20, the ratio of male to female was 66% (30) 34% (15) female, thus it would appear there is a relative rise in referrals of females in this year when compared to last year.

In the same period 35 CME referrals were closed, 57% (20) Primary & 43% (15) Secondary School Age, which is a rise of 26% (9) on the same period last year. Of the 35 referrals closed 57% (20) were discovered to be in school/alternative education and 34% (12) were referred to another Local Authority, with 9% (3) being found. The average number of school days missing at time of case closure, of all referrals was 41 days.

With regards to those children and young people who were classified as being vulnerable to CME (VCME) 29 enquiries were received in this YTD, with 52% (15) coming from schools and 28% (8) from the Education Welfare Service. Other enquiries were

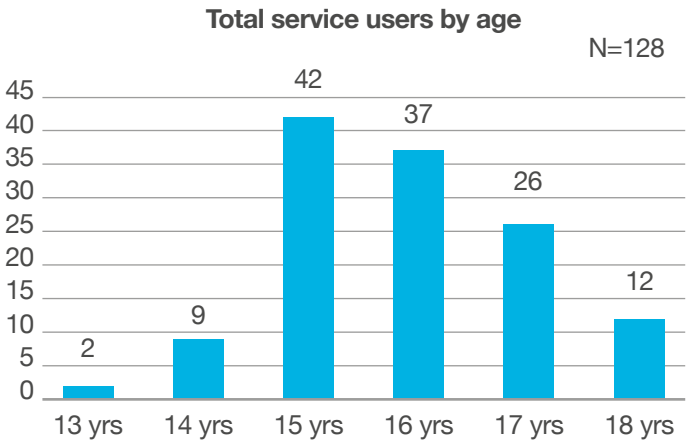
received from, Independent & out of area schools 10% (3), CSC and SEN 10% (3) in total. VCME enquires were predominately from secondary schools 69% (20), with the remaining 30% (9) coming from Primary Schools. The main reason recorded for referral was absence from education for more than 20 consecutive days. It is noted that 59% (17) of referrals had no reason recorded. With regards to gender, predominantly males were more commonly referred than females 66% (19) to 34% (10) respectively.

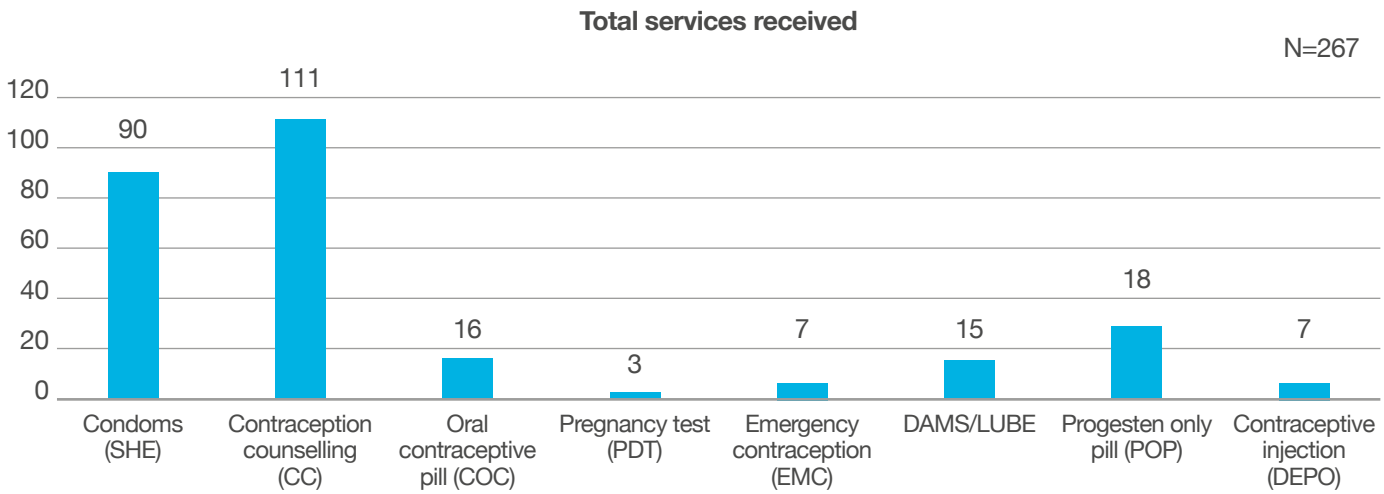
CME enquiries are rising which when viewed together with the reason for referral being in and out of borough, it suggests that transiency is the main issue of causation for enquiry and referral.

Sexual Health Services offered by Youth Service

Sexual Health Services are classified as drop-in clinics run by Youth Service staff along with a GP/Sexual Health Nurse in BFC secondary schools & colleges for pupils aged 13+. It is noted that clinics have been impacted by the Covid shutdown since March 2020, re-opening in limited venues only when restrictions have permitted, therefore comparable data across this and the previous year is not possible.

In total 78 individual young people attend the available clinics YTD 2021/22 with 175 attendances recorded, a ratio of approximately 2.2:1, of the attendees 128 both attended a clinic and received a service. Of those receiving a service 36% (46) were male, 60% (77) were female with 4% (5) identifying as other.





Of the 47 that did not receive a service these young people are classified as browsers with a 66% (31) and 34% (16) being female and male respectively. When looking at the age of attendees the chart above shows the varying splits by age. As shown the single most common age of those receiving a service is 15yrs, 33% (42) then 16yrs 29% (37) and 17yrs. 20% (26) respectively. As shown below in the right-hand chart, of the services received contraceptive counselling 42% (111) was the single most common service offered, followed by the issue of condoms, 34% (90).

In terms of ethnicity, with regards to total service users 84% (108) were classified as White British, 14% (18) were of other ethnic origin and 2% (2) did not provide the information.

Finally, in total 326 text services YTD, were received from young people, which is slightly lower 13% (49) than on the figure for the same period for last year, which in some ways is expected given the effect of COVID and the resultant closure of clinics. It could be argued however that a more significant reduction in texts would have been anticipated so a relatively small percentage drop, is probably a good indication that young people are continuing to use text messaging to receive a service. Looking at these results, given the imbalance of male to female it may be worth considering how to engage more males into the clinics as the inference is that females are taking the initiative more so than males when it comes to sexual health.

Sexual Health Services offered by Youth Service

As a further indication of need, looking at the Supporting Families Data as a snapshot, there are six categories of need that are used to identify families who may need support which are as follows:

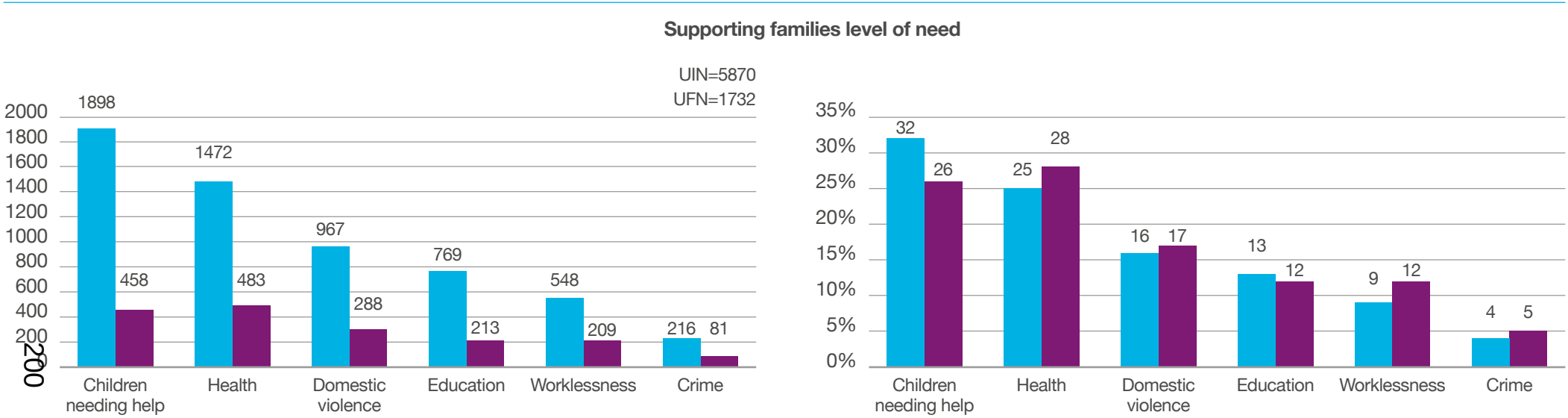
- **Worklessness and Financial Exclusion** – Adults out of work or at risk of financial exclusion, or young people at risk of worklessness
- **Education and School Attendance** – Children not attending school regularly
- **Children who need help** – Children of all ages, who need help, identified as Children in Need or subject t o a Child Protection Plan or Looked After children
- **Health** – Parents or children with a range of health problems (including drug or alcohol misuse)
- **Crime and Anti-Social Behaviour** – Parents or children/young people involved in crime or anti-social behaviour
- **Domestic Abuse** – Families affected by domestic violence and abuse

It is noted that Supporting Families is extensively reported on, and it is not the intention to recreate all the data available, rather look at specific aspects of interest to support the determination of need.

As the chart on the left, below shows taking data from 2014 to 2021 YTD 5870 unique individuals (adults and children) within 1732 families have been classified as needing some level of support across the defined national criteria as stated above. The most common need presented is that of children needing help 32% (1898) unique individuals within 26% (458) unique families. Health is the next most common need identified 25% (1472) unique individuals within 28% (483) of unique families. It is noted that the individual within their family can be classified as having more than one of the categories of need therefore the percentages for individuals will differ than that of families.

When looking at the family percentages, as shown in the right-hand chart below, Health has a slightly greater percentage overall than Children Needing Help and the same pattern appears across Domestic Violence, Worklessness and Crime. This appears to be an indication that more families proportionately are affected by health and the other categories, than Children Needing Help and Educational issues. This is probably because the Children Needing Help and Education categories are specific to children/young people, however the other categories can be more generic to the whole family and/or just the parents.

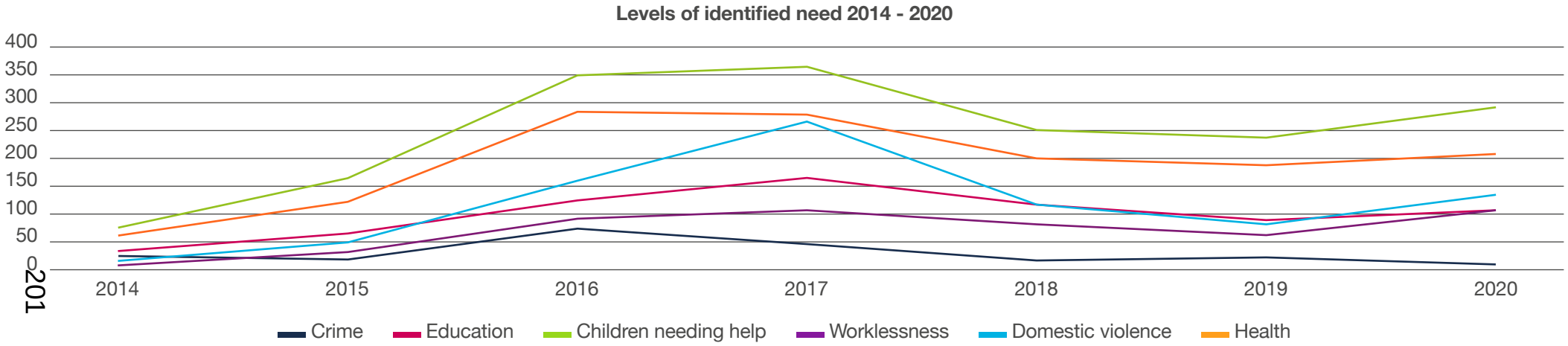
Appendix 4
Early Help Data Analysis Report



Looking at the data recorded from 2014 to 2020, as the chart below shows Children Needing Help and Health are the most common levels of need identified. Domestic Violence although rising in 2017 it then reduces back over the next 3 years to similar levels than those of Education and Worklessness with Crime consistently being the lowest level of need recorded.

It is noted that for YTD 2021/22 no Crime is recorded, Children Needing Help remains the highest level of need recorded, however Domestic Violence has risen again to just above Health, whilst Education and Worklessness remain the two lowest levels of need recorded except for Crime as noted. When comparing this YTD to the previous year's results, 66.6% of the previous full year would be the benchmark to compare progression within the year, of which monthly variations would be equalised out across the year. It is noted that 66.6% is equal to 8 months of a full year which equates to the end of November in the financial year. Utilising the year-on-year data when comparing this YTD to the previous year 2020/21, all categories are below the 66.6% benchmark, except for Domestic Violence which is recorded as 96% on last year's total therefore there has already been a 30% increase on the benchmark figure. This confirms that Domestic Violence is rising in this year as a primary level of need, which could be a result of the Covid lockdown period where nationally Domestic Violence appears to have risen.

Appendix 4
Early Help Data Analysis Report

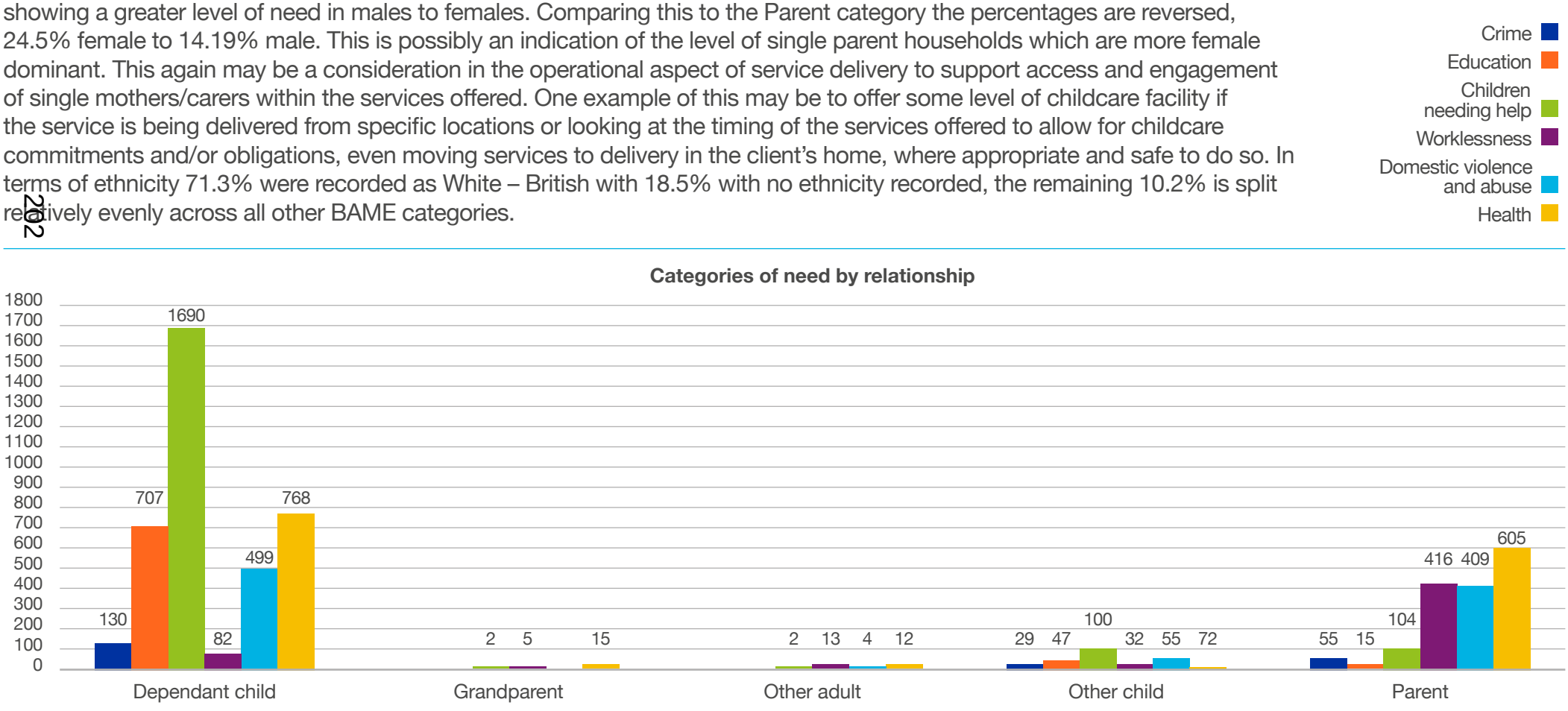


Taking a different view of the above data the chart below shows the categorisation of need by relationship. Firstly, when considering the dependent child, it is clear the most common category of need was Needing Help 44% (1690), with Health and Education the next most common 20% (768) & 18% (707) respectively. Domestic violence 13% (499) was the next highest category of need, with Crime and Worklessness being the two least common categories of need. When compared to the Parental category Health 38% (605) is the single most common identified need, with Worklessness 26% (416) and Domestic Violence 25% (409), being the next two most common, Children Needing Help 6% (104), Crime 3% (55) and Education 1% (15) were the least common categories recorded. A similar type of patterning of need is seen in the Other Child category, and the Other Adult category, accepting there is greater ratio of Worklessness to Domestic violence, when compared with Dependent Child and Parent, respectively. For Grandparent by far Health 68% (15) is the most common category.

Given the low level of Crime recorded it is possible to argue that the needs of families within the community of Bracknell Forest is parental Health and their socio-economic environment, which is reflected when viewed against the Dependent Child category. It is therefore a consideration with regards to service provision to services that support socio-economic needs, i.e., engagement in work and/or training and parenting skills, with a real need for accessible Health Services.

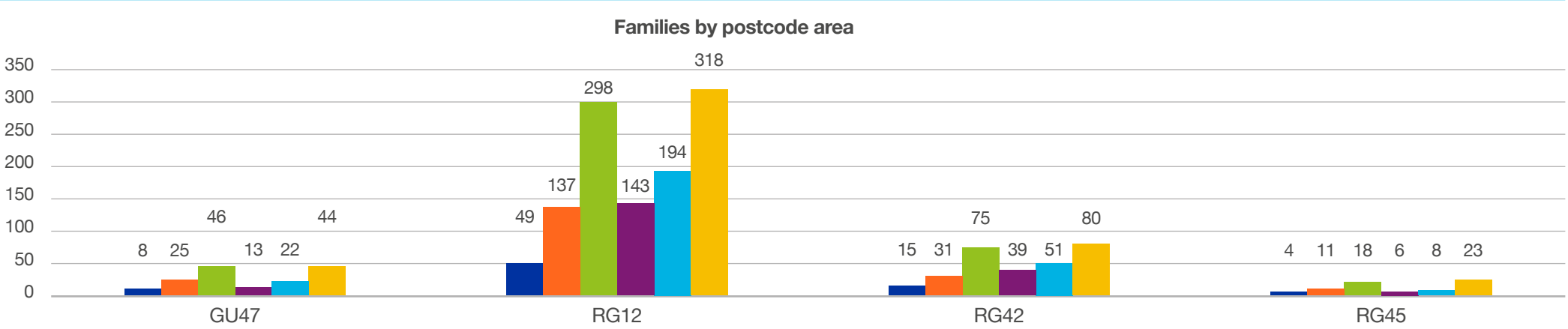
With regards to the percentage split of male to female across all categories 53% are female with 47% male. When compared to the overall population of Bracknell, estimated as of 2020, this split shows a slight bias towards female over male, given the overall population is estimated to be 49.5% male and 50.5% female.

However, within the Dependent Child category the percentage spilt is in favour of males with a 28.48% over a 24.14% female, showing a greater level of need in males to females. Comparing this to the Parent category the percentages are reversed, 24.5% female to 14.19% male. This is possibly an indication of the level of single parent households which are more female dominant. This again may be a consideration in the operational aspect of service delivery to support access and engagement of single mothers/carers within the services offered. One example of this may be to offer some level of childcare facility if the service is being delivered from specific locations or looking at the timing of the services offered to allow for childcare commitments and/or obligations, even moving services to delivery in the client's home, where appropriate and safe to do so. In terms of ethnicity 71.3% were recorded as White – British with 18.5% with no ethnicity recorded, the remaining 10.2% is split relatively evenly across all other BAME categories.



Place

1070 individual families were identified in the recorded data 2014-2021, of which 97% (1033) were recorded within 4 individual postcodes across Bracknell, those being RG12 66% (706), RG42 18% (193), GU47 9% (98), RG45 3% (36), with 3% (36) from other postcode areas. **Please see Appendix B** for a map of each postcode area and mapped screening postcodes for each Family Hub. Considering the postcode areas, it may be worth looking at the existing distribution of resources both in type and prevalence to ensure that resources are allocated to need, including commissioned services from external providers. This aspect is important if looking to bring locally based services to areas of most need. Of the housing types, of the 1033 individual families identified, six types of accommodation were recorded, for 768 cases, across all four postcode areas, 50.3% (386) were in Local Authority or Housing Association rented properties, 22.7% (174) were owner occupier, with 17.4% (134) private rented, 3.9% (30) were in temporary accommodation provided by the Local Authority, 0.26% (2) no fixed abode, and 5.5% (42) were in other types of accommodation.



The chart above shows the varying levels of need that were recorded for individual families across the four main postcode areas. As shown the varying levels of need matches the overall profiling as shown on page 11, which is expected but interestingly there is no significant difference between the postcode areas, apart from volume. In that the percentages of each category having differing levels of volume of need but the ratio of level of need between the categories is relatively consistent as shown in the table below.

Differing level of needs by postcode area												
Postcode area	Crime	%	Education	%	Children needing help	%	Worklessness	%	Domestic violence	%	Health	%
GU47	8	11%	25	12%	46	11%	13	6%	22	8%	44	9%
RG12	49	64%	137	67%	298	68%	143	71%	194	71%	318	68%
RG42	15	20%	31	15%	75	17%	39	19%	51	19%	80	17%
RG45	4	5%	11	5%	18	4%	6	3%	8	3%	23	5%
Grand total	76		204		437		201		275		465	
	5%		12%		26%		12%		17%		28%	

Given the data spans over 7 years (2014-2021) the levels of consistency seen indicates that need across the areas are evenly distributed and, likely to show the same patterns in both volume and type of need in the future. This is particularly useful when considering future commissioning of services both in type and volume. It is noted that when analysing data across an extended period, any year-on-year fluctuations could be masked so altering the perception of the trend, therefore effecting the predication on future demand.

To provide a level of confidence in the future demand level staying consistent, as predicted when comparing this year's performance YTD, with the previous years adjusted level of activity to match. There is a less than 1% difference between the totals for each corresponding year, except for RG12, which is showing -2% difference. The reason for this could be a volume issue, i.e., there is a reduced volume of need being identified or that the level of need is reducing slightly in this postcode area. If the latter is true this may be an indication of the success of services provided in the area, or that the causation of need is reducing i.e., an improving deprivation level.

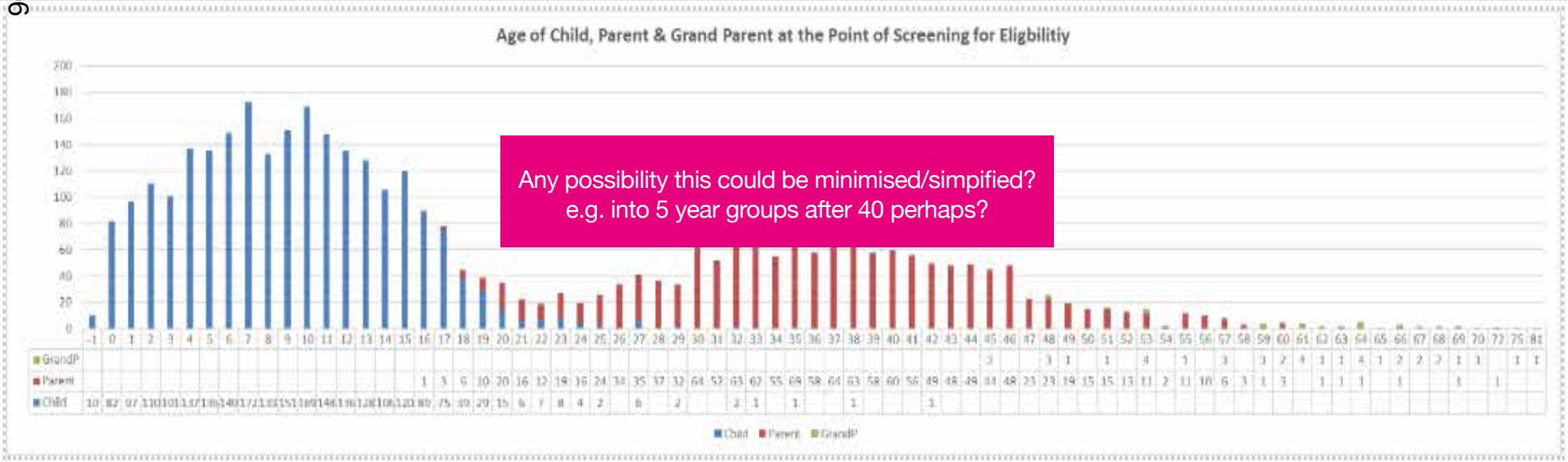
One other consideration is that of the level of intensity of support offered, which is classified and recorded as either intensive or less intensive. Again, the percentage differences between intensive and less intensive are relatively consistent across the 4 postcode areas as shown in the table below. As the above this provides a strong indication that the levels required will be similar going forward.

Differing level of intensity of support by postcode area					
Postcode area	Intensive	%	Less intensive	%	Grand total
GU47	71	9%	26	10%	97
RG12	515	68%	185	70%	700
RG42	141	19%	48	18%	189
RG45	30	4%	6	2%	36
Grand total	757		265		1022

Ages at time of screening for eligibility

The chart below shows the ages of the dependent & other children, parents & other adults, and grandparents of those who were screened for eligibility which provides a profile of ages as of identified need. With regards to the dependent and other children, 61.5% (1459) were recorded as ages 4-13yrs, inclusive, with 16.9% (400) aged between pre-birth and 3yrs, inclusive, 6.9% (164) aged 16-17yrs, inclusive, and 5.2% (124) aged 18 or above. It could be that for those dependent children aged 18+yrs, there is some form of disability involved which raises the question of whether there is a link to adult services or not when dealing with a case that involves an older disabled child, who are still dependent. It is noted the two highest single most common ages for children are recorded as 7 & 10yrs old and two lowest were prebirth 0.48% (10) and 17yrs 3.2% (75). It is also noted the relatively high level of volume in the 14-17yrs. 16.4% (390). With regards to the parent and other adult the most common age is from 30 to 46yrs 69.3% (962) and for Grand Parents the most common age was 59+yrs 63.4% (26).

206

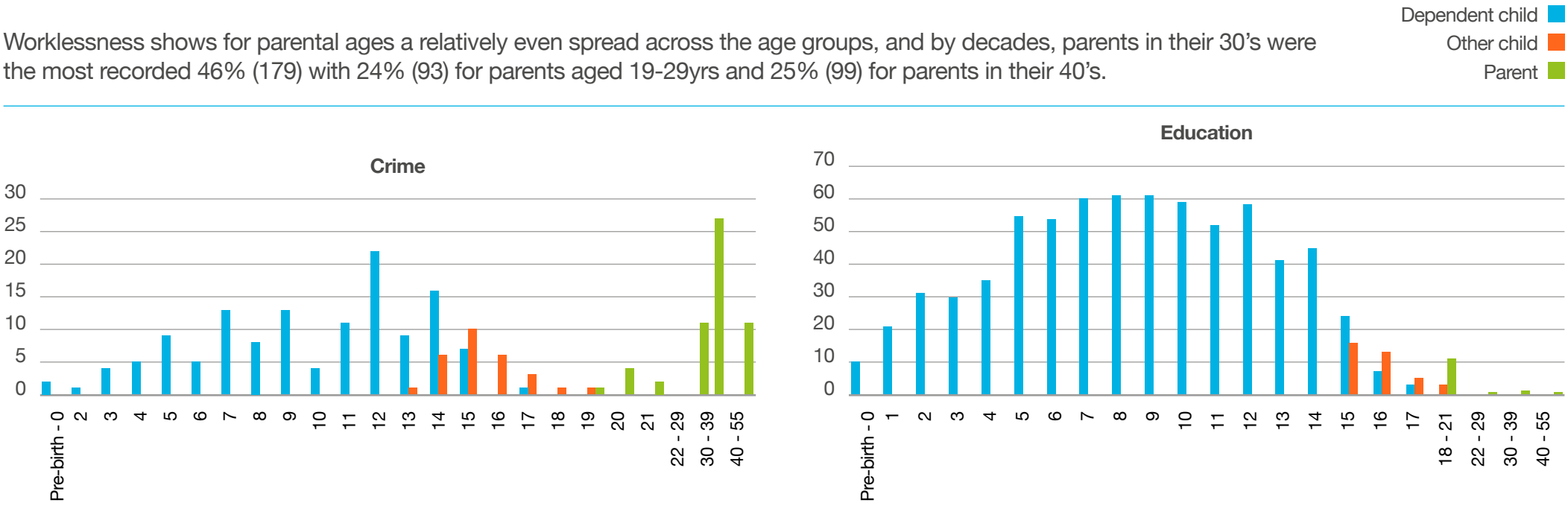


It is possible to cross-reference the categories of need with the above ages, which will provide a profile of the needs across the varying age brackets. With regards to Crime 79% (126) fall within the 7-16yrs age group of dependent children and other child, with 49% (27) of parents being in their 30's, as shown in the table below titled Crime. The single most common age for Crime within dependent and other children is 12 & 14yrs. 14% (22) respectively for both.

With regards to Education, dependent children, and young people the most common ages recorded were between 5-14yrs, 81% (570) of all dependent children and young people. With respect to other children the most common ages recorded were between 14-17yrs, 91% (43) of all other children.

Looking at Children Needing Help the most common recorded ages were between 4-14yrs, 1261 (75%), with pre-birth – 3yrs recording 285 (17%) and 15-18yrs recording 138 (8%). Of other children the most common ages recorded were 14-19yrs 94 (94%). Again, as shown previously the age of the parents of dependent and other children are predominately in the 25-49yrs age grouping.

Worklessness shows for parental ages a relatively even spread across the age groups, and by decades, parents in their 30's were the most recorded 46% (179) with 24% (93) for parents aged 19-29yrs and 25% (99) for parents in their 40's.



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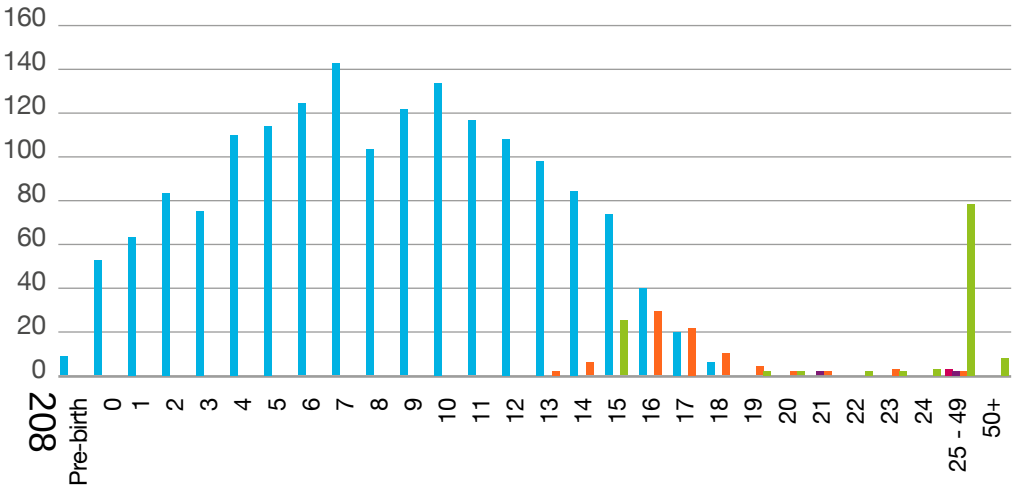
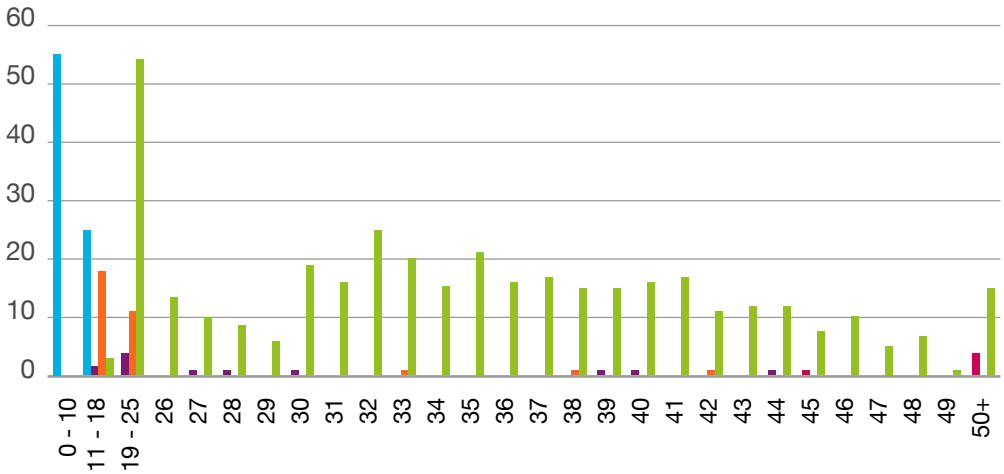
Bracknell Forest Council

Dependent child | Grandparent | Other adult | Other child | Parent

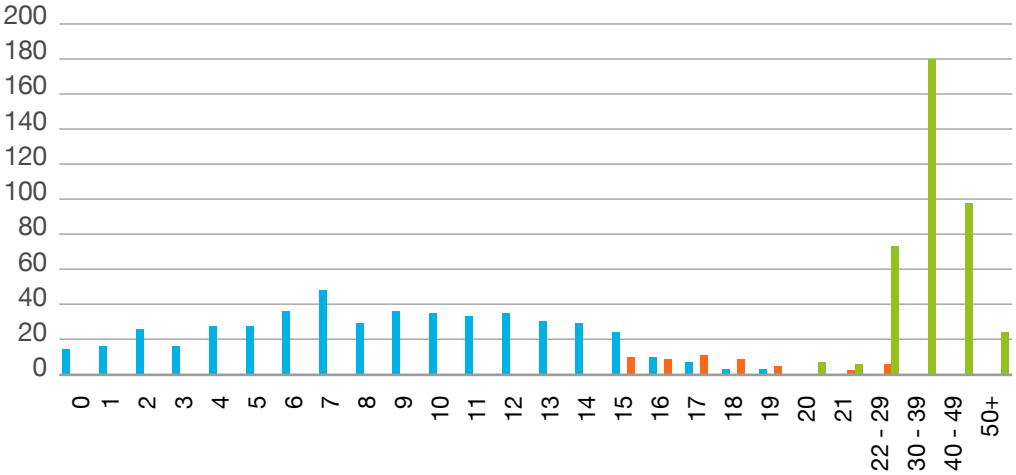
Children needing help



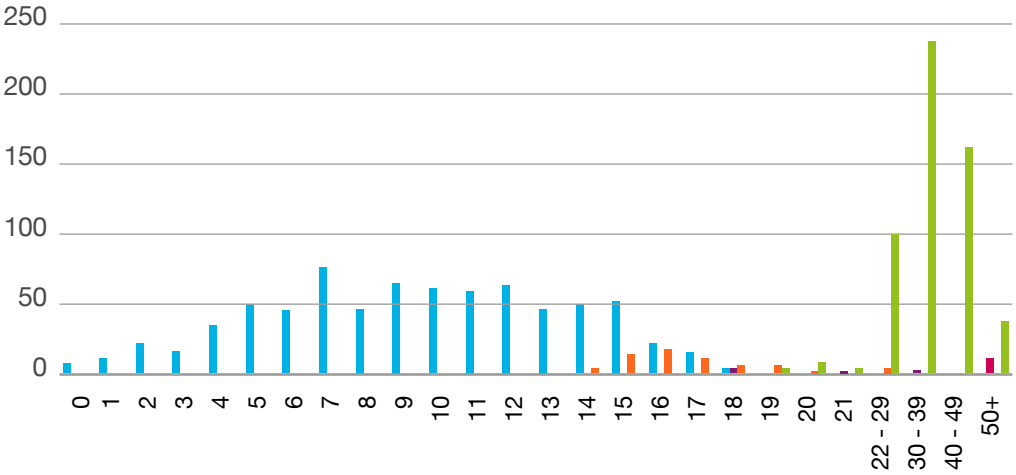
Worklessness



Domestic violence and abuse



Health



With regards to domestic violence and abuse, the spread across the ages of children is relatively even, with again the most common age recorded being that of 7-12yrs 44% (219), with 0-6yrs showing 34% (167) and 13-19yrs showing 22% (109) again with respect to other children again the highest recorded levels are within the 15-19yrs 80% (44). When considering the age of the parents recorded as shown in the chart above the most common age group by far is the 30-39yrs 46% (180). What is interesting within this particular analysis is that it the most common age of child for most categories as applicable appears to be 7-12yrs with parents who are in their 30's a pattern that also repeats across health as shown by the above chart on the right. In that the most common age recorded is 7-12yrs 50% (390) and the most common age of parents is that of 30-39yrs. 43% (238).

Given the above it would appear that for Bracknell Forest families with parents who are in their 30's with dependent and other children 7yrs and above would appear to be most in need, when looking at the last seven years of data. This may provide some level of insight to who the families are that are being identified for Early Help, the age of the children and the parents alike.

Bracknell Forest Council

Final Aspects

Looking at the data by quarter across the last seven years, as the chart below shows, there is not a significant difference between the level of demand within any one quarter. It is noted that for quarter four for the current year, this is not yet completed and one month of quarter 3 is not complete therefore accounting for the reduced demand level showing in the third and fourth quarter, but if projecting forward it is expected that demand will reach previously seen levels. It is noted that demand does reduce slightly given the school summer holidays where demand is reduced especially in consideration of the fact that schools accounted for approximately 32% of all referrals for the financial year 2020/21 and is showing the same level of percentage for this current YTD.

Category of need	All years				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Grand total
Crime	72	57	42	43	**214**
Education	213	204	148	202	**767**
Children Needing Help	507	527	377	469	**1880**
Worklessness	138	141	114	126	**519**
Domestic Violence and Abuse	283	260	206	193	**942**
Health	398	398	269	357	**1422**
Grand Total	**1611**	**1587**	**1156**	**1390**	**5744**

With a view to ethnicity as the chart below shows, 2871 (75%) are White British, Irish, and white other, with 4% (169) being mixed race, 3% (100) being Asian or Asian British, and 3% (129) are Black or Black British. This is reasonably consistent with the overall ethnicity of Bracknell Forest, where the population is White British 84.9%. The BME (Black and Minority Ethnic) population has increased over the past decade. The largest BME group is Asian or Asian British (5%) which are similar to the recorded figures above. The proportion of people from ethnic groups living in Bracknell Forest is greater than there is nationally and within the Southeast region as a whole and has steadily been increasing whilst White British has seen a relative decline.

Appendix 4
Early Help Data Analysis Report

Ethnicity	Total
01 - Asian or Asian British – Bangladeshi	7
02 - Asian or Asian British – Indian	23
03 - Asian or Asian British – Pakistani	15
04 - Asian or Asian British – any other Asian Background	55
05 - Black or Black British – African	98
06 - Black or Black British – Caribbean	14
07 - Black or Black British – any other Black background	17
09 - Mixed – White and Asian	38
10 - Mixed – White and Black African	39
11 - Mixed – White and Black Caribbean	50
12 - Mixed – any other Mixed background	42
13 - White – British	2700
14 - White – Irish	7
15 - White – any other White Background	135
16 - Other	29
17 - Not known/not provided	530
(blank)	11
Grand Total	**3810**

Bracknell Forest Council

Demand

With regards to demand the first aspect to review is that of the demand levels experienced through the MASH, given that referrals from the MASH have risen by 49% when compared to the same period as last year, as stated on page 4. Looking at the data from the last three years for the MASH, as the table below shows, when you calculate the number of total contacts that result in assessment that goes to action is only 9.1% on average over the last three years with 90.9% resulting in being closed. Closed means either referral to another agency or information, advice or guidance provided. The high percentage of closed could be a cause for further investigation, with the view to understanding if any other process could be put in place to reduce this volume, so reducing demand in the MASH with a potential redirect to Early Help Services at a stage prior to a MASH referral being enacted.

MASH data	2019-20				2020-21				2021-22 – April to November 2021				Full Year Estimate 2021/22			
		Going to referral	%	Closed %		Going to referral	%	Closed %		Going to referral	%	Closed %		Going to referral	%	Closed %
Total contacts	7852	1583	20.2%	79.8%	7398	1618	21.9%	78.1%	5248	928	5.7	94.3	7872	1392	17.7%	82.3%
	2019/20	**Closed**	**%**		**2020/21**	**Closed**	**%**		**YTD Nov**	**Closed**	**%**		**Est Full Year**	**Closed**	**%**	
Self assessments	1527	772	50.6%		1609	894	55.6%		944	521	55.2%		1416	782	55.2%	
		% of Total Contacts going to Assessment	Potential Volume EH	% of Total Contacts Closed		% of Total Contacts going to Assessment	Potential Volume EH	% of Total Contacts Closed		% of Total Contacts going to Assessment	Potential Volume EH	% of Total Contacts Closed		% of Total Contacts going to Assessment	Potential Volume EH	% of Total Contacts Closed
Total number of contacts going on to assessment	**755**	**9.6%**	**7097**	**90.4%**	**715**	**9.7%**	**6683**	**90.3%**	**423**	**8.1%**	**4825**	**91.9%**	**635**	**8.1%**	**7238**	**91.9%**

When looking at the overall volume's year-on-year the data recorded shows there was a significant increase in through 2015 to 2018 with a residual decline through to 2019, which then increased in 2020. When predicting the trend for 2020/21 through to the end of 2021/2022 it indicates, that if the current trend continues to the end of this financial year there will be a slight increase of approximately 1% on the previous year. This provides an indication that for the next year the volumes will remain consistent with this year, dependent however on how the pandemic progress or regresses and what effect this will have on the referral volume.

One other aspect to consider however is that from the analysis it would appear fewer referrals are coming through within the 0-4yrs age range, as detailed on page 3, with a rise in both the 5-10 and 11-18yrs, the largest increase being in the latter age group. This is significant to note, as even if the volumes do remain within this year's level, the fact that the increases are in the older age ranges this will affect the type of invention and services required.

With regards to the needs of the children/young people and families, all categorisations, are showing like-for-like increases except for crime which as noted previously is yet to be recorded as an affective need for this year. Having said that it remains that Children Needing Help and Health remain the most prevalent need, followed by Domestic Violence, see page 11. When adding in the fact the most prevalent age is that of 7yrs. of parents in their 30's this is a key consideration when looking at the targeting and type of intervention required. It isn't that unexpected therefore that Children Needing Help, Health, and domestic violence are prevalent and rising during the same period as the pandemic. This may then provide an overall picture or indication of the type of challenges and resulting escalation of need at a time when employment, confinement to the home, the pressures of which will in this context as with any other context impact most on family relationships.

With respect to the targeting of resources the four postcode areas that hold the 97% of all those screened at the point of eligibility, see page 13, are the obvious geographical areas to concentrate on, which is the case when considering the placement of the Family Hubs. This means the physical resource is placed in the areas of highest need, but again consideration should be given to the other areas to ensure hidden need is not building without recourse or families are being left without the ability to access help in those areas. Finally with respect to ethnicity and gender overall these two variables are consistent with the overall demographics of Bracknell Forest, the aspect of consideration within this is to ensure that the availability of services do cater for all communities within Bracknell and maintain a review of these two aspects within the data to ensure the current balance is maintained.

Finally, it is recognised that this analysis is derived only from Local Authority data if other data was to be overlayed with the Local Authority data a more detailed and richer analysis could be achieved. This therefore is a significant consideration when developing the overarching Early Help Partnership arrangements that sharing data on individuals is critical to positive outcomes and efficiency of interventions on an individual or family level. However, using the data from partners will enable an overarching data analysis to be completed on a more strategic level. This is crucial in providing insight and direction for the commissioning, targeting and placement of resources that enable the effectiveness of intervention to meet identified need.

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Early Help Data Analysis Report

Bracknell Forest Council

Appendix A

Referrals to EH by referral agency	2020-21																	2021-22												
	Qtr 1			Q1 Totals	Qtr 2			Q2 Totals	Qtr 3			Q3 Totals	Qtr 4			Qtr 4 Totals	2020-21 Totals	Qtr 1			Q1 Totals	Qtr 2			Q2 Totals	Qtr 3			Q3 Totals	2021-22 Totals
	Apr	May	Jun		Jul	Aug	Sept		Oct	Nov	Dec		Oct	Nov	Dec			Apr	May	Jun		Jul	Aug	Sept		Oct	Nov	Dec		
A&E	0	0	3	3	2	1	4	7	3	2	0	5	5	3	4	12	27	3	3	2	8	0	0	2	2	2	2		4	14
Adult Mental Health (Including CMHT)	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0		0	0
Adult Social Care	0	0	0	0	0	0	1	1	0	1	1	2	1	0	0	1	4	0	0	0	0	0	0	1	1	0	0		0	1
Adult Substance Misuse	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		0	0
Anonymous	0	1	0	1	1	0	0	1	1	0	0	1	0	0	1	1	4	1	0	0	1	0	0	0	0	0	0		0	1
BFC Housing Dept	0	0	1	1	0	0	1	1	0	0	0	0	1	0	0	1	3	0	0	1	1	0	1	0	1	1	1		2	4
CAMHS	3	1	0	4	6	2	4	12	0	3	1	4	0	0	1	1	21	2	2	3	7	3	2	2	7	2	2		4	18
CDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		0	1
CSC	12	16	13	41	19	18	11	48	12	14	12	38	13	12	7	32	159	13	9	15	37	14	11	8	33	13	8		21	91
Early Years Setting	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3	3	0	0	0	0	0	0	0	0	0	0		0	0
EDS	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	1	0	0	1	0	0		0	1
EWS	0	0	0	0	1	0	0	1	1	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2		2	2
GP	0	0	0	0	1	2	0	3	1	3	2	6	0	1	0	1	10	0	4	4	8	0	0	0	0	0	1		1	9
Health Services (including Dentist)	1	2	1	4	0	5	4	9	7	5	1	13	3	7	0	10	36	4	3	1	8	1	0	1	2	3	1		4	14
Health Visitor (including Midwife)	0	3	2	5	1	1	1	3	1	1	2	4	1	3	0	4	16	1	3	2	6	3	3	5	11	2	6		8	25
Homestart	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		0	0

Continued on next page.

Appendix 4
Early Help Data Analysis Report

Bracknell Forest Council

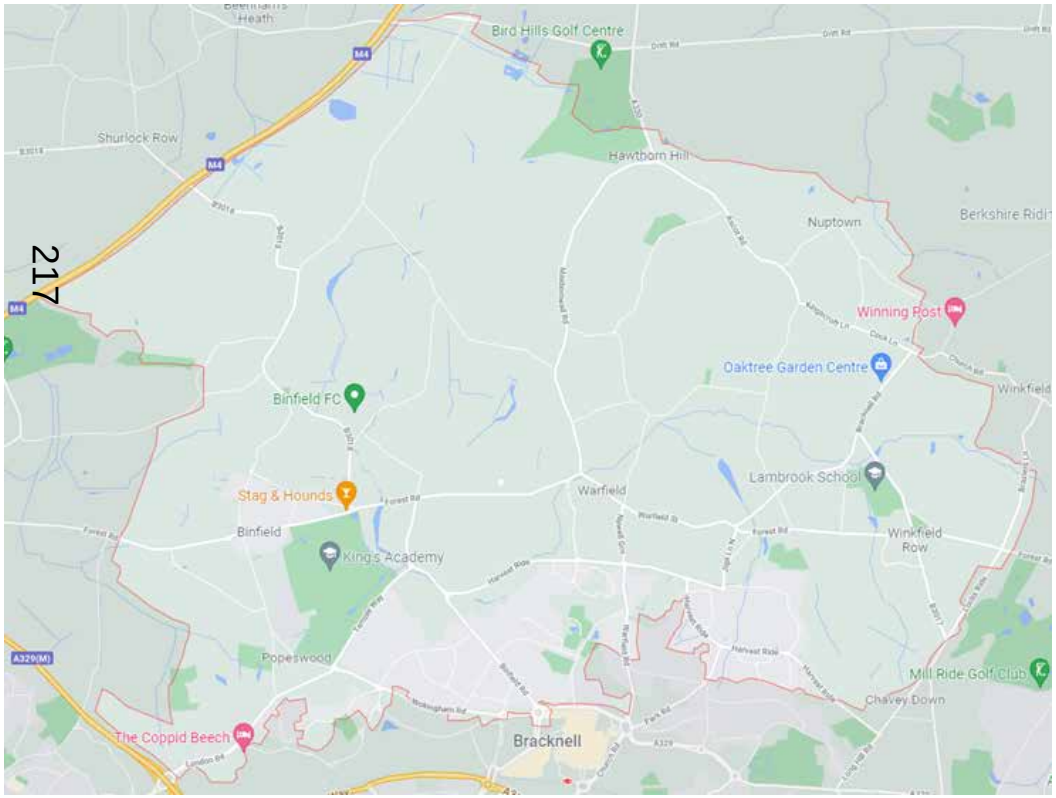
Appendix A continued

Referrals to EH by referral agency	2020-21																	2021-22												
	Qtr 1			Q1 Totals	Qtr 2			Q2 Totals	Qtr 3			Q3 Totals	Qtr 4			Qtr 4 Totals	2020-21 Totals	Qtr 1			Q1 Totals	Qtr 2			Q2 Totals	Qtr 3			Q3 Totals	2021-22 Totals
	Apr	May	Jun		Jul	Aug	Sept		Oct	Nov	Dec		Oct	Nov	Dec			Apr	May	Jun		Jul	Aug	Sept		Oct	Nov	Dec		
Hospital (not A&E)	2	0	1	3	2	0	1	3	1	0	0	1	1	0	0	1	8	2	2	2	6	0	0	1	1	0	0		0	7
Housing benefits	1	2	0	3	1	0	0	1	0	0	1	1	2	1	0	3	8	0	0	0	0	0	1	0	1	1	1		2	3
Other Education Setting	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	1	0	0		0	2
Other Family Member	1	0	1	2	0	0	3	3	4	1	1	6	0	0	0	0	11	0	0	1	1	0	0	2	2	2	0		2	5
Other Housing Provider	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		1	1
Other Individual	0	1	1	2	0	1	0	1	2	0	1	3	0	2	0	2	8	0	0	0	0	1	0	0	1	1	0		1	2
Other Local Authority	1	1	1	3	2	1	1	4	2	1	0	3	0	2	0	2	12	0	1	1	2	3	0	2	5	3	2		5	12
Other provider (private or voluntary)	1	0	1	2	0	0	0	0	1	0	1	2	1	3	1	5	9	0	2	0	2	2	1	2	5	3	3		6	13
Other (not covered elsewhere)	1	0	2	3	0	0	1	1	3	2	0	5	0	1	0	1	10	0	1	2	3	2	0	0	2	1	0		1	6
Police	1	6	11	18	9	5	7	21	10	14	7	31	8	6	12	26	96	10	9	3	22	7	5	2	14	3	5		8	44
Probation	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	31	0		31	31
School	5	5	10	20	10	0	13	23	32	28	42	102	16	29	38	83	228	22	36	27	85	26	0	13	39	0	25		25	149
School Nurse	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	1	0	1	0	1	0	1	0	0		0	2
Self Referral	1	2	6	9	3	2	4	9	2	2	0	4	2	5	2	9	31	7	4	6	17	7	0	3	10	3	2		5	32
SENCO	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0		0	0
Youth Offending Service	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	2	0	0	1	1	0	0	0	0	0	0		0	1

Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

RG42 Postcode Area Boundary

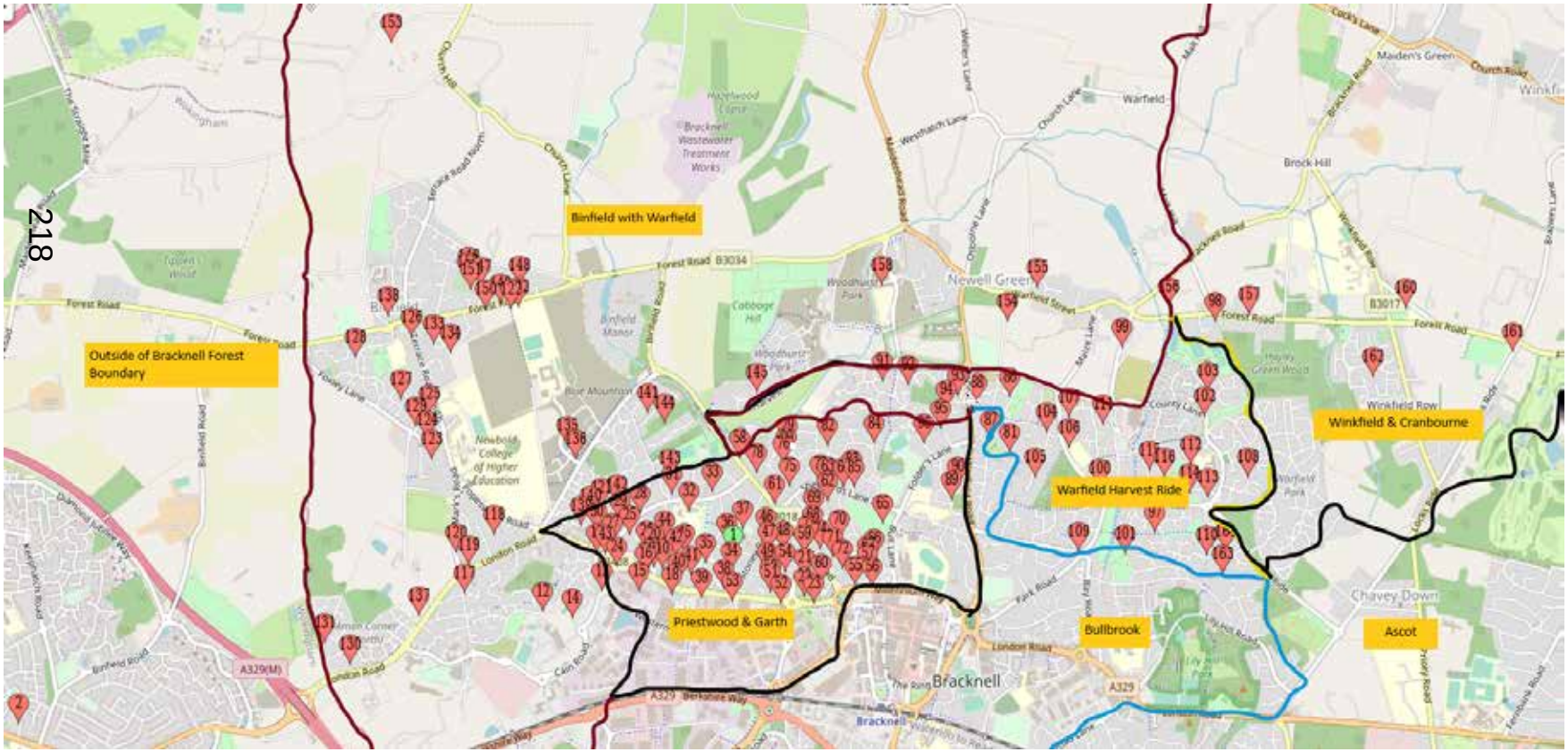


Appendix 4
Early Help Data Analysis Report

Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

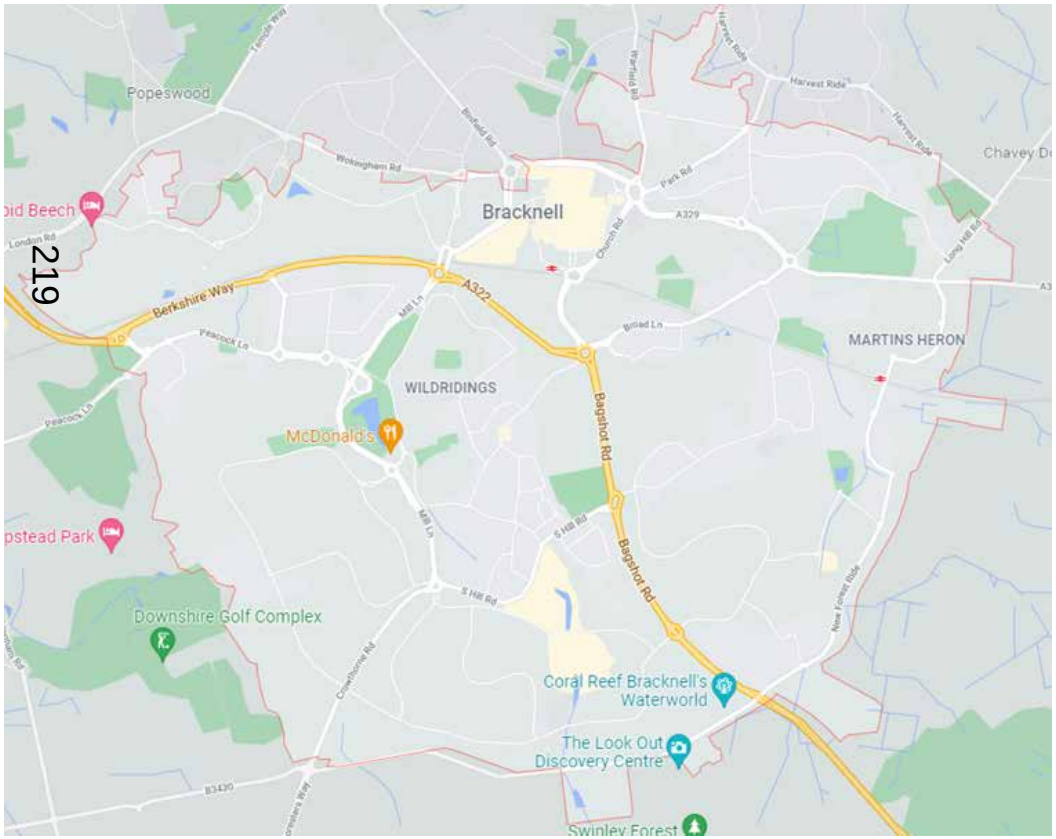
The Willows Family Hub, Priestwood Ct. Road, RG42 1TU (Green Pin)
The following map shows the Willows Family Hub and the recorded postcodes of families that were screened within the postcode and surrounding area showing the ward boundaries as detailed.



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

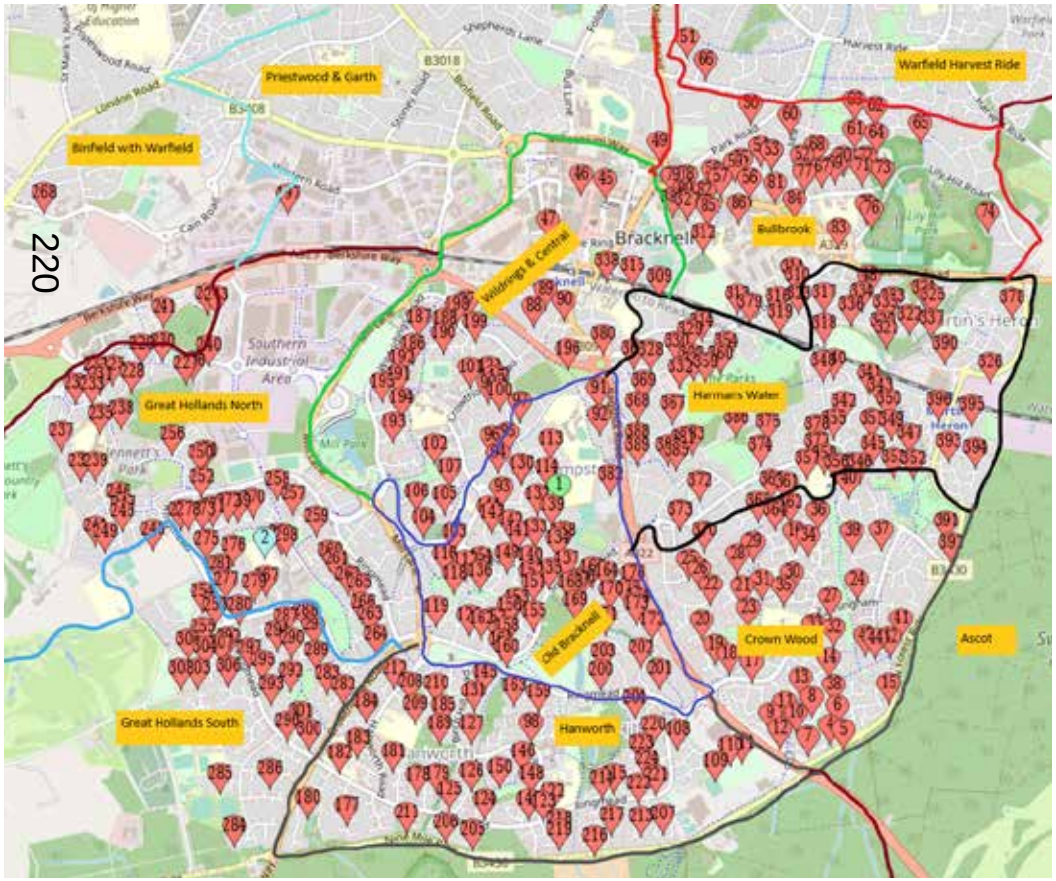
RG12 Postcode Area Boundary



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

The Rowans Family Hub, Pond Moor Road, RG12 7JZ (Green Pin (1)) & **The Oaks Family Hub,** Wordsworth, RG12 8QN (Blue Pin (2))
The following map shows the Rowans and Oaks Family Hub and the recorded postcodes of families that were screened within the postcode and surrounding area showing the ward boundaries as detailed.

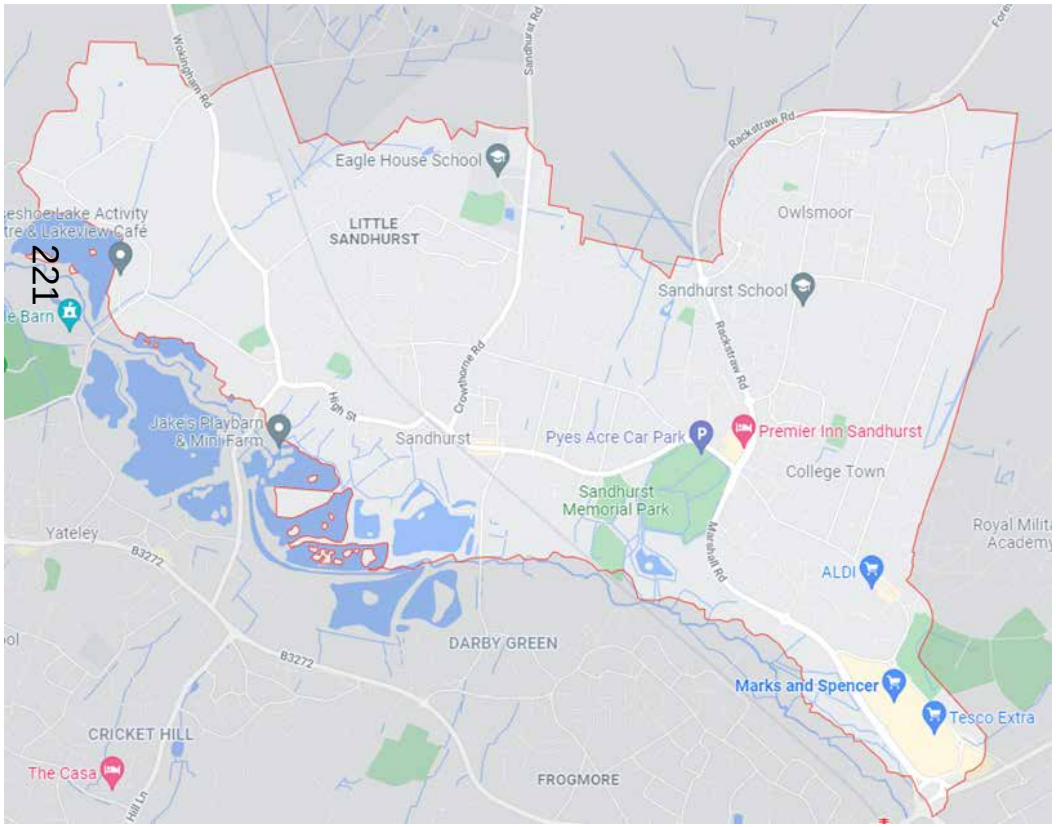


Appendix 4
Early Help Data Analysis Report

Bracknell Forest Council

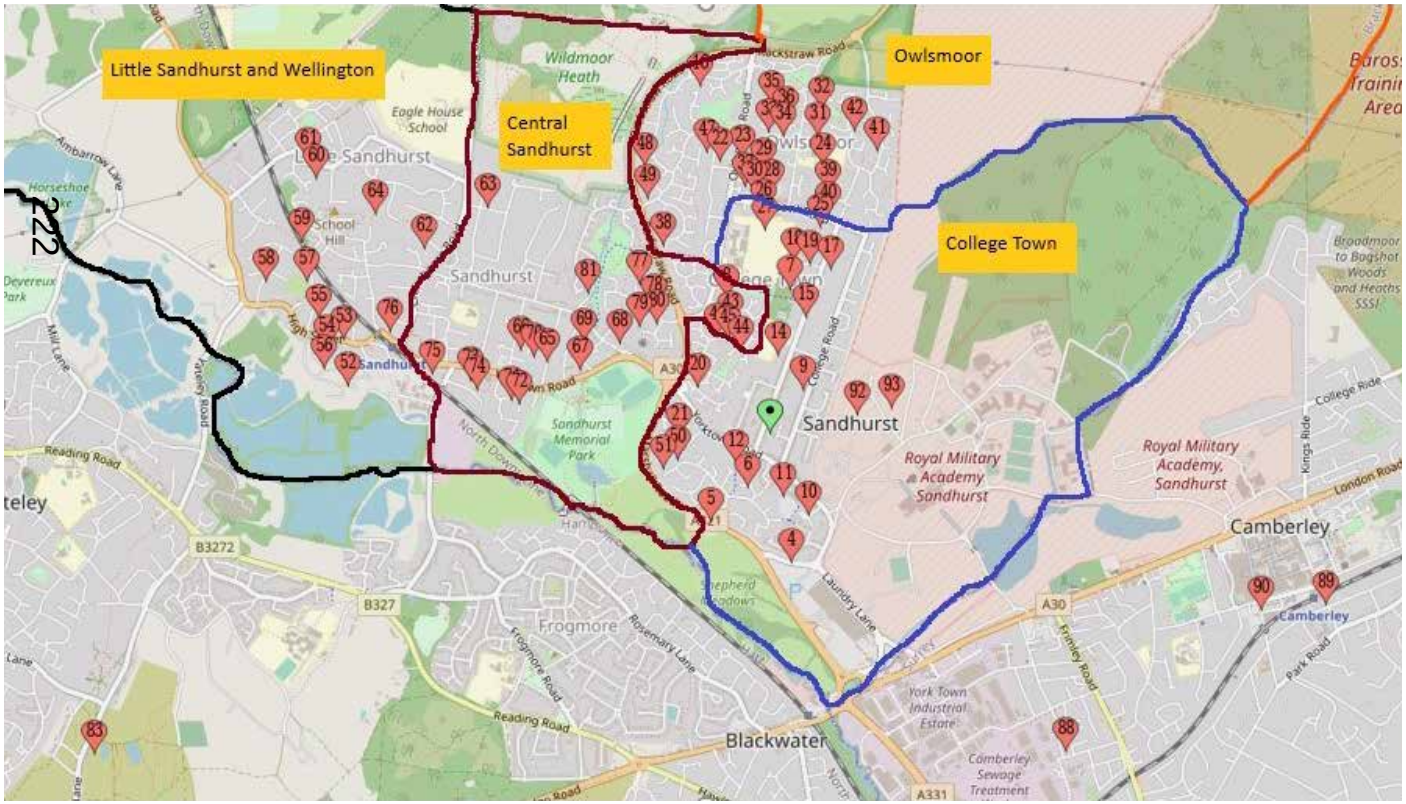
Appendix B - Post Code maps including ward boundaries

GU47 Postcode Area Boundary



Appendix B - Post Code maps including ward boundaries

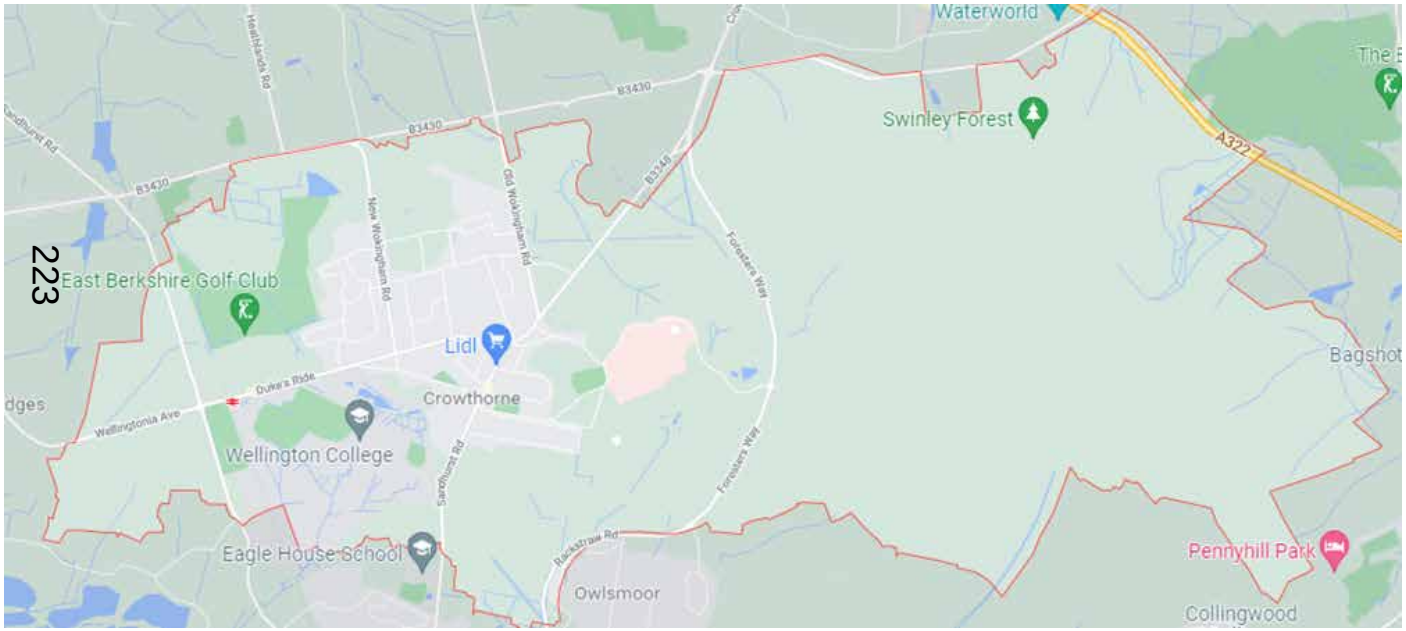
The Alders Family Hub, Branksome Hill Road, Sandhurst, GU47 0QE (Green Pin)
The following map shows the Alders Family Hub and the recorded postcodes of families that were screened within the Postcode and surrounding area showing the ward boundaries of Central Sandhurst (Dark Red Boundary Line), Little Sandhurst and Wellington Ward (Black line) and Owlsmoor (Orange Boundary Line).



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

RG45 Postcode Area Boundary



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

The following map shows the recorded postcodes of families that were screened in the RG45 Postcode and surrounding area showing the Crowthorne Ward Boundary (Blue Line) and the Bracknell Forest Area Boundary.

Bracknell Forest Council

Appendix 5: Early Help partnership – development plan

September 2022- March 2024

1 225	**Ambition 1:** To promote co-production with young people and their families in the design and commissioning of early help services across the partnership **Supporting Families Self -Assessment:** Family voice and experience, Communities **Impact for children and families:** Children, young people, and families feel valued, respected, and informed about decisions that are being made that affect their day to day lives.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
1.1	**Children, young people, parents/ carers, and wider family networks are appropriately involved in co-production processes to shape services.**	All Services in the EHPN to annually review their own feedback mechanisms and/or formalised processes for engaging with children, young people, and families, to ensure their voices are heard and can evidence the resulting impact of service user input and feedback on the services offered/received.	Services reflect the needs of children, young people, and families. Families and/or young people co-produce their early help support plan. A shift in decision making to young people and/or families and/or communities about local services and facilities.	TBA	EHPN	**To be started**

Appendix 5
Early Help Partnership Development Plan

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
1.2	**Recommission of Open Access and Targeted Youth Provision**	Devise and undertake an EH survey – and a wider needs analysis using the last 7 years of recorded data to identify the needs of children, young people, and families of Bracknell. (Completed) Use the above analysis to inform the Youth Provision Specification.	Opportunities, activities, and support are available to young people, inc. young carers, which will work to enable a reduction in the risk of being exploited. Children and young people in the borough can access youth activities to be safe, to learn, to gain confidence, be happy and be supported to reach their full potential.	BFC EH Development Officer (Interim)	BFC EH Development Officer and BFC Children's Commission Team	**Green** The re-procurement of Youth Provision will take place in 2023
1.3	**Recommission youth counselling provision**	A Business case for the continuation of Youth Counselling, has been agreed and is being progressed through the governance route. (June 2022). Use the analysis conducted as detailed in 1.2 above, to inform commissioning intentions.	Young people can support their emotional wellbeing needs. The Youth Counselling provision contributes to the reduction of potential harmful and/or negative behaviour. Providing the support required to build resilience to key life transitional stages i.e., transition from primary to secondary school and the transition from young person to adult.	Within in existing resources	BFC EH Development Officer & CCG Transformation Lead for Bracknell Forest	**Amber** Continuation of Youth Counselling Provision to be finalised by December 2022

Appendix 5
Early Help Partnership Development Plan

2	**Ambition 2:** To work collaboratively across the partnership to deliver good quality early help services that have a positive impact on those accessing them and avoid costly statutory intervention. **Supporting Families Self -Assessment:** Workforce, Leaders **Impact for children and families:** Young people are provided with services dedicated to their needs at the earliest opportunity so reducing the risk of needs escalating and providing support with the key transitions faced e.g., from child to adult.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
2.1	**Increased confidence in managing risk and vulnerability from a strength-based perspective.**	The Early Help Partnership Network (EHPN) develops a common understanding of the thresholds of need, contextual and transitional safeguarding. EHPN to provide quarterly updates to BF LSB on progress.	Increased confidence in managing risk and vulnerability across the EHPN with a consistent application of thresholds across the EHPN. A strengthening of integrated working both virtually and physically with partners, including community and voluntary sector.	TBA	EHPN	**To be started**
2.2	**To expand the agencies and services working from the council's family hubs in line with the national family hub agenda.**	Explore the viability of a volunteer coordinator post in BFC Early Help Services to promote and increase the footfall of families into family hubs. Recruit and embed Reducing Parental Conflict (RPC) coordinator across EH network as part of the extended RPC national agenda (DWP funded).	Increased capacity for support is created via an increase in volunteer led support groups/activities and so forth. Increased opportunities for ex-service users to come to together to volunteer support, information, guidance, and advice to their local community.	TBA	EHPN	**To be started**

Appendix 5
Early Help Partnership Development Plan

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
2.3	**The EHPN has a range of digital solutions, service directories and social media platforms for families/ young people to access early help support.**	Services to ensure a range of information, advice and guidance is available in multiple social and web-based media platforms. Compile details of EHPN services so all services aware of what each can offer and identify.	The reach to families/young people is maximised with information, advice, and guidance available and accessible at the earliest opportunity in support of identified need.	Funds secured by BFC	BFC EH Development Officer (Interim)	**To be started**
2.4	**The EHPN to agree a shared set of measures at family, cohort, demand, and population level that collectively represents the effectiveness of the Early Help System.**	EHPN to agree a set of measures which will accompany this Development Plan. Utilise the data from IFAM to inform agreed measures.	Appropriate support is provided earlier for children and families, thereby avoiding unnecessary entry into Children's Social Care.	Within in existing resources	EHPN	**To be started**

Appendix 5
Early Help Partnership Development Plan

3	**Ambition 3:** To identify and have a better understanding of the needs of Bracknell Forest residents through information sharing, data analysis and service user feedback. **Supporting Families Self -Assessment:** Family voice and experience, Data, Leaders, Communities **Impact for children and families:** Data is shared within the GDPR and Data Sharing Regulations and individual service/organisational policies and procedures, with families providing informed consent for the sharing of their information in the pursuit of gaining the right level of support at the right time.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
3.1	**To implement an Integrated Family Analysis Model (IFAM)**	Implementation of a Data Warehousing System (IFAM) to enable data sources to be matched which identifies family profiles.	Greater levels of information and data sharing to support timely interventions, thereby reducing without the families/ individuals having to repeat their circumstances. Technical solutions, underpinned by strong data sharing arrangements provide capacity to match and analyse data, to present information to operational and strategic leaders to prevent escalation of need. Data is available to evaluate services, improve effectiveness and create/increase efficiencies.	Funds secured via BFC	BFC EH Development Officer (Interim) Anthony Allsopp (IFAM) BFC Head of ICT Services	Green

Appendix 5
Early Help Partnership Development Plan

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
3.2	**Establish a strategic data sub-group as part of the Early Help Partnership Network which is accountable for developing and driving the use of data for the whole Early Help System.**	Establish a data sub-group in support of implementation of Data Warehousing System (IFAM) and agree Terms of Reference. Review and update/implement data sharing agreements as appropriate across the EHPN.	Data feeds are regularly provided and shared safely and robustly across the EH partnership, brought into one place and used to identify families/young people's needs.	Within in existing resources	BFC EH Development Officer (Interim)	**To be started**
3.3	**To have a range of mechanisms to obtain feedback from:** ✓ **Families/young people during and post intervention** ✓ **Families/young people who have not accessed/ declined an early help service** ✓ **Families/young people from diverse cultural and ethnic backgrounds**	**See 1.1. above**.	Data is available under agreed sharing protocols, which enable the evaluation of services, improve effectiveness and create/increase efficiencies. Service user feedback provides learning to support changes in whole system works together. EH case management systems (not solely BFC systems) enable quantifying of (i) issues affecting and (ii) outcomes for families and/or young people in a quantifiable way.	Within in existing resources	EHPN	**To be started**

Appendix 5
Early Help Partnership Development Plan

4	**Ambition 4:** To develop and embed a shared practice framework and skilled workforce to improve the efficiency, effectiveness, and consistency of Early Help services in the borough. **Supporting Families Self -Assessment:** Workforce, Leaders, Data **Impact for children and families:** Children, young people, and families feel valued and respected and appreciate that the questions asked of them have not been made through assumptions and/or formed from appearances or the way they communicate.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
231 4.1	**All early help interventions show clear consideration of age, disability, ethnicity, faith or belief, gender, gender identity, language, race, and sexual orientation.**	EHPN Services to review existing data to evaluate the offer for those with protected characteristics including reach set against the overarching population profile of Bracknell Forest.	Early help interventions are consistent in the language used and understood by the family/ young person by acknowledging the individual needs. Evidence from families/ young people with protected characteristics with regards to how well services work together to co-ordinate support and gain the required outcomes.	Within existing resources	EHPN / BFC EH Development Officer (Interim) Anthony Allsopp (IFAM) BFC Head of ICT Services	To be started
4.2	**To use data to inform performance across the early help partnership network, demand, and workforce development.**	The EHPN to agree a quarterly reporting format that evidences performance against the Development Plan	Senior leaders across the EH partnership utilise data to inform future planning, resources, and operational delivery.	Within existing resources	EHPN	To be started

Appendix 5
Early Help Partnership Development Plan

Objective		Action	Outcome	Resource Implications	Lead	Progress (RAG)
4.3	**Develop and embed a shared practice framework and locally agreed processes for professionals working across the Early Help System which is known, understood, and consistently used.**	EHPN to form a sub-group to develop and agree on a shared practice and workforce development framework. Sub-group to obtain and review examples of an Early Help Practice and Workforce Framework from other LA's. Sub-group to finalise EH practice and Workforce Framework and progress through the individual governance processes, with a view to signing up to the Framework. EHPN sub-group to develop the promotion and implementation of the Practice and workforce development Framework.	The EHPN will have an agreed overarching framework that articulates shared values, principles, and ways of working that contribute to the whole system of early help support. Pathways and processes are in place that enables professionals, families, and young people to navigate the Early Help System. In-house (BFC Early Help) and external partners case audits and workforce development training evidence good practice and whole family working.	EHPN	EHPN	**To be started**
4.4	**Develop a multi-agency workforce development plan that embeds the shared practice framework and culture.**		The early help workforce has the appropriate level of understanding and skills to enable early identification of need and implementation of whole family/ Team Around the Child approach.			

Appendix 5
Early Help Partnership Development Plan

5	**Ambition 5:** To embed a whole family approach across the early help network to enable young people and their families to have purposeful engagement with services. **Supporting Families Self -Assessment:** Workforce, Leaders, Family voice and experience, Communities **Impact for children and families:** Children, young people, and families trust in the support they received, they understand the services available and have one cohesive plan that can be shared amongst differing professionals to ensure a positive and impactful experience.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
5.1	**Ensure readiness across the EH partnership to deliver the revised national Supporting Families Programme under the new framework.**	Identify go live date for BFC Education Welfare Team and BFC Youth team to access Mosaic case management system.	Local authority has comprehensive case information to satisfy Payment by Results claims and BFC internal audit.	Existing resources - EH Systems	EH Data Officer EH Systems Lead	Green
5.2	**Evidence that families/ young people know who their Lead Practitioner is, and the assessment process considers their view throughout.**	EHPN Services to review assessment processes to ensure the voice and engagement of children young people and families voices are recorded and that a Lead Professional is clearly identified.	Families/young people are better equipped to cope when support from services ends because they have identified their own support network and feel connected with local communities.	Within existing resources	EH Data Officer EH Systems Lead	
5.3	**An early help case management system is accessible to all partners working with families/young people (long term goal).**	Implement Data Warehousing System (IFAM) to enable partners to access relevant information for the enhancement of service/support delivery.	Improved data sharing re cases enabling families to only have to share their stories once with improved coordination of support services.	Within existing resources	EH Data Officer EH Systems Lead	

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To: Health & Wellbeing Board
21 February 2023

Strategic Procurement Plan – Sexual & Reproductive Health
Executive Director: People

1 Purpose of Report

1.1 To seek approval for the reprocurement of Sexual and Reproductive Health Services, currently delivered by Berkshire Healthcare NHS Foundation Trust (BHFT). The term of the current contract, 5 years (3 + 2) years comes to an end in June 2024.

1.2 Reproductive and Sexual health services provision, on behalf of the 3 Local authorities; Bracknell Forest (BFC), Royal Borough of Windsor and Maidenhead (RBWM) and Slough Borough Councils (SBC), will be procured by the Council, through issuing a Prior Information Notice and a competitive tender process under the 'light touch' regime.

1.3 The procurement of Sexual and Reproductive Health Services enables the Council to meet the following Public Health, Health and Social and Care Act 2013 Statutory Duties:

- Compliance with Statutory requirements under the Health and Social care Act 20131.

- The mandatory provision of Open Access Sexual and Reproductive Health services by all Local Authorities – HSC 2013 Sexual Health services section 6

1.4 The Sexual and Reproductive Health Service supports people aged 18 years and over (under 18s, and under 16s are only eligible if they are determined as 'Gillick / Fraser' competent (Gillick Competence and Fraser Guidelines – Guide and Resources 2022 update - Safeguarding Hub), resident or registered within Berkshire East to access a full range of sexual and reproductive health services, including but not limited to:

- Sexually Transmitted Infection (STI), diagnosis, and treatment
- Diagnoses of HIV, including Pre and Post Exposure Prophylaxis (PrEP, PEPSE)
- Psycho-sexual support
- Genito-urinary medicine
- Sexual Health, health promotion, including online testing access
- Reproductive healthcare (RHC - previously known as family Planning)
- Contraception care and support.

1.5 Provision for the following support is provided within the current contract and will form part of the Service Specification for the new contract:

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[1] Health and Social Care Act: changes to legislation that affect local authorities - GOV.UK (www.gov.uk)

- Tier 3 Sexual health services
    - Providing triage, testing and treatment of all STIs and including diagnoses[2] of HIV
    - Reproductive healthcare and contraception care and advice, including non-primary care Long-Acting Reversible Contraception (LARC)
    - Sexual health screening and support
    - Genito-urinary medicine
- Tier 2 Outreach into the wider communities across RBWM, SBC and BFC
    - Clinical interventions and service outreach
    - Support to prevent and raise awareness of sexual and reproductive health issues, including support for addressing outbreaks of STIs within the Berkshire East conurbation.
- Advice, Health Promotion, Outbreak supports including Digital
    - Monitoring of health and well-being for the purposes of signposting and or alerting other services
    - Liaising with health or social care agencies
    - Advice on keeping safe from sexual exploitation and abusive relationships
    - Supporting the delivery of on-line access to self-testing kits
    - Public health promotion

2 Recommendations

2.1 That the Strategic Procurement Plan for the provision of Sexual and Reproductive Health be approved with Bracknell Forest Council again acting as Host and lead on the reprocurement on behalf of all 3 councils.

2.2 That the proposed contractual term be 5 years (3 +2) with a review of the provision in year 3.

2.3 That authority for the contract award and subsequent contract extensions be delegated to the Executive Director: People, Place, and Regeneration.

3 Reasons for Recommendations

3.1 To fulfil statutory duties.

3.2 The proposed procurement, through a competitive tender process will help maximise tender opportunities that will generate value for money and a high-quality Integrated Sexual and Reproductive health Service.

3.3 Bracknell Forest Council in partnership with Slough Borough Council and the Royal Borough of Windsor and Maidenhead wish to deliver an effective and integrated sexual and reproductive health service provision, in line their statutory functions, and in support of the key objectives in their respective Health and Wellbeing strategies, and Boards, Joint Strategic Needs assessments and the Sexual Health, Health Needs assessment.

3.4 To be compliant with Public Contract Regulations 2015 and the councils' respective Contract Standing Orders, and for timely completion of the tender, award, and mobilisation phases in time for the contract to commence as of July 2024.

[2] In line with the HSC2013, diagnoses are LA responsibilities; treatment responsibility is with Specialised NHS Commissioning (SpecCom) but is provided by the same service.

4 Alternative Options Considered

4.1 **Do nothing:** The current contract and associated obligations will lapse, and there would be no Sexual Health service available across Berkshire East, which would be a breach of mandated Public Health legislation.

4.2 **Extending:** Extending the existing contract is possible via a direct award, however the current joint contract arrangements requires that any extension be agreed by all 3 Authorities. Conversations with leads in Slough in particular, and with Royal Borough of Maidenhead and Windsor and their current situations precludes such an extension at this time.

4.3 **In housing:** as Sexual and Reproductive Services are a specialist clinical provision; this is not possible**.**

4.4 **Provider Selection Regime or Section 75 agreement:** at the moment the legislation is not in place for the delivery of a Provider Selection Regime process, in partnership with the Integrated Care Board, and the timeframe for the development of such, or for a Section 75 agreement would require an extension to current provision, to make deliverable, which has already been ruled out as an option, at this time. During the course of the ensuing contract period, this would be reviewed as a way forward once the PSR legislative process completes and receives royal assent.

4.5 **Transfer of Contract to NHS terms and conditions:** this was considered but excluded at this time, due to the requirement to retain the NHS contract terms and conditions in their entirety, which could prevent the application of HNA changes to the current service and which would undermine the integrity of the process. However, this is considered to be a possible option in future once the service specification is adapted to the findings of the HNA.

5 Supporting Information

5.1.1 Sexual and Reproductive health Services are a nationally mandated function of Local Authorities' Public Health.

5.1.2 The current provider operates a hub and spoke model with a tier 3 service in Slough – and a tier 2 provision from Reading.

5.1.3 The current provider operates an Integrated Sexual Health model, which is commissioned jointly by the 3 Local Authorities, as well as providing a HIV treatment provision, funded by the NHS (specialised commissioning).

5.1.4 An HNA was last completed in 2017; a new HNA in two parts is being undertaken including consultation to understand current needs. The first phase of the HA will complete end of March 2023, and the second phase October 2023. Due to the issues related to the 2017 HNA there is a lack of data related to vulnerable and target groups, including issues related to access, which the two-stage HNA will address.

5.1.5 The service was last retendered in 2018, and the current contract commenced in July 2019

5.1.4 Nationally demand for SRH services is expected to rise on average by 3% per annum.

5.1.6 This is a nationally mandated service which has made efficiencies due to the joint contracting process, which has been in place for 10 years. The joint contracting supports holistic provision of the service. However, there are some key considerations which will need to be addressed during the retendering process:

- Facilities and local access – the current facilities are part of NHS Property; the service specification will have to address any changes to Providers and the impact if any potential Provider were required to use none–NHS facilities; especially should a different Provider be successful in the retender – this might have cost implications as well as requirements about suitability of premised for delivering clinical intimate services.
- Due to the complexities and clinical nature of SRH provision, there is a limited market for SRH services, which potentially is greater than NHS providers with both Private and Third sector providers currently delivering SRH services nationally, however, the size of the joint contract does enhance the attractiveness of the contract to the market and is a key consideration in taking this out to tender collaboratively.
- Key service elements: - there are significant pathway interactions across NHS and other providers which will need to be considered when developing the service specification, and how those links and pathways are managed including the delivery of HIV treatment provision, which is a Specialised Commissioning responsibility , but provided by the same SRH service team as operates the SRH service. Previous retenders of services have impact on staffing of both services, rendering some residual services uneconomic in the process, so collaboration with SpecCom will be essential
- Linkages to NHS / other commissioned services – these will be mapped and consulted through the HNA, and the service design and specification will need to ensure there is flexibility to adapt to the findings of the wider stage 2 HNA
- The Provider will have to be compliant to national reporting and the associated national data sets and returns.
- The Provider will be required to support any outbreaks report and be compliant with UKHSA process and protocols including but not limited to vaccination, containment, and national reporting processes, related to contagious disease management.

5.1.7 Service provision requirements:

- To meet the national framework base line for SRH integrated services
- To provide ‘open access’ SRH provision across the full ranges of sexual and reproductive health services, including but not limited to:
  - Sexually Transmitted Infection (STI), diagnosis, and treatment
  - Diagnoses of HIV, including Pre and Post Exposure Prophylaxis (PrEP, PEPSE)
  - Psycho-sexual support
  - Genito-urinary medicine
  - Sexual Health, health promotion, including online testing access
  - Reproductive healthcare (RHC - previously known as family Planning)
- • Contraception care and support.

Timescales

Sexual and Reproductive health Service	
Publish OJEU Prior Information Notice (PIN)	April 2023

Publish OJEU Contract Notice / Publish on Find A Tender/South East Business Portal and Contracts Finder	8 May2023
Issue Invitation to Tender	10 May 2023
Receive Responses from Tenderers	7th September 2023
Evaluation of Responses (2 weeks)	9th September 2023
Contract Award	2nd December2023
Mobilisation Period	1st January 2024 –30 June 2024
Contract Start Date	1st July 2024

6 Consultation and Other Considerations

Legal Advice

6.1 It is recommended that a separate memorandum of understanding is prepared and agreed between the three councils prior to the start of this procurement – this is because the current MoU in place which relates to the "East Berkshire Public Health System Arrangement" (i.e the collaboration between the three councils relating to public health services entered into in June 2021) is quite broadly worded and is due to expire in 2026 (which will be before the end of the contract term which has been proposed). A specific MoU for this joint procurement will ensure that all parties have committed to their participation in the procurement (the sections relating to financial commitment can be specifically drafted to be legally binding).

6.2 It is understood that a fully competitive procurement exercise will be undertaken, with support from the Council's Procurement team, and as such the procurement will meet the requirements of the Public Contracts Regulations 2015.

Financial Advice

6.3 As referenced within the report the contract forms part of the Berkshire Shared Service and therefore any cost increases are shared with Slough and Windsor & Maidenhead. Bracknell Forest has the smallest population of the 3 authorities so based on current figures Bracknell's share of the contract costs would be approximately 22% pa.

6.4 This will be funded from the Public Health grant, for which future allocations have not been published. There is therefore a risk that reductions in other public health activities will need to be scaled back to ensure the service can be afforded.

Equalities Impact Assessment

6.4 An Initial Equalities Screening Record Form has been completed for this requirement and is attached. The screening determined that a full Equality Impact Assessment was not required.

Strategic Risk Management Issues

6.5 By not providing this service there would be implications on other BFC / LA / health services putting them under increased, and significant pressure. As this is a mandated function of public health, we would be failing in our responsibilities, to not

provide such. In completing the joint process all 3 authorities benefit from economies of scale and attract both a better market, but also better services for our respective populations. Without the service, there may be potentially wider impacts on children's and young peoples, and adult social care, health visiting and school nursing, as well as SEND requirements, also ICB provision of Termination of Pregnancy, maternity, vasectomy, and associated services, including screening services.

Climate Change Implications

6.6 The recommendations in Section 2 above are expected to have no impact on emissions of CO_2 as the proposal involves the continuation of an existing service.

Health & Wellbeing Considerations

6.7

Background Papers
Appendix 1: Health Needs Assessment –
Appendix 2: Summary Data Protection Impact Assessment
Appendix 3: Equalities Impact Assessment Screening Form

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