

Central Bedfordshire Children's Trust

Agenda



Meeting: **CHILDREN'S TRUST BOARD**

Date: **Monday, 5 December 2016**

Time: **4.00 p.m.**

Venue: **Room 15, Priory House, Monks Walk, Shefford**

Contact: Amanda Coleman, Partnerships and Performance Officer
Tel: 0300 300 4650

This meeting may be filmed.*

1. **Welcome, Introductions and Apologies**
2. **Procedural Business**
 - (a) Declaration of Substitutes – Where Board members, Councillors are unable to attend a meeting, a substitute agreed with the Chair may attend, speak and vote in their place for that meeting.
 - (b) Declarations of Interest by all Members present of any personal interests in matters on the agenda.
 - (c) Exclusion of Press and Public – To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.
3. **Minutes of the Previous Meeting and Matters Arising**

To approve as a correct record the minutes of the meeting of the Children's Trust Board held on 26 September 2016.
4. **Giving Every Child the Best Start in Life: Update on the Integrated Health and Education Review for Children at 2 1/2 Years**

Barbara Rooney to outline the progress made on the implementation of the integrated health and education review.

5. **Central Bedfordshire Safeguarding Children Board (CBSCB) Annual Report**

Alan Caton to present the CBSCB Annual Report.

6. **Partnership Vision for Education Update**

Helen Redding to provide an update on work undertaken to refresh the Partnership Vision for Education.

7. **Children and Young People's Plan - Quarter Two Performance**

Amanda Coleman will present the quarterly monitoring report for Trust Board Members to review and challenge.

8. **Review of Strategic Governance Arrangements for Children and Young People in Central Bedfordshire**

Karen Oellermann to present a report setting out proposals for new strategic governance arrangements.

9. **Standing Item: Update from other Boards**

The Protocol for Joint Working between Strategic Boards includes that Chairs and partners will have an ongoing and direct relationship, communicating regularly. This standing item is to provide members of Boards with an opportunity to update the Children's Trust on any matters and to provide comment on any annual reports circulated.

10. **Forward Plan**

The Forward Plan sets out future items for Board Members to note and consider.

Members:

Sue Harrison	Chairman of Children's Trust Board and Director of Children's Services, Central Bedfordshire Council
Cllr Carole Hegley	Vice-Chairman of Children's Trust Board and Executive Member for Social Care and Housing (Lead Member for Children's Services)
Ellen Burke	Member of Youth Parliament
Oliver Button	Principal, Queensbury Academy
Richard Carr	Chief Executive, Central Bedfordshire Council
Alan Caton	Chair, Central Bedfordshire Local Safeguarding Children Board
Liz Clarke	Bedfordshire Youth Offending Service
Shirley Crosbie	Headteacher, The Chiltern School
Steven Dawkins	Member of Youth Parliament
Cllr Steven Dixon	Executive Member for Education and Skills
Kirsty Green	Special Needs Action Panel – SNAP Central Bedfordshire
Peter Haddon	Headteacher, Holywell School

Alison Harding	Assistant Chief Officer, Bedfordshire Probation
Gavin Hughes-Rowlands/Sharn Basra	Bedfordshire Police
Gary Jeffery	Head of Community Safety, Bedfordshire Fire Rescue Service
Melanie Mercer	Headteacher, Aspley Guise Lower School
Sarah Mortimer	Vice Principal, Curriculum & Strategic Partnerships, Central Bedfordshire College
David Morton	Diocese of St Albans
Anne Murray	Bedfordshire Clinical Commissioning Group
Stephen Phillips	Executive Head Teacher, The Lawns Nursery School & Children's Centre
Len Simkins	Chair, Voluntary Organisations for Children, young people and families (VOCypf)
Gemma Williamson	VOCypf Officer, Voluntary Organisations for Children, young people and families

Other Attendees:

Amanda Coleman	Partnerships and Performance Officer, Central Bedfordshire Council
Peter Fraser	Head of Partnerships and Community Engagement, Central Bedfordshire Council
Gerard Jones	Assistant Director Operations, Children's Services, Central Bedfordshire Council
Karen Oellermann	Assistant Director, Commissioning and Partnerships, Central Bedfordshire Council
Mel Peaston	Committee Services Manager, Central Bedfordshire Council
Helen Redding	Assistant Director School Improvement, Central Bedfordshire Council
Barbara Rooney	Head of Public Health – Children & Young People and Inequalities for Central Bedfordshire
Muriel Scott	Director of Public Health
Cllr Mark Versallion	Central Bedfordshire Council Ward Member for Health and Reach

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **CHILDREN'S TRUST BOARD** held at Room 15, Priory House, Monks Walk, Shefford on Monday, 26 September 2016

PRESENT

Cllr C Hegley (Vice-Chairman, in the Chair)

O Button	Principal, Queensbury Academy
R Carr	Chief Executive, Central Bedfordshire Council
A Caton	Chair, Central Bedfordshire Safeguarding Children Board
Cllr S Dixon	Executive Member for Education and Skills
M Mercer	Headteacher, Aspley Guise Lower School
D Morton	Diocese of St Albans
S Phillips	Executive Headteacher, the Lawns Nursery School & Children's Centre
L Simkins	Chair, Voluntary Organisations for Children, Young People and Families
G Williamson	VOCyf Officer

Substitutes: None

Others Attendees:	A Coleman	– Partnerships and Performance Officer
	P Fraser	– Head of Partnerships & Community Engagement
	K Oellermann	– Assistant Director – Commissioning & Partnerships
	H Redding	– Assistant Director School Improvement
	M Scott	– Director of Public Health
	Cllr M A G Versallion	– Central Bedfordshire Council
	D Waller	– Policy & Implementation Manager, Human Resources
	M Peaston	– Committee Services Manager, CBC

CTB/16/54. Welcome, Introductions and Apologies

Cllr Hegley, Vice-Chairman, chaired the meeting in view of Sue Harrison having sent her apologies.

Cllr Hegley welcomed everyone to the meeting. Apologies for absence were received from Sue Harrison, Liz Clarke (Youth Offending Service), Gary Jeffrey (Fire Service), Peter Haddon (Holywell School).

CTB/16/55. Procedural Business**(a) Declarations of Substitutes**

Pat Jennings was due to attend on behalf of Liz Clarke.

(b) Declarations of Interest

There were no declarations of interest.

(c) Exclusion of the press and public

AGREED that in accordance with Section 100(A)(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act.

Agenda item 10 – Children and Young People’s Plan – Quarter One Performance.

CTB/16/56. Minutes of the Previous Meeting

AGREED that the minutes of the last meeting held on 6 June 2016 be confirmed as a correct record and signed by the Chairman.

CTB/16/57. The Offer of Work Experience Opportunities for Young People within Central Bedfordshire Council

The Board received a report of the Head of Partnerships and Community Engagement together with the HR Policy and Implementation Manager providing an update of progress following the request from the Central Bedfordshire Youth Parliament that the local authority should lead by example and offer work placements across the Council.

A scheme had been drawn up following consultation with Youth Parliament representatives and the following were in hand:

- a pilot scheme would start in the spring of 2017 involving work experience placements being offered to young people. This would be linked to the Council’s Apprenticeships Programme.
- a handbook to support young people seeking or undertaking work experience with the Council was in the process of being finalised.

The Board commended the action taken to provide work experience placements across the Council for young people. It was noted that particular consideration would be given to Looked After Children for whom the Council was the corporate parent, as in effect the Council represented the “family business”.

AGREED:-

1. to welcome the work undertaken so far and the planned next steps;
2. to refer information about the proposed work experience scheme to the Secondary/Upper Schools Headteachers' Forum together with a request for nominations of young people to be involved in the work experience pilot starting in spring 2017;
3. that the Youth Parliament be advised of the progress so far;
4. that a further update be brought to the Board in due course.

CTB/16/58. **Children's Trust Board Annual Report (including the Children and Young People's Voice Report)**

The Board received a report setting out the progress made in delivering the Children and Young People's Plan (March 2015-2017) by the end of the 2015/16 financial year.

Details relating to specific objectives of the Plan were noted. The Board discussed the recent Joint Targeted Area Inspection and Central Bedfordshire Safeguarding Children Board's monitoring of the associated action plan.

The Chairman asked the Board whether members wished to identify any areas which would be appropriate for a deep dive exercise to be brought to a future meeting. It was noted that whilst there was concurrence that the voice of the child was vital, at times, although much valuable work was being carried out to promote this, there remained challenges in showing how young people's voices have influence services in a systematic way.

The Board reinforced the need for a systematic approach to be taken – to recognise and learn from many good-practice initiatives.

AGREED:

1. to note the progress achieved in delivering the priorities in the Children and Young People's Plan (CYPP) to March 2015 identifying areas for further challenge and review as part of the Board's work programme;
2. to receive and agree the Annual Report 2015/16;
3. that the Children and Young People's Voice report be submitted to the Central Bedfordshire Safeguarding Children Board 'Voice of the Child Group' to review and progress as appropriate.

CTB/16/59. **Briefing on SEND Inspection Framework**

The Board received a report which provided an overview of the following:

- the framework for the local area inspection of Special Educational Needs and/or Disabilities

- the implications of that framework for the service and planning with the relevant agencies
- the handbook for the inspection of local area effectiveness in identifying and meeting the needs of young people who have special educational needs and/or disabilities.

Questions and comments included the following:

- the draft Joint Strategic Needs Assessment chapter should form part of the inspection framework, and the Board may wish to look at this as it evolves
- it was important to recognise that this approach represented a joint inspection process which should be prepared for accordingly
- the key role of the voluntary sector was recognised, and arrangements would be put in place to ensure appropriate representation on the Aspiration Board.

It was noted that there were strong partnership arrangements with the parent and carer forum.

AGREED:-

- 1. to note the emphasis on joint working in the inspection framework and reinforce this in the joint working arrangements;**
- 2. that preparation for the forthcoming inspection be agreed and implemented with the relevant agencies.**

CTB/16/60. Request: Children's Trust Board Membership

The Board considered a report on a request from the local parent carer forum SNAP to become a member of the Children's Trust Board.

The Board recalled that the Participation Manager of SNAP had attended the last meeting and explained the role of SNAP.

The Board acknowledged that having the voice of the parent or carer through SNAP representation would add value to the work of the Board.

AGREED that SNAP be invited to nominate a representative to become a member of the Children's Trust Board.

CTB/16/61. Standing Item: Update from other Boards

Oral reports were provided by:

- the Chair of the Safeguarding Board
- the Director of Public Health on the Central Bedfordshire Health and Wellbeing Board.

It was noted that a report from the Community Safety Partnership would be circulated after the meeting. (**Action** - Amanda Coleman)

CTB/16/62. Forward Plan

There were no changes to the Board's work programme.

CTB/16/63. Exempt: Children and Young People's Plan - Quarter One Performance

The Board recalled that the press and public had been excluded from the meeting for the consideration of this item and noted that no members of the press or public were present.

The Board considered a report of the Assistant Director Commissioning and Partnerships, Children's Services, providing an update on Quarter 1 progress in delivering the priorities in the Children and Young People's Plan (March 2015-17).

A discussion took place on the latest data on permanent exclusions where, 2014/15 Central Bedfordshire figures showed 0.03% permanent exclusions in primary schools. This placed Central Bedfordshire in the 3rd Quartile.

In response to questions raised by Board members it was noted that:

- challenges to young children's mental health seemed to be increasing and could impact on behaviour leading to the potential for exclusion
- planning for change, for example transition to the next phase of school, was crucial to enable young people to develop resilience and manage their own behaviour.

The Chairman identified the area of exclusions as a focus for a future deep dive review. Preparations would be undertaken for this and it was envisaged that this may be brought to the December meeting.

AGREED:-

- 1. That a deep dive review be carried out on exclusions (referencing the association with the emotional resilience of children and young people). (Action – Helen Redding)**
- 2. That (subject to the work being concluded) this deep dive be presented to the Children's Trust Board at its next meeting in December 2016.**

(Note: The meeting commenced at 4.00 p.m. and concluded at 5.35 p.m.)

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Giving Every Child the Best Start in Life: Update on the Integrated Health and Education Review for Children at 2½ Years

PURPOSE

1. The report outlines the progress of the implementation of the integrated health and education review for children aged 2½ years.

RECOMMENDATIONS

2. That Board Members support and promote the continuing roll-out and uptake of the Integrated Health and Education Review at 2½ years, with all relevant partners and stakeholders.

PUBLIC/EXEMPT: Public

CONTACT: Barbara Rooney: 0-19 Healthy Child Programme Commissioner
barbara.rooney@centralbedfordshire.gov.uk

BACKGROUND

3. The Integrated Health & Education Review at 2½ years is a mandated element of The Healthy Child Programme (HCP) 0-5 years. The HCP is a universal prevention and early intervention programme and forms an integral part of Public Health England's priority to give every child the best start in life, including being "*Ready to learn at two and ready for school at five*".
4. Age 2½ is a crucial stage when problems such as speech and language delay, tooth decay or behavioural issues can be identified and effective, evidence based early interventions can improve outcomes.
5. The Integrated Review is provided for all families with a child aged 2/2½. If the child is already attending an early years setting, the health review will be integrated with the Early Years Progress Check.
6. Parents and carers actively participate in their child's review through the use of an 'Ages and Stages Questionnaire' (ASQ3™) including a specific assessment of social and emotional development. The Review focuses on:
 - speech, language and communication
 - personal, social and emotional development
 - physical development
 - learning/cognitive development
 - physical health, including oral/dental health and bladder/bowel health

all of which align with the Early Years Foundation Stage Prime Areas of Learning.

7. As part of the Integrated Review, Health Visitors also assess children in their family context, taking account of:
 - parenting capacity
 - home learning environment
 - family circumstances
 - social/community circumstances
 - the immunisation status of the child.
8. They will also promote the uptake of free early education and childcare for eligible children who have not taken up this offer.
9. Information gathered from the review informs discussions with parents/carers about their child's progress. The assessments identify strengths and emerging needs, problems or developmental delays. The Health Visiting Service – in close partnership with the family, and education and children's services - then plan and co-ordinate and appropriate support and interventions, and monitor the impact on the child's development and progress.

A case study is included as **Appendix A**

10. **Pilot of the Integrated Health & Education Review @ 2½ Years**
During 2015-16, the local providers for the 0-5 HCP Service – South Essex Partnership Trust (SEPT) - led the successful delivery of a Partnership Pilot Programme between Early Years and The Health Visiting Service to implement the Integrated Health & Education Review at 2½ years, with an initial focus on the areas of Biggleswade and Sandy.
11. Face-to-face integrated reviews were offered in all early years settings in these areas, which saw a significant increase in the uptake of the 2/2½ year review, as families who have children in early years settings are now more easily able to attend reviews. Parents reported having a more comprehensive understanding of the age appropriate social development of their children and identified - with the professionals - clear areas of work to support their child.
12. Staff reported that opportunities and referrals for appropriate early interventions for children with additional needs were more effective and efficiently delivered, due to the collaborative approach.
13. **Further implementation of the Integrated Health & Education Review @ 2½ Years**
The Integrated 2½ year Review is now being rolled out across all of Central Bedfordshire and the delivery of the 2½ year review has increased from 54.6% at the end of Q2 in 2015-16 (published data – Public Health England), to 76.3% at the end of Q2 2016-17 (local data), as families who have children in early years settings are now more easily able to attend reviews. SEPT are now actively engaged with all Children's Centres and Nurseries to meet the target for the delivery of >90% integrated 2½ year reviews by the end of 2016.

14. Staff in Early Years settings report that the integrated sessions are extremely positive and effective for them and that agreed support and planned outcomes for children are jointly owned by all families and professionals. Work is continuing to strengthen reporting systems and processes to ensure that the recording of assessments and follow-up plans is accurate and comprehensive, and is shared effectively with families and all partners.

15. **CONCLUSION AND NEXT STEPS**

All of the 0-19 teams in SEPT and Children's Centres are now working together to deliver the integrated reviews where a child **is not** in a setting by 2¼ years. Engaging child-minders in the process is the priority for development over the next 6 months.

In partnership with SEPT and Early Years settings staff, local child-minders have designed a group session which they can attend with parents to ensure an integrated review takes place. This model will be rolled out across Central Bedfordshire by the end of Q4 2016-17.

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Case Study

1. Describing ** and family situation to include who/how referred ** to the service, specific vulnerability(ies), pre-existing medical condition(s), are there safeguarding factors? Minimal details required)

Child A is 3 years old, and comes from a family with complex needs. Both parents were abused as children and the mother was a looked after child.

There is some evidence of domestic abuse in the home currently, so Child A is subject to a Child Protection Plan.

There are some issues around the mother’s mental health, particularly when domestic abuse occurs - which the Health Visitor supports with, liaising directly with the GP and Early Help as appropriate.

2. Clients needs were assessed as (or the care plan was)

Child A had his Integrated Health & Education 2½ year review in the nursery setting where he is funded to attend. Both the Health Visitor and the Nursery Key Worker met with his Mum while he played.

There were a number of milestones which mum wasn’t sure about when she was sent the ‘Ages and Stages Questionnaires’ (ASQs), but as the nursery key worker knew him and the session had been set up to test his age-appropriate skills and development , both professionals were able to complete the assessments in partnership with her.

Developmental needs identified to be ‘*ready to learn and ready for school*’ were around toilet training, sleep issues and linked behaviour management.

3. What happened? Description of support/intervention provided including links with family, carers, other professionals including: barriers, challenges, concerns

The Health Visitor and the Nursery Worker planned a package of support in partnership with Child A’s Mum:

- HV Service home visits with both parents to agree clear strategies for sleeping routine and toilet training – linking back to the ‘Triple P’ parenting programme that Mum had previously attended;
- Nursery working with Mum to continue developing the ‘Parents as First Teachers’ themes, using books to encourage his positive behaviour;
- HV Service visits with Mum when Child A is at Nursery – managing a balanced diet for improved behaviour;
- Ongoing close liaison and information sharing between HV Service and the Nursery;

4. Describing client/family situation/outcomes following the support/intervention including details of any onward referrals

- Child A is thriving and is making good progress – as evidenced in the latest ‘Ages and Stages Assessments’ carried out at aged 3 years;
- He is now fully toilet trained, and a more regular sleeping routine has been established;
- Concentration and behaviour are both improving at nursery and he is engaging more positively and productively in a range of activities and experiences;
- Child A continues to be subject to a Child Protection Plan. Mum now regularly attends the CP Review meetings – where all information and progress is recorded and discussed;
- The Health Visitor maintains regular contact with the family to continue to provide additional support and motivation as required.

5. What we have learned and will do differently (learning and improvement

- Agree specific milestones for planned visits/updates on development and progress – between parents, HV Service and Nursery– e.g. 3 years; 3½years; 4 years – using the relevant ASQs;
- Streamline information sharing systems
- Maintain an ongoing focus on the key factors to be ‘*ready to learn, ready for school*’ with families.

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**Central Bedfordshire Safeguarding Children Board (CBSCB)
Annual Report 2015-16**

PURPOSE

1. To provide details as to the effectiveness of work to safeguard and promote the welfare of children in Central Bedfordshire – as set out in the Annual Report (31 March 2015 – 31 March 2016).

RECOMMENDATIONS

2. That Children's Trust Board members note and comment on the Central Bedfordshire Safeguarding Children Board Annual Report, 31 March 2015 – 31 March 2016 (**Appendix A**).
3. That Children's Trust Board members note and comment on the key messages for all stakeholders and partners and agree to act on these and take them back into their organisations.

PUBLIC/EXEMPT: Public

CONTACT: Alan Caton, Independent Chair: Central Bedfordshire Safeguarding Children Board. LSCB@centralbedfordshire.gov.uk Tel: 0300 300 6455

4. The Central Bedfordshire Safeguarding Children Board Annual Report (Appendix A) provides detail as to how CBSCB partners have worked together and individually to keep children safe.
5. The Annual Report provides information on LSCB statutory functions and the progress made against CBSCB Business Plan priorities 2015-16. It also explains how self evaluation, performance analysis, case audits and overall effectiveness have all helped to inform CBSCB priorities for 2015/16.
6. Working Together 2015 states that the Chair of the Local Safeguarding Children Board (LSCB) must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area (this is a statutory requirement under section 14A of the Children Act 2004). The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should also be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing board.
7. The Annual Report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

8. The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews and Serious Case Reviews. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. The guidance states that Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.
9. This report therefore provides Children's Trust Board members with a view of the Central Bedfordshire LSCB's achievements and challenges during 2015-2016. This report shows how LSCB partners have worked together and individually to keep children safe, deliver our agreed Board priorities and meet our statutory objectives to:
 - coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
 - ensure the effectiveness of what is done by each such person or body for those purposes.
10. The foreword from the Independent Chair provides a summary of the key achievements and challenges and the key messages about keeping children safe (section 1).

CONCLUSION

11. Board members are asked to note and comment on the Annual Report - including key achievements, challenges and messages for partners and stakeholders.

Item 5 App A



Annual Report 2015 - 2016

Central Bedfordshire Safeguarding Children Board

Author	Strategic Safeguarding Partnership Manager
Consultation	Core Business and Improvement Group and Board Members
Agreed by:	Central Bedfordshire Safeguarding Children Board
Date Agreed:	27 th September 2016
Date reviewed:	Not applicable

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1. Foreword from the independent chair

I am pleased to present the Central Bedfordshire Safeguarding Children Board (CBSCB) Annual Report covering the period April 2015 to March 2016.

This, like previous years, has been a challenging one for partners who are still working in a context of shrinking budgets and resources; however this report provides evidence of the commitment and determination among agencies and professionals to keep children and young people, across Central Bedfordshire safe.

This report highlights the performance and effectiveness of agencies to safeguard and promote the welfare of children and young people. It also outlines the difference we have made as a Board and the impact that those differences have had on children, young people and their families in Central Bedfordshire.

The Board can evidence how it has influenced and shaped service delivery through effective multi-agency case audit. During this reporting period multi-agency audits were completed in relation to Child Protection cases where domestic abuse was known, along with an audit in relation to Child Sexual Exploitation (CSE) cases. Learning points identified from both these audits have been translated into multi-agency action plans which have been implemented and monitored through the Boards Learning and Improvement framework.

Further, during this reporting period the Board has commissioned three Serious Case Reviews (SCR's), all of which have provided significant learning to agencies across Central Bedfordshire. Learning from these reviews is communicated to the children's workforce through practitioner events led by the Safeguarding Children Board.

As a Board we continue to face a number of challenges as we strive to constantly develop front-line practice with a view to improving outcomes for all children and young people. These challenges are highlighted in this report and include;

- Understanding the risks to adolescents in a holistic way that supports practitioners in tackling child sexual exploitation and radicalisation
- Hearing the child's voice and ensuring it shapes improvement
- Continuing to embed robust and rigorous quality assurance activity and learning that supports the Board's priorities
- Continuing to develop a comprehensive and rigorous performance framework that supports the Board's priorities
- Implementing actions to tackle Child Sexual Exploitation
- Implementing actions to tackle neglect

Included at the rear of this report there are a number of key messages for all partner agencies and strategic partners. These messages are to ensure that safeguarding and protecting children in Central Bedfordshire remains a priority for all.

Finally, may I take this opportunity to thank on behalf of CBSCB all of the organisations and individuals in the public, voluntary and private sectors who work tirelessly across Central Bedfordshire to improve the safety and quality of life of our children, young people and families.

I commend this report to you and invite you to feedback your thoughts on how we can continue to develop and improve in order to keep all of Central Bedfordshire's children safe.

Alan C Caton OBE CBSCB Independent Chair

2. Central Bedfordshire

Local demographics

Central Bedfordshire has a population of 264,500 people. This is forecast to increase to around 287,300 people by 2021, with a 35% increase in the number of people aged 65 and over compared to 2011.

Central Bedfordshire is less diverse than England as a whole, and has a greater proportion of people who are White British (79.8%). The biggest ethnic minority groups in Central Bedfordshire were White Other (not White British, White Irish or Gypsy or Irish Traveller), White Irish and Indian. More than 95% of pupils of compulsory school age in Central Bedfordshire speak English as a first language. However, more than 60 different first languages are recorded among the remaining children.

None of our neighbourhoods are in the 10% most deprived nationally, however pockets of deprivation do exist – mainly in Houghton Regis and Dunstable.

The rate of serious acquisitive crime is higher in Central Bedfordshire than in similar authorities.

61% of Central Bedfordshire residents live in areas classified as urban.

Unemployment is low in Central Bedfordshire compared to England, and house prices are higher than the national average.

Central Bedfordshire residents are less likely to have higher level qualifications compared to the national average, but GCSE results are above the England average.

Life expectancy and overall health are both slightly better than the national average, and children are less likely to be obese.

Vulnerable groups

Although the majority of children and young people in Central Bedfordshire live healthy lives and are safe within their family networks and communities, there are a proportion of vulnerable children who are at risk of poorer health and well-being outcomes.

All partners of the LSCB are committed to seeking out vulnerable children and supporting them and their families whilst acknowledging the difficulties as some abuse or neglect may be hidden despite the work of agencies and partners to identify those who are in need of services and who are being harmed or at risk of being harmed.

The following section of the Annual Report sets out those categories of children and young people in Central Bedfordshire who have been identified by the local authority and other agencies as in need of protection or help to promote their welfare as they are more vulnerable.

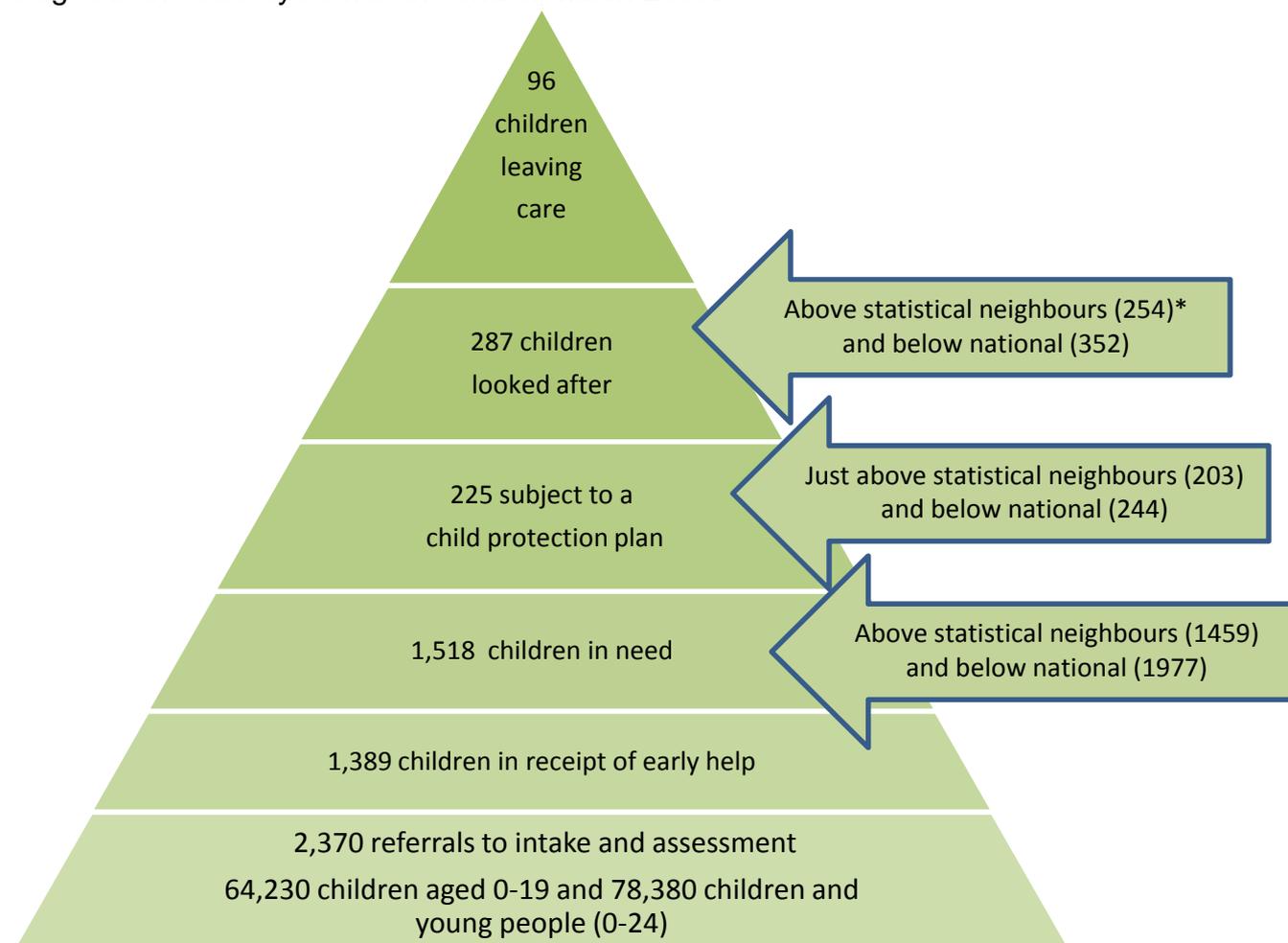
These categories of vulnerability are not exhaustive and many factors such as going missing from home and living in households where there is domestic abuse, substance misuse and/or parents who are mentally ill can place children at increased risk of harm from abuse and neglect.

3. Safeguarding in Central Bedfordshire

Safeguarding of children in Central Bedfordshire continues to be good and the Central Bedfordshire Safeguarding Children Board routinely scrutinises child safeguarding activity to look at what is happening and to understand any specific trends or issues impacting on safeguarding activity.

The child's journey in Central Bedfordshire

This section analyses performance using key indicators in relation to child protection. It examines data at key points in decision making from the point of referral through to child protection plans. It aims to help us understand the flow of cases through early help and referral and assessment within the context of multi-agency working. Below are the numbers of children at various stages in the care system at the end of March 2016.



*statistical neighbour and national figures have been calculated to provide population comparisons. These are based on 14/15 outturn figures as 15/16 data is not yet available.

One front door

In April 2014 the Access and Referral Hub was launched – a single front door for everyone needing information about services for children and young people including early help, family youth information for parents, those concerned about a child and professionals needing to refer a child.

During 2014/15 the Access and Referral Hub dealt with 10,898 enquiries and during 2015/16 it dealt with 12,012 which was a 10% increase.

Early help

Early help for children and families involves taking action as soon as possible to tackle problems that have already emerged. Central Bedfordshire's Early Help Offer identifies the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. The Early Help Offer is not just for very young children as problems may also emerge at any point throughout childhood and adolescence. The Early Help Offer includes universal and targeted services designed to reduce or prevent specific problems from escalating or becoming entrenched. In other words it is all about offering the right help at the right time.

An Early Help Assessment (EHA) is completed and a plan is put in place to support the child and family. Where the assessment identifies support needs that cannot be met by a single agency or service, there needs to be a co-ordinated response with local agencies working together to support the family. The Team around the Child (TAC) model is used locally to bring together a range of different practitioners from across the children and young people's workforce and sometimes from adult services to support an individual child or young person and their family. The members of the TAC develop and deliver a package of solution focused support to meet the needs identified through the Early Help Assessment with a lead professional identified to co-ordinate the support and act as the key point of contact for the family and professionals/services.

From the 12,012 enquiries coming through the Access and Referral Hub, there were 1,389 early help assessments received. The number of children who had an early help assessment completed per 10,000 0-17 of the population had risen over the previous last three years and then decreased last year as follows:

- 69.2 in 2012/13 to
- 151.2 in 2013/14 to
- 244.7 in 2014/15 and slightly decreased to
- 232.2 in 2015/16

At the end of March 2016 there were a total of 1,389 children in receipt of early help.

The rate of children in need per 10,000 of the population under 18 in Central Bedfordshire has increased slightly from last year, with a 1.5% increase. The overall children in need numbers for the past four years can be seen below:

- 1631 in 2012/13 to
- 1541 in 2013/14 to
- 1495 in 2014/15 and
- 1461 in 2015/16. (Provisional figure excluding LAC and CP – Figure including LAC and CP is 1518)

The rate is below the England, statistical neighbour and regional averages. Early indications are that this decrease does not match the trends in other areas.

From the 12,012 enquires there were 2,370 referrals to intake and assessment. The percentage of referrals leading to an assessment at the end of March 2016 was 89.5% (2121/2370).

During the year 2015/16 the Police referred 32% of all referrals to Children's Social Care a significant number of which related to concerns around domestic abuse. Schools referred 20% of all children to Children's Social Care services and health professionals 11%. (This figure for health professionals is in line with national data).

Where identified at the point of assessment, abuse and neglect is the highest primary need for those children assessed by Central Bedfordshire Children Social Care.

Final data indicates that at the end of March 2016 the referral rate (per 10,000 of the child population) will have remained steady and is consistent with statistical neighbour and regional averages for 2015/16, with the repeat referral rate decreasing and falling below statistical neighbour and national averages.

94.7% of assessments were completed in 45 days and the Safeguarding Board challenged the Local Authority and requested an audit of those that did not receive assessments in timescale and noted the findings and actions taken. As a result of this a number of actions were taken by Children's Social Care to rectify recording errors and deal with staff performance issues. This measure continues to be monitored closely by managers in Children's Social Care.

The Access and Referral Hub continues to add greater stability to the referral process and enables all contacts to Children's Social Care to receive a service and/or signposting to other services where appropriate. By providing a prompt and effective response to emerging issues within families the aim is to reduce the number of children who require safeguarding interventions at a later stage in their lives.

The Board has been assured that the right families are getting the right service at the right time and that families are benefiting from a single front door and do not have to wait too long for a service.

Children with a child protection plan

Children who have a child protection plan are considered to be in need of protection from either neglect, physical, sexual or emotional abuse or a combination of one or more of these. The child protection plan sets out the main areas of concern, what action will be taken to reduce these concerns and by whom. The plan will also set out how we will know when progress is being made.

In respect of children with child protection plans the rates per 10,000 child population have increased in Central Bedfordshire by 37% in March 2016 compared to March 2015, but still remains below the peak reported in 2013.

Over the last four years the actual number of children with a child protection plan has been as follows:

- at the end of 2012/13 there were 266 children with a child protection plan (45.4 per 10,000 population)
- at the end of 2013/14 there were 192 children with a child protection plan (32.8 per 10,000 population)
- at the end of 2014/15 there were 164 children with a child protection plan (27.9 per 10,000 population) and
- at the end of 2015/16 there were 225 children with a child protection plan (38.4 per 10,000 population)

The figures indicate that this will be above statistical neighbour and regional averages at the end of March 2016, however will remain below the national average.

Children in care

Children in care are those looked after by the local authority. Only after exploring every possibility of protecting a child at home will the local authority seek a parent's consent or a court's decision to move a child away from his or her family. Such decisions, whilst very difficult, are made in the best interests of the child.

Below are the annual numbers of children in care, which has seen an increase in the last year. At the

- end of 2011/12 there were 208 children in care and
- at the end of 2012/13 this increased to 246
- at the end of 2013/14 there were 268 children in care,
- at the end of 2014/15 there were 274 children in care, and
- at the end of 2015/16 there were 287 children in care.

(In particular there was an increase in the number of Unaccompanied Asylum Seeking Children becoming looked after by the local authority, with an increase from 18 at the end of March 2015 to 37 at the end of March 2016, which is a 105.6% increase)

The LSCB Board originally received the looked After Children Annual Report at its meeting in January 2016, but there were several lines of follow up enquiries made and therefore a further report was presented to the Board at its meeting in June 2016. The following information provides a summary (some of the information provided in the report related to 2014/15).

As at February 2016 the total number of Central Bedfordshire pupils of statutory school age who are part of the Virtual School was 187 (Reception to Year 11). This did not include 56 year 12 and Year 13 young people still in care who are being monitored and supported by the Virtual School in partnership with the Corporate Parenting Team and Youth Support Services. A further 16 pupils left care in the last 6 months.

There is a direct correlation between attendance and pupil's achievement and this is a key focus for the Virtual School.

Exclusions

During 14/15 there was one permanent exclusion for serious misconduct and following effective joint working the student is now making good progress. There had been no permanent exclusions of a looked after child (as at February 2016).

There has been a reduction in fixed term exclusions for looked after children attending settings in Central Bedfordshire from 86 days (13/14) to 55.5 days (14/15). This reflects the effective cross agency working to reduce the need to exclude. For looked after children attending settings outside of Central Bedfordshire there has been an increase in days lost as a result of fixed term exclusions from 26.5 (13/14) to 127 days (14/15). 5 young people (all male) contributed to 53 days of this figure and in most cases these are our young people with the most complex needs, some with several placement breakdowns over a relatively short period of time. This increase is unacceptable and there was not a robust process in place to collect data. In 14/15 the process has been improved and not only has the data collection process been improved but there is now the opportunity to offer support and advice. This remains a key priority for the Virtual School.

Attendance

Although overall attendance in 14/15 has fallen, the majority of pupils' attendance is over 95% (106/174) with 19 pupils achieving 100%. Attendance in years 9, 10 and 11 still remains the key challenge and therefore a key priority for the Virtual School. There is a Personal Advisor that is jointly funded by the Youth Support Service and the Virtual School who works directly with these young people at risk of dis-engaging from learning. Creative packages are put in place to support young people to get the best possible outcomes.

Placement stability

In collaboration with fostering and social work teams there has been a significant measureable improvement in the placement stability for looked after children and young people. The following two key measures demonstrate this:

- a. The percentage of looked after children and young people who have had 3 or more placement moves in the last year has improved from 13.5% (March 2015) to 12.2% (March 2016).
- b. The percentage of looked after children and young people who have been looked after for 2 and a half years or more who have been in the same placement for at least 2 years has improved from 51.9% to 63% in March 2016.

Placement stability remains a priority and targets of 11% and 70% have been set for these measures respectively going forward.

Achievement

For those young people who have been looked after for over 12 months on 31 March 2015 (this is the national measure), the following results were achieved:

- Key Stage 1 – 10 out of 12 pupils (83%) achieved level 2 or above in reading, 9 out of 12 pupils (75%) level 2 or above in writing and 10 out of 12 pupils (83%) level 2 or above in maths.
- Key Stage 2 – 13 out of 16 pupils (81%) achieved level 4 or above in reading, 11 out of 16 (69%) in writing and 11 out of 16 (69%) in maths.
- Key Stage 4 – There were 13 students who had been in care for more than 12 months on 31st March 2015. 6 students achieved at least 1A*-C at GCSE, 8 students achieved at least one pass at GCSE, 3 students achieved 3 A*-G including English and mathematics.

Participating and staying on in education, employment and training

There is strong joint working between the Virtual School, the Youth Support Services and the Corporate Parenting Team to support young people to remain or engage in education, employment or training. There are monthly managers meetings in order to provide oversight of cases and look at young people's progress. These inform joint planning and resource allocation for young people who are not engaging in education, employment or training. There is also co-ordination and liaison with schools, colleges and training providers to ensure ongoing engagement. At any one time the services are supporting up to 60 looked after children aged 13-16 and 120 looked after children and care leavers aged 16-21.

The key measure of success in relation to this joint working is the percentage of care leavers engaged in education, employment or training. This has shown significant improvement over the last year when it was 41.1% in March 2015/16 to 70% in 2015/16.

Conclusions

Looked after children are now in more stable placements, progress in Key Stages 1 and 2 continues to improve and the number of days lost to fixed term exclusions from pupils placed in CBC schools continues to drop. The percentage of care leavers aged 17- 21 year olds in employment, education and training has seen a significant improvement during the year. However the attendance of pupils in Years 9, 10 and 11 continues to be a priority as does attainment at Key Stage 4.

Children at risk of sexual exploitation

Child sexual exploitation is a form of child abuse. It occurs where anyone under the age of 18 is persuaded, coerced or forced into sexual activity in exchange for, amongst other things, money, drugs/alcohol, gifts, affection or status. Consent is irrelevant, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and may occur online. The child/young person may think that their abuser is their friend, or even their boyfriend or girlfriend.

Children who run away from home or care could be running from a number of situations and problems where they are vulnerable or at risk of harm. Going missing can increase a child's risk of further danger as a result of becoming involved in crime, child sexual exploitation and potentially child trafficking.

Central Bedfordshire have a team dedicated to responding to the needs of children at risk as a result of going missing and a multi-agency panel reviews the situations of those children who persistently go missing to ensure interventions are in place to deal with the root causes which lead them to run away and ensure measures are put in place to divert them from this activity and minimise the risks they are exposed to.

Agencies have referred 21 children to the Child Sexual Exploitation Panel as being at risk of exploitation in Central Bedfordshire during 2015/16, and to support prevention work there were 21 disruptions carried out by Bedfordshire Police and 5 abduction notices were issued.

Children who are privately fostered

Parents may make their own arrangements for their children to live away from home or other close family members. These are privately fostered children. The local authority must be notified of these arrangements.

At the end of March 2016 the local authority was aware of three privately fostered children (there were 5 new reports during the year with 2 cases ending). This was the same as the number in 2014/15, with 5 new reports throughout the year and 3 in place at the end of March 2015. Numbers remain low despite the efforts of the local authority, partner agencies and the Central Bedfordshire Safeguarding Children Board to raise awareness of the need to notify the local authority of these arrangements. Work with schools, children's centres, health care settings, the voluntary sector and a range of childcare settings involves the distribution of a range of communications materials, including leaflets and flyers.

Service user feedback

Children's Services Social Care complaints handling practice in 2014/15 (this data was reported in December 2015):

- There was a decrease in the number of complaints recorded compared to last year, from 104 to 92. The number of complaints suggests effective recognition and recording of complaints by service teams.

- Complaints were seen as important customer feedback and a means of identifying how practices may be changed for the better. Services were receptive to customers' views and complaints, with 70% of complaints either upheld fully or in part.
- The good practice of using conciliation meetings to resolve ongoing dissatisfaction continued this year. The approach focussed on resolution of complaints through face to face meetings and was successful in remedying seven cases without the need for lengthy formal investigations.

Key themes from complaints:

The services for Looked After Children and Care Leavers were the areas most complained about, and saw the most significant rise in complaints compared to last year. The service received 27 new complaints compared to 19 recorded the previous year. The three top reasons for complaints were; concerns about care placements; case handling issues; and delay providing services. In the period the Senior Management Team supported the Customer Relations Team to engage with the Corporate Parenting Service on a programme to review and improve complaints handling, with a focus on valuing feedback from looked after children and identifying the root cause in complaints. The work included a refresh on the value of complaints and resolution, to improve practice around recognising when concerns should be addressed as complaints. This led to an increase in complaints being recognised and registered.

Child's voice

At the Board Development session in January 2014 Board members agreed that hearing the voice of the child should be a priority during 2014-15 and this continued to be a priority during 2015- 2016 as well. Therefore Board reports were amended to require all authors to consider and ensure the child's voice has informed their reports. In addition to this a Voice of the Child sub group was also established and has been led by a Board member from an education setting with high level engagement from the Board partners. Further information regarding the group's work can be found within the progress on priorities section of this report.

4. Progress on priorities in 2015 – 2016

The Board agreed the following set of priorities for 2015 – 2016:

- Priority 1 – Ensure children in dangerous settings have faster, easier access to safeguarding support
- Priority 2 – Ensure the effectiveness of safeguarding and early help support to children living in vulnerable families
- Priority 3 – Ensure the effectiveness of the Board and its Partners

The Board took forward several actions within its Business Plan in relation to the above priorities and details are contained below under each of the priority headings.

Priority 1 – Ensure children in dangerous settings have faster, easier access to safeguarding support

Ensure Children and young people’s voices are heard:

During the year the Voice of the Child Sub-group was established and work began to develop a self assessment tool for agencies to use and assess the participation of young people with their services. The toolkit was finalised in March 2016 and circulated during April 2016. Results from the survey will be collated during 2016 and will feed in to the Young People’s Conference which is scheduled for September 2016.

Consider and respond to the recommendations of the Multi Agency Safeguarding Hub (MASH) review:

A multi agency MASH Strategic Steering group was set up and has taken forward the development of a Central Bedfordshire MASH which is due to go live during May 2016. The MASH steering group will continue to monitor the MASH implementation and its outcomes during 2016.

Ensure the plan developed in response to the domestic abuse review is agreed and implemented:

(In 2014/15 it was clarified that the Community Safety Partnership is the lead in Central Bedfordshire in relation to Domestic Abuse - In February 2015 the Board received the findings of a review by an independent expert into the services for children and families subject to domestic abuse - Transforming service delivery and achieving the best for children and young people affected by domestic abuse in Bedfordshire. These recommendations are informing the development of a broader partnership plan being led by the Community Safety Partnership which the Board will keep under review in 2015/16)

The Community Safety Partnership has developed a Domestic Abuse Strategy and Action Plan and will update the LSCB Strategic Board in June 2016 on progress with its implementation.

The RELAY Project continues to alert schools to children whose parents have been involved in a domestic violence incident. During 2015/16 there were a total of 1,821 RELAY notifications made to schools compared to 1,749 during 2014/15

The Relay Team deals with an average of 25 domestic violence incidents a week (and more than 40 children).

The LSCB Strategic Board continues to monitor the number of cases referred to the MARAC process and during 2015/16 there were a total of 276 cases referred for support compared to 305 during 2014/15. In relation to the 276 cases referred for support during 2015/16 there were 472 children in total living within these homes.

During January 2016 the LSCB Learning and Improvement Sub-group completed a multi-agency audit into 5 cases where the children were on a child protection plan and domestic abuse was a known issue. The group has since taken forward an action plan in relation to the learning and further

information has been included with the multi-agency audit section of this report.

Consider and develop a response to the Child Sexual Exploitation Review ensuring the revised strategy and plan are implemented:

Following a review from the Nation Working Group in relation to CSE work in Bedfordshire, the Pan Bedfordshire CSE and Missing Strategic Group has developed a multi-agency CSE Strategy and a reflective practice workshop carried out during the year has also strengthened the strategic oversight around this issue. A CSE problem profile has been under development and is due to be completed during May 2016. This profile will help develop a multi-agency action plan to further implement the CSE Strategy across Bedfordshire.

A CSE Co-ordinator for Bedfordshire has also been recruited to take forward the implementation of the multi-agency strategy and action plan.

Regular updates have been provided to the Board and the Case Review Group in relation to ongoing investigations and actions.

As part of a proactive approach to the national CSE agenda and to increase the awareness of CSE with young people within Central Bedfordshire the LSCB commissioned the production of Chelsea's Choice for schools and education settings where age appropriate. (For younger children, a production called looking for Lottie has begun to be rolled out). 6500 young people have accessed Chelsea's Choice during 2015/16 and are now more aware of what child sexual exploitation is. As part of an ongoing communications campaign, leaflets were also distributed across Central Bedfordshire and articles were placed in the council's community and residents magazines.

To help raise awareness of CSE within the children's workforce the LSCB organised workshops in relation to the recommendations from the independent review, commissioned CSE E-learning training which has been rolled out to frontline staff and organised face to face CSE events/workshops including teen dating violence workshops.

During 2015/16, 241 people have accessed CSE e-learning and approximately 100 Central Bedfordshire Council front line staff attended the CSE Briefing. 84 professionals reported back that they are now better equipped to support young people as their before and after knowledge rates raised by 35%.

Understand the risks to adolescents in Central Bedfordshire:

This action has been transferred to the new Business Plan for 2016/17, a needs assessment around adolescents has been completed and will be presented to the Strategic LSCB Board in June 2016 and an audit around vulnerable adolescents has also been scheduled by the Learning and Improvement Group for later in the year.

Agree and implement an annual audit programme:

During 2015/16 multi-agency audits were completed in relation to Child Protection cases where domestic abuse was known and an audit in relation to

Child Sexual Exploitation cases. Learning points identified from both these audits have been translated into multi-agency action plans which are now being implemented and monitored through the Learning and Improvement Group. The next multi-agency audit which will focus on neglect is due to be completed in June 2016.

Agree a performance framework that provides data and intelligence that supports partners in identifying and addressing these performance issues:

The LSCB performance framework has been reviewed and strengthened to include:

- Domestic abuse, mental health and substance misuse;
- Child sexual exploitation including missing children;
- Looked after children
- Homeless families and homeless 16-17 year olds

The framework is monitored by the Board and its sub-groups quarterly enabling the board to challenge partners' performance on a regular basis.

Priority 2 – Ensure the effectiveness of safeguarding and early help support to children living in vulnerable families

Review the early help offer, evaluating the effectiveness and impact of early help to vulnerable young people by hearing children and young people's voices that receive these services:

Measures to help monitor the performance of early help services are included within the LSCB performance framework and are reviewed on a quarterly basis by the Performance Sub-Group and the Strategic Board. A report detailing the work undertaken throughout the year in relation to early help was presented to the Strategic Board in September 2015 enabling the board and its members to evaluate the effectiveness and impact of local early help services. The Board received the following updates:

In the last 6 months:

- 40% of all incoming enquiries (2,871) were dealt with by Early Help
 - 54 EHAs received as step down / access to Early Help
 - 101 requests for Early Help services were received from social work teams
 - 721 Early Help Assessments (EHAs) were received from the community
 - 1995 families/professionals offered immediate info and advice
- 12% of all contact and referrals (550) ended up with Early Help
 - In 406 cases support through Early Help was progressed
 - In 134 cases further Information and Advice was offered
 - In only 10 instances was Early Help Support declined by families

Getting out to families and getting Early Help support in place – since Nov 2014: (some examples of the work carried out by the service)

- 102 referrals received, most of them direct from the Hub
- Families are contacted within 48 hrs and visited within 10 working days
- 60 Early Help Assessments completed with families
- Over 225 contacts with families – home visits, one to one work, support at Team Around the Child meetings
- Varied work – domestic abuse, adolescent neglect, children with long standing illness and disabilities/Special Education Needs, self harm, sexual abuse/assault and housing and poverty
- One week visiting a mother fleeing domestic abuse in a local Bed & Breakfast to deliver a food parcel and to see what support was needed
- Next week supporting a young person following a disclosure of sexual abuse

Working with professionals in the community to get Early Help in place:

- 4 Locality Co-ordinators in place since Nov 14 with oversight of 1705 open Early Help Assessments – 1210 managed by Lead Professionals in community, and the rest by Lead Professionals from within Central Bedfordshire Council.
- In an average month the team:
 - Broker support for over 100 EHAs
 - Attend 29 Team around the Child meetings
 - Meet with 25 professionals to talk about the Early Help process
 - Support 16 professionals to complete EHAs
- 720 EHAs closed this year– in May 2015
- 76% of closed cases were due to needs being met

Social work expertise and patrolling Early Help thresholds:

- Currently one Team Leader and 2 Early Help Practice Advisors are in place.
 - Supporting practice in working with families with higher levels of need not meeting thresholds for social care, but are still in the community
 - Supporting cases not meeting threshold for intervention following Assessment
 - Supporting cases stepping down from Family Support Teams
- In an average month the team:
 - Offer continuous consultation and advice to both Child Poverty and Early Intervention, Social Work teams and professionals in the community e.g. schools
 - Support quality case management and discussions e.g. children's centres
 - Attend 20 Team Around the Child meetings where there are complex family situations
 - Support 9 step down discussions (up to March, and over 18 since April 2015)
 - Support 3 discussions as to whether step up is needed.

Review the Looked After Children Annual Report:

The Annual Report for Looked after Children was reviewed by the Strategic Board in January 2016, when the Board noted that key measures relating to looked after children had improved since the last annual report. There was further lines enquiry/follow up requested which was presented to the Board in June 2016. Further information relating to the 2015/16 Annual Report can be found in the Looked After Children Section of this report which starts on page 8.

Understand and raise awareness of private fostering:

Awareness of Private Fostering has been raised amongst partners and new cases were reported throughout the year, however numbers remain low and therefore work to continue promoting the awareness across the partnership of private fostering will continue. New leaflets to further raise awareness with partners and the public are now being produced.

Understanding the issues of homelessness for children in Central Bedfordshire and the support provided to parents:

This is on track as the performance framework includes a comprehensive suite of measures in relation to homelessness which is routinely monitored on a quarterly basis. There is also an action plan around this issue managed by the Housing Services Team, a progress update of this plan is due to be presented to the Strategic Board in June 2016, which is in line with timescales set within the Business Plan.

There has been a general increase in the number of homeless households in the last few years. Data shows that the number of approaches to Housing Solutions by homeless families with children has averaged 162 in each quarter of 2015/16 with Central Bedfordshire Council accepting a duty to house on average of 23 families each quarter. Although some families are housed in B&B accommodation, the action plan aimed to minimise the length of stay in B&B accommodation and numbers at the end of each quarter in this type of accommodation were low during 2015/16.

Priority 3 – Ensure the effectiveness of the Board and its Partners

Joint Targeted Area Inspection

The multi agency response to the way in which vulnerable children are protected was subject to additional scrutiny during 2015/16. In March 2016 Ofsted, the Care Quality Commission, HMI Constabulary and HMI Probation undertook a joint inspection of the multi agency response to abuse and neglect in Central Bedfordshire. This inspection included a ‘deep dive’ focus on the response to child sexual exploitation and those missing from home, care or education.

Details of the inspection outcome (including key strengths and areas for improvement) can be viewed here:

<https://www.gov.uk/government/publications/joint-inspections-of-child-sexual-exploitation-and-missing-children-february-to-august-2016>

A case study of highly effective good practice was included in the inspection findings which noted the co-location of Early Help services, the Missing,

Homeless and Child Sexual Exploitation teams as a significant strength resulting in effective information-sharing and joint work.

At the time of preparing this report, the local authority is co-ordinating the proposed actions in response to the findings.

Keep the governance of the LSCB under review to ensure the two key statutory objectives are being delivered:

During the last year, the Board has developed and implemented a new structure of sub-groups (Please see Appendix B for a copy of the Structure Chart); the structure now includes the following:

Core Business Group which acts as an Executive Group to the Strategic Board, meeting in between Board meetings and driving forward the business plan and monitoring its progress.

Learning and Improvement Group, which is responsible for carrying out multi-agency audits and taking forward improvement action plans, reviewing single agency audits and monitoring the implementation of single agency section 11 audit recommendations/actions.

Training and Development Group, that is responsible for implementing the annual LSCB training programme and developing new training courses when required, along with evaluation and monitoring the impact of training activities.

Performance Group, that is responsible for monitoring the LSCB's performance scorecard and highlighting to the board areas of improved performance or areas where performance has dropped and further information or assurance is needed.

Voice of the Child Group, which is responsible for reviewing, creating, actioning and recommending processes for ensuring that the Voice of the Child is heard in a timely, effective and appropriate manner.

Pan Bedfordshire Policy and Procedure group, that is responsible for developing reviewing and updating the Child Protection Procedures in line with new legislation and learning obtained from case reviews and case audits.

Pan Bedfordshire Child Sexual Exploitation and Missing Children Strategic Group, that has been responsible for developing a Pan Bedfordshire CSE strategy which has now been signed off and is in the process of being implemented, taking forward the development of a CSE Profile and action plan and implementing a CSE Communications Strategy.

The Board has also developed a joint working protocol to outline the working relationships between the following local partnerships/boards:

- Health and Wellbeing Board
- Children's Trust Partnership
- Adult Safeguarding Board
- Community Safety Partnership

A copy of the protocol can be viewed by clicking [here](#). The Chair of the Board also has regular Joint Chair meetings with the Chairs from the other strategic boards to ensure work around cross cutting priorities is joined up. The Board managers also meet regularly to support this work and deliver joint approaches to shared priorities.

The Strategic LSCB Board has also developed and agreed a constitution for the LSCB.

The Learning and Improvement Framework drives improvement in practice and outcomes for children:

The LSCB has a Learning and Improvement Framework in place which sets out how learning will be obtained through:

- A comprehensive performance framework with a wide range of measures with developing analysis and commentary
- An innovative multi-agency audit toolkit which delivers learning on the day and an audit programme linked to Board priorities
- Section 11 audits by single agencies
- Learning from single agency audits
- Learning from case reviews considered through the Case Review Group and facilitated learning events to embed the lessons
- Learning through the Training and Development Programme
- Learning from the Child Death Overview Panel
- Inspection reports

Implement training strategy and evaluate impact:

The LSCB has a Training and Development Strategy in place that outlines how the LSCB will implement, evaluate and monitor the effectiveness of its training. Throughout the year training on specific topics such as Female Genital Mutilation has been developed through a task and finish group. Further information around the training which has been carried out throughout the year can be found within the training strategy section of this report which begins on page 21.

Develop, review and revise policies and procedures to ensure they are fit for purpose, up to date and effective:

The Pan Bedfordshire Policy and Procedure Group has now been set up to ensure there is a robust approach to reviewing and ensuring the online child protection procedures are up to date in line with any changes in legislation and learning from case reviews and audits.

Ensure that the workforce and people living in Central Bedfordshire know how to keep children and young people safe:

Raising awareness of safeguarding priorities remained a key priority during 2015- 2016.

The key actions within the CBSCB Communications Strategy (Sept 2014) continued to be delivered and remain under review during 2015-16 and actions included:

- Launch of the Board's new website which continues to receive positive feedback.
- The publication of LSCB Essentials continued which is always well received.
- The 'what's new' section of the website continued to communicate national research and local lessons
- The Voice of the Child subgroup provided feedback on the Board's new website.
- Hit rates were reported to Performance subgroup and showed increased activity following the summer CSE campaign.

Update around work with schools and other educational establishments:

Bedfordshire Police continues to work in schools and other educational settings and once again this years work has mainly focussed on digital safety (unwanted contact, cyberbullying and self-generated indecent images), Child Sexual Exploitation, gangs and weapons, personal safety and around the PREVENT agenda (Counter terrorism and domestic extremism).

In addition Bedfordshire Police has been working towards a [new national strategy for policing of children and young people](#)

The strategy focuses on four priority areas

- a) Stop and search
- b) Looked after Children (Children in care)
- c) Detention, custody and the criminalisation of children and young people
- d) The relationship between young people and the police

In relation to the digital safety between April 2015 and March 2016 Bedfordshire Police has delivered inputs across Bedfordshire to:

- 20 630 Children and young people (14,084 primary children and 6,546 secondary school age children). This brings the total number of children and young people in Bedfordshire who had had a cyber-safety input since September 2011 to 90,720
- 45 parent/guardian sessions have been run across the county with around 1,500 attendees
- 18 sessions have been run for professionals who work with children and young people i.e. social workers, youth workers, school staff

Specific work has also been undertaken to look at the Bedfordshire Police policy and procedures around peer-to-peer self-generated indecent images as the amount of incidents around this issue called into force has increased notably alongside the age of individuals involved dropping dramatically. This includes additional training for police control room staff around cyber related incidents involving children and young people.

Day to day support to schools and other educational settings has continued with a range of specific incidents including weapons in schools, drugs in schools, violent incidents, sexual offenses, hate crimes and numerous low level digital based incidents.

Bedfordshire Police continue to hold a half termly school liaison meeting predominantly aimed at upper and secondary schools (and educational equivalents). The meeting gives attendees an opportunity to receive a briefing on the incidents the local community teams have been responding to around children and young people as well as an opportunity to discuss and raise any concerns they may have that police can support them with. This meeting has been very useful in identifying early vulnerabilities in individuals and has allowed partnership working to tackle specific community youth related issues.

Workshops to raise awareness of Prevent (WRAP) have been delivered to all staff in 31 schools across the county.

Three PROJECT GRIFFIN sessions were also held across the county and gave an opportunity for 170 key staff from schools and other educational establishments across the county to have a three hour input from the Eastern Counter Terrorism Intelligence Unit to give up-to-date advice on

- Current threat levels
- How to recognise and respond to suspicious packaging
- Thinking about dealing with certain types of counter terrorism incidents and emergencies
- Identifying insider threats and how to protect establishments.
- Understanding hostile reconnaissance and how to report it
- Looking at lockdown and evacuation procedures.

Once again Bedfordshire Police supported each local authority with the Alter Ego performance of Chelsea's Choice which focuses on Child Sexual Exploitation. A number of officers attended each performance and were able to support young people who wanted to make a disclosure following the performance.

In addition Bedfordshire Police commissioned Solomon Theatre Company to deliver their Skin Deep performance at six schools across the county (two of which were from Central Bedfordshire). The input tells the powerful and moving story of two teenage girls who are attracted to boys from rival gangs and focuses on the role of myths in creating a culture of fear, the reasons for the existence of gangs and extremist behaviour, the consequences of carrying knives and the nature of intolerance and prejudice. Ultimately, the aim is to challenge thinking and change attitudes, giving young people the confidence and self-belief they need to become active citizens in their local communities.

A specific Twitter account focussing on the work of Bedfordshire police with children and young people has been launched. @YouthBedsPolice provides followers resources for professionals as well as promoting good practice and giving details of some of the work the force undertakes. To date the account has sent out 2109 tweets and has 851 followers.

An innovative competition was launched for schools alongside the Eastern Region Special Operations Unit (ERSOU), British Computing Society (BCS) and Cranfield University giving young people and opportunity to produce an online game focussing on online behaviour and security.

A specific stream of work focussed on hate crime with schools receiving a hate crime input and officers and staff working with vulnerable young people encouraging them to report any incidents directly. A youth hate crime conference was also held in the county with representatives attending from Central Bedfordshire schools.

Bedfordshire Police had also undertaken a number of specific operations during the year which have directly involved schools and other educational establishments:

- Operation Spectre (Knife crime)
- Operation Tinwald (Counter terrorism and domestic extremism)
- Operation Meteor (ASB around mini motos)
- Operation Fuchsia (Psychoactive substances)
- Operation Boson (Gangs and guns)
- Operation BigWing (Engagement)
- Operation Avicenna (Gangs)
- Operation Ayrshire (Halloween related ASB)
- Operation Hematite (CSE)

Work has continued with supplementary schools specifically around the Tamil, Muslim, African Caribbean, African and Polish communities with officers attending their settings and delivering key messages to the young people attending whilst using the opportunity to engage with them and build positive relationships (again several of these locations have been within Central Bedfordshire).

The work that Bedfordshire Police undertakes in schools and other educational settings was featured in the BBC one Crimewatch Roadshow programme during the summer.

The police's work in schools was also featured in the Times & Citizen newspaper at the end of November 2015.

The Learning and Improvement Framework drives improvement in practice and outcomes for children.

The Learning and Improvement framework was strengthened and developed during 2014/2015 in line with national drivers and continued to be implemented during 2015/16 and included:

- A comprehensive performance framework with a wide range of measures with developing analysis and commentary
- An innovative multi-agency audit toolkit which delivers learning on the day and an audit programme linked to Board priorities
- Learning from single agency audits
- Learning from case reviews considered through the Case Review Group and facilitated learning events to embed the lessons
- Learning through the Training and Development Programme

A further revised Learning and Improvement Framework was agreed by the Board in March 2016.

Implementation of the Training and Development Strategy and evaluation of impact:

The Training and Development Strategy is monitored quarterly and the model for assessing effectiveness of learning and development as agreed in the Training and Development Strategy is as follows:

- Reaction - end of day satisfaction - Feedback evaluation Trainer – Online evaluation, post training
- Learning – 28 days after the training a dip sample of workers across all agencies will be identified to secure feedback on the learning from the training through an online survey. This might for example be driven by the need to assess new training provision or a new trainer.
- Behaviour - 1-3 months after the training a sample of workers will be interviewed by telephone to evaluate the impact the training has had on their behaviour, skills and practice.
- Results - 6 months after the training a sample of managers who have had workers attend training will be interviewed by telephone to assess the impact on practice and performance

Regular observation of course delivery, with focus on new training/trainers and training that has been updated or refreshed.

Key performance measures show that at the end of March 2016:

- 74 learning events were delivered to 1934 delegates
- 88.5% of places were filled
- 6 learning events were cancelled
- 94% satisfaction with face-to-face learning
- 4196 learners registered to complete an e-learning course and 3784 completed (85.5%)
- 93% satisfaction with e-learning

Courses generally have been full or nearly full with a need to provide additional module 1 and module 2 training to alleviate pressures on waiting lists throughout the year. The LSCB training unit continues to be challenged to ensure a good mix of agencies on training. Quarterly Briefing events have been opened up to larger audiences but have not attracted the number of applications expected. This has been reviewed for 2016/17 and will be offered termly free of charge.

There were 2,175 places offered over 74 courses in total. This is 1,012 more places than was offered in 2014/15. It is estimated that only 8% of places offered remained un-booked.

The newly formed Training and Development Sub-Group provided a section 11 audit return to gain an understanding of the reach and impact of single agency training and additional learning needs not met by the LSCB programme. Unfortunately the audit report was not refined enough to provide the data in a format that was able to be collated and this is being reviewed and developed further for 2016/17 year.

E-learning uptake and completion continues to improve and with new contractual arrangements in place from September 2016, this provided access to unlimited licences for 37 E Learning courses. There were 4,196 registrations and 3,784 completions during 2015/16 compared to 2014/2015 with 2,685 allocations and 2,631 passes. The decision to make E Learning a free to all option has been a welcome and well received arrangement, especially to those who find access to face to face learning difficult. E learning has also been used as pre-learning for the modular and other courses offered.

Satisfaction rates for the Working Together modular training programme continue to remain high. Comments received about the module 2 programme have reflected well on the style of teaching through the evolution of a case study during the day. It has been agreed that a review of the modular training will need to be carried out to refresh content and ensure it is kept up to date.

There has been the development of local pathways for female genital mutilation which supported a highly successful Female Genital Mutilation Briefing event which was held on 26th February 2016 with 268 attendees, 96.75% of available places were taken up. Feedback following the event has been very positive from attendees who were moved by the insight the event gave to this difficult and under-discussed subject.

With the move to a Pan Bedfordshire Training Unit from 1st April 2016, there has been a need to review and restructure the service to meet future needs. Once the new team are established, they will review training activity with a view to improving areas relating to length of delivery, accessibility – types of training offered and range.

Learning from case reviews – Central Bedfordshire Safeguarding Board has a Case Review Group chaired by an Independent Chair and there is an agreed process for referring cases of concern. During 2015- 2016 two new cases were referred to the group and were progressed to Serious Case Reviews. One existing local multi-agency review was also escalated to a Serious Case Review during the year.

Tara's story – This review was ongoing from the 2014/15 period and examined the services provided to Tara and her family. She lived in a neglectful environment for most of her childhood and there is suspicion of sexual abuse. The case was progressing as a multi-agency review, but following clear evidence that she had suffered serious harm, the Case Review Group decided to progress the case as a Serious Case Review.

Bethany's story – Bethany's case was referred to the case review group during 2015/16 following her tragic death. The case was reviewed by the Case Review Group and was also agreed as a Serious Case Review. Bethany lived in a neglectful environment and was cared for by parents with vulnerabilities. The case review is examining the services provided to Bethany and her family and reviewing agencies understanding of the family and their needs.

Nolan's story – Nolan's case was also referred to the Case Review Group during 2015/16 following his untimely death. The Case Review Group reviewed his case and also agreed it was to be carried out as a Serious Case Review. Nolan and his family were known to agencies prior to his death and the review is examining the services and responses provided to them.

Learning from cases is communicated to the children's workforce through Practitioner events led by the Safeguarding Children Board. Bedfordshire Clinical Commissioning Group coordinates and chairs a health wide safeguarding children group and learning from Serious Case Reviews and other multi-agency reviews are discussed and embedded into commissioning arrangements and practice. Learning from national Serious Case Reviews and local reviews have been shared with both General Practitioners and key health providers and incorporated into GP training programmes.

The Child Death Overview Process

The Child Death Overview Panel (CDOP) work continues to be co-ordinated by the CDOP Manager. The post is jointly funded by health and local authority commissioners across Bedfordshire (including Luton) and is hosted by the NHS Bedfordshire Clinical Commissioning Group.

The CDOP function provides a clear interface between the work of health to review child deaths, and improve the public health focus. CDOP continues to report to the LSCB and links with other subgroups to ensure that safeguarding issues are fully addressed and learning achieved to prevent future deaths and improved outcomes.

The Designated Paediatrician for child deaths and the CDOP Manager have a training programme in place to update agencies on process and issues arising from cases. These training sessions are well attended by partners agencies with good evaluations received. In addition the CDOP process is included in Level 3 training on safeguarding for all General Practitioners in Bedfordshire.

In September 2015 the LSCB Board considered the Annual Report of the Child Death Overview Process for 2014/15 which has the following function laid down in statutory guidance:

- Reviewing the available information on all deaths of children up to 18 years (including deaths of infants aged less than 28 days) to determine whether there were any modifiable factors identified
- Collecting, collating and reporting on an agreed national data set for each child who has died.
- Meeting regularly to review and evaluate the routinely collected data on the deaths of all children, and thereby identifying lessons to be learnt or issues of concern.
- Referring to the Chair of the Local Safeguarding Children Board (LSCB) any deaths where the panel considers there may be grounds to consider a serious case review
- Identifying any public health issues and considering, with the Directors of Public Health, how best to address these and their implications for the provision of both services and training.

The 7th Annual Report of the Bedford Borough, Central Bedfordshire and Luton Child Death Overview Panel (CDOP) gave a summary of the deaths reported to the panel during 2014-2015 and analysis of the data and emerging themes for 2009-2015.

During 1st April 2014 to 31st March 2015 the panel met on 9 occasions and completed full reviews on 44 children residing in Bedford Borough, Central Bedfordshire and Luton. These cases were from 2012-2013, 2013-2014 and 2014-2015. There can be a delay to reviewing cases as CDOP is not able to fully review a death until all information is gathered and other processes have been completed such as post mortem reports and coronial inquests.

During the period April 2014 until March 2015 there were 51 deaths reported across Bedfordshire. This is made up of 12 (24%) in Bedford; 26 (51%) in Luton and 13 (25%) in Central Bedfordshire. Unexpected deaths accounted for 13 (25%) in 2014/2015. The number of deaths was 10 % greater than the previous year (46 against 51), but less than each of the previous 4 years.

25% (13/51) of the deaths were unexpected, which was a decrease on the previous year where 39% were unexpected. 66% (34/51) of the children died at local hospitals, 21% (11/51) of the children died outside of Bedfordshire at tertiary centres where these children were receiving specialist care. 12% (6/51) children died either at home or in a hospice. 77% (33/51) of the deaths were in children less than 1 year of age. The CDOP Panel identified modifiable factors of the cases, and these included, smoking, raised maternal body mass index, unsafe sleeping practices, consanguinity and factors related to service provision.

CDOP ensure through awareness raising that midwives are aware of the modifiable factors and are working with Public Health to ensure pathways are in place for pregnant women to promote healthier lifestyle choices. Women with a raised BMI (Body Mass Index) are offered access to information and support to make healthy living choices and weight management in pregnancy. For pregnant women who smoke, access to stop smoking services and campaigns to raise awareness of the risk of smoking in pregnancy are in place.

Learning from single agency audits

Children's Services presented a single agency audit to the Board early in 2015/16 regarding the percentage of single assessments completed within 45 working days of them commencing. The purpose of the audit was to assure the board that the 8-10% not completed within timescales at the time was not due to drift but due to exceptional circumstances.

The following areas were identified as reasons for late assessments

Recording errors:

21 (38.9%) cases had recording errors where a start date had not been entered on the case management system, some had just been missed and others were where Team Managers who did not routinely authorise assessments or were new Managers and did not know of its importance.

On correction this brought the total of late assessments down to 33.

Database Error:

There were 3 (5.5%) examples of errors which are more complex and difficult to resolve and calls have been made to the system provider for corrective action, one is a duplicate and the other two were in time but pulling from an incorrect episode.

This brought the total number of Assessments down to 30.

The following are the reasons for the 30 Child and Family Assessments which were actually late.

Case Complexity:

This was the reason for 15 late assessments 50%, reasons varied for this and included:

- Children on the edge of care
- Complex professional involvement
- Non- engagement
- Complex family situations
- Counter allegations between parents
- Prioritisation

Other difficulties which can lead to delay, although not in this audited sample are new information or incidents within the Assessment process i.e. further Domestic violence incident and/or adult checks reveal something concerning.

Staff competence:

This was evident in 11 late assessments 36.7% which included scenarios from serious human resource process to simple miscounting.

Staffing pressures:

There were 4 late assessments 13.3% due to staff illness or staff leaving.

The Board received assurance that action had been taken to address all the issues raised.

Section 11 audits highlighted the following learning

The greatest confidence in safeguarding effectiveness was within *Standard 5: There is effective training on safeguarding and promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children and families* where all agencies evaluated themselves as compliant with or exceeding the standard.

There was less confidence in the self-assessment for *Standard 4: Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families* where only five agencies responded that the standard was met.

Learning from multi-agency audits

During 2015/16 two multi-agency audits were carried out, one in relation to child protection cases which were known to have domestic abuse as a concern/element and the second audit was on cases where there was a concern in relation to Child Sexual Exploitation.

The following learning emerged from each of multi-agency audits and action plans have been developed to take these recommendations forward and are being monitored through the Learning and Improvement Sub-Group.

Learning from multi-agency domestic abuse audit:

- Early help to review how it applies the thresholds for domestic abuse and its response. This is to include communication means with parents who have been identified as a possible victim of domestic violence and abuse
- Professionals to understand the importance and context of historical information relating to previous experience of domestic abuse (by both victim and perpetrator) and its likely impact on parenting in making robust assessments of risk to the child.
- Before cases are closed there is a need to ensure a robust multi-agency pre-birth assessment, which includes consideration of any presenting mental issues or problems in both the mother and those who will be caring for the child.
- Professionals need to be alert to disguised compliance, the potential for minimisation of domestic abuse and the influence perpetrators may have on the engagement by non-perpetrating parents.
- Workers to ensure they seek and record the view and wishes of all children regardless of their age or level of understanding.
- In developing sound child protection plans all professionals need to be alert regarding the possible risks to children and to the non-perpetrating parent in expecting or allowing them to manage contact arrangements for the child.
- The Learning and Improvement group to review the audit tool and guidance to ensure it incorporates the learning from the audit and best practice.

Learning from multi-agency CSE audit:

- In two cases the minutes of a Strategy Meeting or CIN meeting were not received by some partners. Children's Services have reviewed the process and issued further instructions to ensure this always occurs promptly. Partners agree they will chase if there is a delay or omission.
- One young person was felt to have specific learning difficulties that may make it hard for her to understand the work that has taken place on safety and protecting herself. This may mean specialist assessments are required – e.g. psychology.
- Information surrounding a young person can be held on a number of Police computer systems and this can often make it problematic to ascertain the most up to date and accurate picture about that young person. However markers for all young people at risk of CSE is sent to the Force Control room so that risks are known.
- In one case an alert that the young person was subject to a Child

Protection Plan was not added to her hospital record so this information was not available when she presented at A&E. The hospital in question will review their procedure for adding this alert to minimise the risk of this happening again.

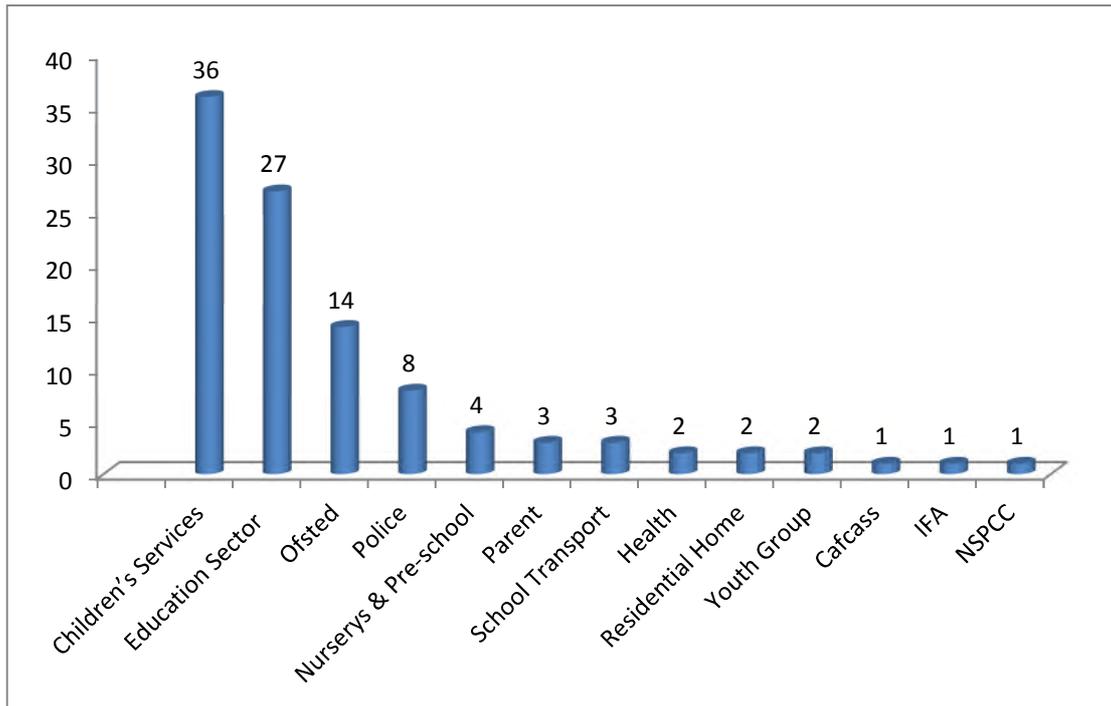
- For 2 young people there was a lack of clarity about their drug use. To some extent this may be inevitable because of reluctance to admit to criminal activity and/or disengagement from professionals, but we need to ensure that suspicions about drug use are shared and young people are referred to appropriate services. We will remind front line professionals that repeat referrals to specialist services are appropriate even when the first referral was unsuccessful, e.g. sexual health or substance misuse services.
- For young people who move address frequently there may be a delay in the new GP receiving records from the previous GP Practice. This appears to be a national issue and more obvious in regards to those looked after children who have a number of short term placements. The constant in this issue is that LAC health reviews are coordinated and collated by the local LAC health team.
- Some young people are challenging to engage or at certain times have been. We need to constantly search for creative and flexible ways of engaging young people.
- The CSE Risk Assessment tool used across many agencies has been recognised as needing improvement. (A new tool has since been launched)

Managing allegations

In September 2015 the Board reviewed the arrangements for the effectiveness and outcomes of allegations management in Central Bedfordshire from April 2014 to March 2015. The annual figures showed an increased referral rate, but with the majority of contacts (57%) continuing to be managed through the provision of advice, demonstrating that cases are being considered at an early stage using proportionality, judgement and expertise.

In 2014/15 there were 182 contacts to the LADO (Local Authority Designated Officer who receives and investigates allegations), compared to 136 the previous year. 104 of the 182 contacts were concerns / consultations and 78 were allegations proceeding to a Joint Evaluation Meeting (JEM). The main sources of referral were Children's Services and schools with other sources set out in the table below.

Source of Referrals dealt with through Consultation / Advice



The referral organisation is the source of the original referral to the Allegations Manager. The Education Sector (schools, special schools, colleges and independent / alternative provision) represents 40% and Children's Services 27% and it is these settings that continue to be the main source of referrals. This reflects the fact that the role of the Allegations Manger is well embedded in practice and the professionals within these services who are in direct regular contact with families and children and so a natural point of initial contact.

Nationally and locally referrals are rarely made by the Health Sector. Those allegations relating to health professionals have been referred in through other sources. The Allegations Manager continues to report any referrals relating to health professionals to the Designated Nurse for Safeguarding Children & Young People in NHS Bedfordshire Clinical Commissioning Group, allowing for cases to be monitored.

The outcomes of the LADO process are set out in the table below:

Conclusion of LADO Process	2014/15	2013/14	2012/13
Substantiated	32	22	19
Unsubstantiated	19	20	19
Unfounded (category removed)	0	7	1
Malicious	0	1	1
Cases not yet concluded	11	7	7
Not Applicable	0	2	2
False	16	4	0

Of those cases referred back to the employer the majority are managed through training, advice and or support. However, where there is a case to answer under gross misconduct, and the outcome is dismissal these cases are referred to the Disclosure and Barring Service. The outcomes of

The outcomes of allegations during 2014/15	
Advice / Support / Training	37
Dismissal	11
Final Written Warning	3
No Further Action	5
Case not concluded	11
Resigned	10
Ceased Trading	1

The annual LADO report for 2015/16 is due to report to the Board in September 2016. This will report on the period 1st April 2015 to 31st March 2016.

The Central Bedfordshire Safeguarding Children Board will be asking Board members to assure the Chair that they have suitable mechanisms in place to identify matters that need to be referred to the LADO.

Learning from national research and guidance on Child Sexual Exploitation

The following key learning from national research and guidance on child sexual exploitation has continued to be communicated through briefings, newsletters and the website:

- Professional attitudes towards children who were being abused and exploited.
- These children were sometimes seen as offenders
- Were often referred to as being either ‘promiscuous’ or ‘prostitutes’
- Children should have been seen as victims. Children do not make informed choices to enter or remain in sexual exploitation, but do so from fear, coercion, enticement or desperation.
- Young people who are, or at risk of being sexually exploited will have varying levels of needs.
- They may have multiple vulnerabilities requiring an appropriate multi-agency response which is effectively coordinated.
- The need for appropriate systems in place to identify victims at an early stage, provide them with the necessary support.
- The need to ensure that perpetrators are identified and held to account.

Review and revise policies and procedures to ensure they are fit for purpose, up to date and effective:

The reviewing of local policies is completed across Bedford, Luton and Central Bedfordshire through a Pan Bedfordshire Policies and Procedure Sub-group. The group takes forward a programme for reviewing and updating procedures throughout the year to ensure they are up to date and in line with government legislation and guidance or changes are made due to learning from case reviews.

During 2015/16 the following procedures were produced as new chapters or updated:

- Female genital mutilation
- Agencies roles and responsibilities
- Safeguarding children who may have been trafficked
- Age assessment information sharing for unaccompanied asylum seeking children
- Safeguarding children and young people against radicalisation and violent extremism
- Neglect

5. Challenges ahead and priorities for 2016 – 2017

The Board has agreed the following priorities for 2016- 2017.

- Priority 1: Ensure children and young people in dangerous settings have faster, easier access to safeguarding support
- Priority 2: Ensure the effectiveness of safeguarding and early help support to children and young people living in vulnerable families
- Priority 3: Ensure the effectiveness of the Board and partners

These priorities include issues being driven nationally in Working Together 2015, such as:

- Understanding the risks to adolescents in a holistic way that supports practitioners in tackling child sexual exploitation and radicalisation
- Hearing the child's voice and ensuring it shapes improvement

For the Board key challenges include:

- Continuing to embed robust and rigorous quality assurance activity and learning that supports the Board's priorities
- Continuing to develop a comprehensive and rigorous performance framework that supports the Board's priorities
- Implementing actions to tackle Child Sexual Exploitation
- Implementing actions to tackle neglect

6. Priorities and key messages about keeping children safe in Central Bedfordshire

Key Messages for all partner agencies and strategic partners:

- Support and champion staff sharing and recording information at the earliest opportunity and proactively challenge decisions that fail to adequately address the needs of children and young people and their parents or carers.

- Make sure that help for parents and children is provided early and as soon as problems emerge so that they get the right help at the right time.
- To ensure that the priority given to child sexual exploitation by the Safeguarding Board is reflected within organisational plans and that partners play their part in the work of the Board's sub-groups.
- To ensure that work continues to address domestic abuse and that the evaluation of the local approach recognises the needs and risks to children and young people.
- To ensure work being undertaken to tackle neglect is evaluated and evidence of its impact on children and young people informs both strategic planning and service delivery.
- To ensure that substance misuse services continue to develop their role in respect of safeguarding children and young people and that greater evaluation is undertaken in regard to the links between parents and carers' substance misuse and the high number of children and young people at risk of significant harm.
- To focus on young people who may be at risk and vulnerable as a result of disabilities, caring responsibilities, radicalisation and female genital mutilation.
- Make sure that young people going into Adult Services for the first time get the help they need and that there is clarity about the different processes and timescales involved.
- Partner agencies commissioning and delivering services to adults with mental health issues need to ensure mechanisms are in place to enable monitoring and reporting of their performance in respect of safeguarding children and young people.
- To ensure that performance information is developed, collected and monitored and that this is provided with a narrative that helps everyone understand how effective safeguarding services are.

Key Messages for Politicians, Chief Executives, Directors:

- Ensure your agency is contributing to the work of the Safeguarding Children Board and that this is given a high priority, which is evident in the allocation of time and resources.
- Ensure that the protection of children and young people is considered in developing and implementing key plans and strategies.
- Ensure your workforce is aware of their individual safeguarding responsibilities and that they can access LSCB safeguarding training and learning events as well as appropriate agency safeguarding learning.
- Ask how the voice of children and young people is shaping services.

- Ensure sure your agency is meeting the duties of Section 11 of the Children Act 2004 and that these are clearly understood and evaluated.
- Keep the Safeguarding Children Board informed of any organisational restructures so that partners can understand the impacts on our capacity to safeguard children and young people in Central Bedfordshire.
- Ask questions about ethnicity, disability, gender to ensure strategic planning and commissioning is sensitive to these issues.

Key Messages for the children and adult's workforce:

- All members of the children's workforce, from all agencies and the voluntary sector, should use safeguarding courses and learning events to keep themselves up to date with lessons learnt from research and serious case reviews to improve their practice.
- All members of the children's workforce, both paid and voluntary, should be familiar with the role of the LSCB and Central Bedfordshire child protection procedures. All members of the children's workforce should subscribe to the Central Bedfordshire Safeguarding Board website and visit it regularly to keep up to date www.centralbedfordshirelscb.org.uk
- Ensure that you are familiar with and routinely refer to the Board's Threshold document and assessment procedures so that the right help and support is provided and that children and young people are kept safe.
- All members of the children's workforce should be clear about who their representative is on the Central Bedfordshire Safeguarding Children Board and use them to make sure the voices of children and young people and front line practitioners are heard.

7. Governance and accountability

What is the Central Bedfordshire Safeguarding Children Board?

The Central Bedfordshire Safeguarding Children Board is a statutory partnership for agreeing how the relevant organisations in Central Bedfordshire will work together to keep children safe and promote the welfare of children – making sure this work is effective.

The work of the Safeguarding Board in 2015 -2016 was shaped by statutory guidance in Working Together 2015. Our objectives are to co-ordinate and monitor the effectiveness of partners in delivering improved outcomes for children and young people. We will do this by:

- developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority;
- communicating the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve;
- collecting and analysing information about child deaths;
- participating in the planning of services for children in the area;
- undertaking reviews of serious cases and advise Board partners on lessons to be learned; and
- publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Central Bedfordshire.

The Board meets four times a year and has a membership made up of representatives from all statutory partners and others concerned with safeguarding children. During 2015-2016 membership of the Board was enhanced with new lay and education members.

Board membership

Independent Chair
 CAF/CASS (Children and Family Courts Advisory and Support Service)
 Bedfordshire Clinical Commissioning Group
 Local Authority, including Adult Services, Children's Services and Public Health
 Bedfordshire Youth Offending Service
 Bedfordshire Police
 Luton and Dunstable NHS Foundation Hospital
 Bedford Hospital NHS Trust
 BeNCH
 National Probation Service
 3 lay members
 NHS England
 Education, including schools and the local college
 East London Foundation Trust
 South Essex Partnership Trust
 NHS Bedfordshire Clinical Commissioning Group
 Representation from the Voluntary Sector (Voluntary Organisations for Children, young people & families, VOCyfp)

The Board and its sub groups continue to experience good attendance and representation across most partners. See Appendix B for a list of Board Members.

The Board's arrangements and structure

The Strategic Board is supported by a number of sub-groups that support it to deliver the priorities in the Business Plan. The Board's core business was managed through the Core Business Improvement Sub Group in 2015-2016.

Key learning in relation to case reviews was managed through the Bedfordshire Child Death Overview Panel and the Central Bedfordshire Case Review Group.

Child sexual exploitation was managed through the Bedfordshire Child Exploitation Strategic Group and the Bedfordshire Child Sexual Exploitation Panel.

Revised governance arrangements to enhance the capacity of the Board were established during 2015-2016 and these included the following new sub groups:

- Core Business and Improvement Group
- Learning and Improvement Group
- Training and Development (joint with Bedford)
- Performance Group
- Child's Voice.

Key relationships

The Central Bedfordshire Safeguarding Children Board has during 2015-2016 continued to work with the Chairs and Boards of the following partnerships to support effective joint working in line with the local joint protocol arrangements:

- Central Bedfordshire Children's Trust
- Central Bedfordshire Health and Wellbeing Board
- Adult Safeguarding Board (Joint for Central Bedfordshire and Bedford)
- Community Safety Partnership

The Central Bedfordshire Safeguarding Board's Independent Chair is a member of the Children's Trust and presents the Board's Annual Report to the Children's Trust outlining any safeguarding challenges and any action required from the Children's Trust. The Annual Report of the Safeguarding Children Board is also presented to the Health and Wellbeing Board.

Financial arrangements

Working Together 2015 states that the Annual report should list the contributions made to the LSCB by partner agencies showing what the LSCB has spent, including Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) and members are required to share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

Board partners contribute to the Central Bedfordshire Safeguarding Children Board by providing resources in kind and the following financial contributions:

Business Management Function Income:

Partner contribution 2015/16	Amount
Central Bedfordshire Council	54,680.29
Bedfordshire Clinical Commissioning Group	36,559.04
Bedford Hospital	
Luton and Dunstable Hospital	
NHS England	
SEPT	
Bedfordshire Police	13,903.14
Bedfordshire Probation Partners	3,040.00
CAFCASS (nationally agreed contribution)	418
Total Income	108,600.47

Business Management Function Expenditure:

Expenditure Description	Amount
Staffing - Business Manager and Administrator	47,749.79
Interim Business Manager	96,817.50
Travel and Subsistence (Permanent Staff)	119.80
Independent Chair - Board	26,046.35
Independent Chair – Case Review Group	5,040.00
Subscriptions – Chronolator (tool for managing case reviews)	999.00
Venue Hire	723.80
Staff Advertising	197.34
Printing and Postage	1,108.23
Website Hosting	108.37
Total Expenditure	178,910.18

Training and Development Function Income:

Income Source	Amount
Bedfordshire Police Authority	4,390.47
CAFCASS	132.00
NHS Bedfordshire	11,544.96
Probation Partners (Pending)	960.00
Central Bedfordshire Council	17,267.46
Carry forward from 2014/15	63,517.01
Bedford Borough Safeguarding Board	34,433.00
Course sales and contributions	64,437.50
Total Income	196,682.40

Training and Development Function Expenditure:

Expenditure Description	Amount
Staffing - Training Commissioning Manager and Administrator	78,143.92
Travel and Subsistence	336.15
Venue Hire and Catering Supplies	20,355.49
Trainers	34,439.13
E-Learning Licences	21,526.50
Training Supplies	891.52

Total Expenditure	155,692.71
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Serious Case Reviews

£13,238.24 was in held in reserve by the LSCB for Serious Case Reviews at the beginning of 2015-16. During the year three serious case reviews were initiated (and are all towards the end of completion) and therefore total spend on SCR's for 2015-16 was £31,858.41. An additional contribution of £15,272.00 was received from partners to contribute towards these SCR costs, and therefore the final deficit against the SCR budget was £3,348.17. These additional costs were met by Central Bedfordshire Council.

Child Death Overview Process (CDOP)

The CDOP arrangements are managed across Bedfordshire and Luton by the Bedfordshire Clinical Commissioning Group. The CDOP manager's post is hosted by Bedfordshire Clinical Commissioning Group (BCCG) and this post is line managed by the Designated Nurse for Safeguarding Children & Young People. The following partners make the following financial contributions to managing this function:

Income Details		Expenditure Details	
Bedford Borough Council	£ 6,714.00	CDOP manager post	£33,570.00
Bedfordshire Clinical Commissioning Group	£ 6,714.00		
Central Bedfordshire Council	£ 6,714.00		
Luton Borough Council	£ 6,714.00		
Luton Clinical Commissioning Group	£ 6,714.00		
Total	£33,570.00		£33,570.00

8. Conclusion

This report has provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of Central Bedfordshire's children. It has evidenced that safeguarding activity is progressing well locally and that the Central Bedfordshire Safeguarding Children Board has a clear consensus on the strategic priorities for the coming year as articulated in the CBSCB Business Plan 2015/16 – 2017/18

The CBSCB has worked well in fulfilling its statutory functions under the revised Working Together to Safeguard Children (2015). Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies

The work of the Safeguarding Board during this reporting period was shaped by statutory guidance in Working Together 2015. Our objectives will continue to co-ordinate and monitor the effectiveness of partners in delivering improved outcomes for children and young people. We will do this by:

- developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority;
- communicating the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve;
- collecting and analysing information about child deaths;
- participating in the planning of services for children in the area;
- undertaking reviews of serious cases and advise Board partners on lessons to be learned; and
- publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Central Bedfordshire.

Our aim year on year is to make sure that children in Central Bedfordshire are best protected from harm. This can only be achieved through ensuring the right systems are in place, that agencies work well together for each individual child and family and we develop our learning culture. We need to be constantly reflecting whether children in the area are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene when children are at risk of suffering significant harm. We will continue to raise awareness within our local community that safeguarding children is everybody's business.

Appendix A – Monitoring key learning and challenges and the impact of actions taken as a result

Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
Not enough capacity in the current arrangements to deliver the work needed	<p>Established a number of new sub groups to deliver the work of the Board</p> <ul style="list-style-type: none"> • Core Business and Improvement Group • Performance Sub-Group • Learning and Improvement Sub-Group • Voice of the Child Sub-Group <p>Including Pan Bedfordshire Groups</p> <ul style="list-style-type: none"> • CSE and Missing Strategic Group • Policies and procedures • Training and Development (joint with Bedford) • FGM T&F Group • Harmful Sexual Behaviours T&F Grp 	<p>At the end of Quarter 4 2015/16 all of the 3 priorities within the 2015/16 Business Plan were graded as green with work well underway for completing actions within the last outstanding priority.</p> <ul style="list-style-type: none"> • A new CSE Strategy has now been produced and is being implemented • A work plan for continually reviewing the policies and procedures has been produced and work is ongoing • A programme of multi agency training has been implemented and learning from SCR's disseminated through multi-agency briefing sessions • A pathway for FGM referrals has been developed and implemented • Harmful Sexual Behaviours procedure reviewed
ICPC's in 15 days were included in the performance framework and it was established that performance was poor – only 70% being held in 15 days	<p>An audit was completed for the timeliness of ICPC's and found that:</p> <p>Change in staff</p> <p>It was acknowledged that the change in staff members, both in the frontline teams and also at Management level is likely to have impacted on the increase in cases delayed. This is due to the use of Mosaic being embedded into practice. The process for notifications has also been reviewed and substantially streamlined.</p>	<p>Performance has improved throughout the year and performance by quarter 4 was at 100%. (The overall performance rate for the year was 82% due the lower performance earlier in the year)</p> <p>Children are safer if initial child protection conferences are held quickly.</p>

Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
	<p>Actions completed:</p> <p>Streamlined process to avoid duplication - Where all professionals at the Strategy Discussion recommend an ICPC an 'early notification' email is sent to CRS. The S47 investigation must continue but the process of organising the conference can begin. If the need for a conference is not felt to be warranted, at conclusion of S47, the conference would be cancelled.</p> <p>The Child and Family Assessment should include the Strategy Discussion and S47 Investigation as part of the Assessment document rather than completing three stand alone documents. The three documents continue to be completed within individual set timescales but together make the whole assessment which reduces duplication of key information and analysis.</p>	
Children on a child protection plan for more than 2 years –		Performance has improved and at the end of Quarter 4 2015/16 there were only 4 children who had been on a plan for 2 years or more. This has been an improvement from 3.9% in Quarter 1 to 1.8% in Quarter 4.
The percentage of care leavers in education, employment or training was 50% at the end of Quarter 1 – 2015/2016 which was below the	The Board challenged this level of performance which led the service to making changes in the way in which it contacted care leavers and making improvements to the recording of care	Performance has continued to improve throughout the year and by Quarter 4 2015-16 70% of care leavers were in education, employment or training.

Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
target of 65%	leaver activity.	
The Percentage of assessments completed within 45 working days – the Board challenged the timeliness and target of 90%	An audit of all late assessments was completed and the findings were that assessments had been late due to several reasons including issues with recording and data errors, case complexity, staff competency and staffing pressures.	The 2014/15 end of year outturn for this measure increased to 96.7%. At the end of Quarter 4 2015/16 performance was at 92%
The local Threshold Document and assessment framework was not fit for purpose and needed to be reviewed and refreshed.	A multi-agency working group was set up to review and rewrite the Threshold document which now has a renewed focus on early help.	In March 2014 referrals that led to the provision of a social care service was at 82.5% and at March 2015 it had increased to 86.7%. At the end of March 2016 performance was at 85.9% evidencing that professionals know when to refer children for help and are making appropriate referrals.

Monitoring key learning and challenges and the impact of actions taken as a result

Issue	Actions taken	Impact/outcomes
<p>Measure 22: The percentage of children who became the subject of a child protection plan during the year who had previously been the subject of a child protection plan has missed its range target of 9-15% and quarter four performance is 18.3%. The RAG status is now RED.</p>	<p>All repeat child protection plans are audited by the Conference chair and operational manager based on an evaluation of risk and need. The overview analysis of the 2013/14 audits identified a number of significant factors, but no single cause. Neglect and domestic abuse are both prevalent in this group. Social Care Managers are leading work to further develop practice in these areas.</p> <p>An overview analysis will be undertaken of the 14/15 audits following their completion in April. This will give particular focus to those coming back onto plan after a short interval which is of greatest concern. It is proposed that Board members review the audit of these cases to understand the performance and any learning that arises.</p>	<p>The outturn 2015/16 figure was 15.7% and therefore performance had improved and moved to an Amber RAG status.</p>

Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
<p>Measure 47: At the end of March 2015 there were 76.3 per 100,000 admissions for substance misuse in Central Bedfordshire. This is a decline in performance from 54.7 in 2014. The best performance in England is 22.8 and the average is 81.3 per 100,000.</p>	<p>Data analysts are currently undertaking a detailed exercise to identify the evidence behind the rise in rates, in order to determine solutions that will address the causes with a greater degree of certainty. Previous examination of local practice has identified some concerns regarding the accuracy of data recorded in hospital contexts, which may influence a rise in the rates.</p> <p>The CAN Children and Young People’s service (drug and alcohol service provider) will continue to focus on drug and alcohol prevention work with young people in a range of settings, including those young people who are most vulnerable, e.g. looked after children. Referral rates (for treatment) to the service for young people identified with drug/alcohol problems continue to be very low, including from the hospital so work is taking place to ensure that young people identified as needing hospital treatment for drugs and or alcohol are effectively referred to the drug and alcohol service in order to address their misuse problems and prevent future hospital admission.</p>	<p>We are currently awaiting the March 2016 figure which is an annual measure.</p>
<p>Measure 48: At the end of March 2015 there were 367.9 hospital admissions (per 100,000) as a result of self-harm (10-24 year olds). This is a decline in performance from 280.1 in 2014. The best performance in England is 119.1 and the average is 412.1. The reasons for the overall</p>	<p>Ongoing work that will impact on self-harm, early intervention and treatment includes:</p> <ul style="list-style-type: none"> c. The new School Nursing Service Emotional and Behavioural Management Pathway provides immediate support to children and young people with emotional difficulties. The majority of attendees in Central Bedfordshire attend 	<p>PSHEU survey results</p> <p>4% (53 pupils) of younger pupils and 4% (115 pupils) of older pupils/students responded that they are ‘not at all’ happy with their life at the moment.</p> <p>75% of younger pupils responded that</p>

Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
<p>increase in admissions are unclear but may be partly explained by apparent decline in young people's emotional wellbeing locally (SHEU Survey 2014).</p>	<p>for issues related to relationships, bullying and mental health.</p> <ul style="list-style-type: none"> d. The development of a Child and Adolescent Mental Health (CAMH) strategy for Central Bedfordshire. e. The recent re-procurement of drug and alcohol services, which work with some of our most emotionally vulnerable young people to tackle underlying reasons for substance misuse. f. The re-procurement of CAMH services across Bedfordshire (Bedfordshire CCG with support from Public Health). A single-provider integrated Tier 2 and Tier 3 service with a Single Point of Access g. An emotional wellbeing survey is being commissioned by Public Health and will be completed by pupils in years 4, 6,8,10 and 12 across Central Bedfordshire schools in October 2015. The survey will provide a better understanding of the scale, causes and solutions to the problem and will inform future service delivery. 	<p>they are 'quite a lot' or 'a lot' (online 'very much') happy with their life at the moment.</p> <p>70% of older males and 50% of older females responded that they feel at least 'quite' happy with their life at the moment.</p> <p>24% of younger pupils and 22% of older pupils/students had a med-low self-esteem score (up to 9).</p> <p>34% and 40% respectively had a high self-esteem score (15 or more).</p>
<p>Initial health assessments for looked after children should be completed within 20 days and currently only 16% are being completed in timescales.</p>	<p>In order to meet the 20 day timescale for initial health assessments social work teams have the first 5 days to complete all relevant work, including consents, before transferring the case to the LAC Health Team so that the child can be seen for the initial health assessment in 15 days. In quarter 2, 32 young people came into care. Two young people currently have no appointment recorded as one is out of area and one is in prison. Twenty-five young people's</p>	<p>The performance at the end of Quarter 1 2015/16 was at 14.29%, by the Quarter 4 performance had improved to 61.11%. (The overall average figure for the year was 25% due to the lower numbers earlier in the year).</p>

Monitoring key learning and challenges and the impact of actions taken as a result

Issue	Actions taken	Impact/outcomes
	<p>initial health assessments were out of timescales. The delays appear to be occurring in both social work teams (10 cases) and the LAC Health Team (15 cases). The Head of the Corporate Parenting Service will be addressing the issues with colleagues through the monthly meeting with the LAC Health team.</p>	
<p>Satisfaction rates of the core multi-agency safeguarding training were low and there was also little evidence of impact. Additional feedback was received from the education board member that often the range of experience in the room at training sessions was too broad for the more experienced practitioners.</p>	<p>Representatives from across partner agencies came together to review the course design and content, refreshing content with “Working Together 2015” requirements as required. It was decided to modularise the course into Module 1 and Module 2 - Guidance would support practitioners to engage in appropriate training to ensure those that were new, for example, and operating at the appropriate level only attended module 1 learning initially, with a recommendation to undertake module two when they had advanced their learning experience practically. Doctors, for example would only be recommended to attend module two, as it was considered that the knowledge delivery on day one was not necessary for this level of worker. Other workers, for example, newly qualified social workers would be recommended to attend module one and module two. So, practically the course design was more flexible and created flexibility for the range of attendees.</p>	<p>Following these amendments, the reviews of the course have improved significantly.</p> <p>Example Feedback:</p> <p>Working Together Module One “Online course prior to course was very useful and good to complete beforehand’ ‘Shared knowledge and experience of other agencies which gave a better understanding of how we fit in and can support each child”</p> <p>Working Together Module Two “Really important to see the full picture from the study of case reviews, only then do you see how vital everyone’s input is and how important the sharing of information is”</p> <p>““Feel more competent in responsibilities of my roles and contacting others for professional dialogue”</p> <p>“Would be comfortable contacting organisations”</p>

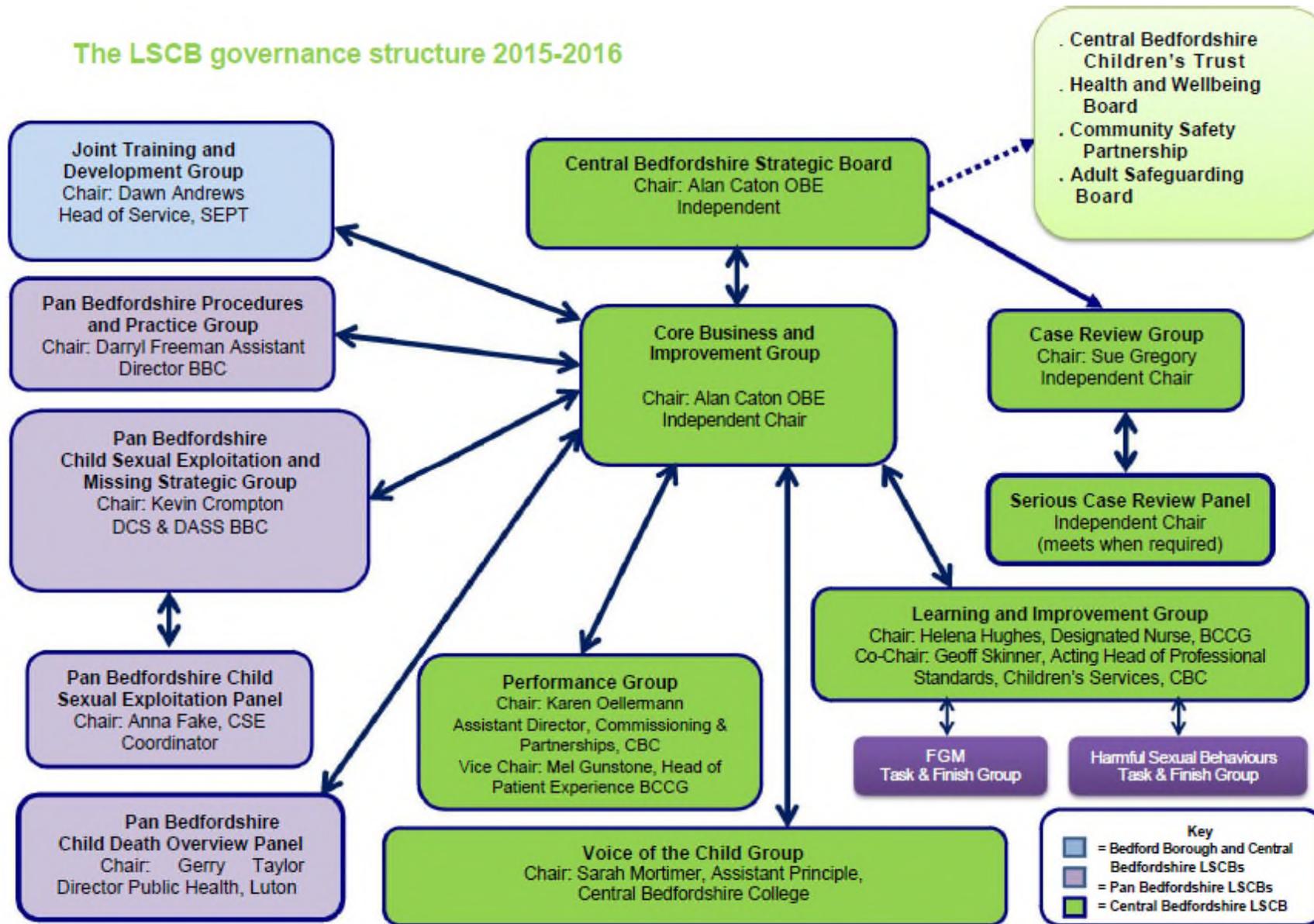
Monitoring key learning and challenges and the impact of actions taken as a result

Issue	Actions taken	Impact/outcomes
		"More confident to do this now"
<p>Children missing from home or care are recognised as a key priority for CBSCB and the links this issue has to CSE. The Board recognises the importance of understanding the significance of missing data and the feedback from return home interviews</p>	<p>The CBSCB received the annual LAC report in January 2016 and sought assurances from partners regarding their approach to children missing from care and also the recording of absent/missing children.</p> <p>The Board also took part in a Pan Bedfordshire Missing and Invisible Children Spotlight workshop so to have a greater understanding of the prevalence of missing children within Central Bedfordshire.</p>	<p>As a result of the spotlight workshop the return home interviews team have changed their recording and data analysis process around return home interviews and now track both the number and percentage of children who take part in return home interviews rather than recording against the number of missing episodes.</p> <p>At the end of Quarter 4 2015/16 the percentage of missing children who had received return home interviews was 64%, which has been reasonably consistent throughout the year.</p>
<p>Children missing from education – The Board challenged the process for following up the whereabouts of children missing from education as it felt it was not clear at what stage the decision to formally report children as missing to the police occurred.</p>	<p>The policy and procedure for children missing from education was reviewed and amended to offer assurance that each child who is missing from education is appropriately tracked and referred through the safeguarding processes when necessary.</p>	<p>Following challenge from the Board the policy and procedure for children missing from education was reviewed and amended to ensure each child is appropriately tracked. An additional member of staff has also now been recruited to further support this area of work.</p>
<p>Child Sexual Exploitation – Partners wanted to better understand the prevalence of CSE with Central Bedfordshire so to ensure local partners were responding to cases appropriately.</p>	<p>Regular updates have been provided to the Board in relation to ongoing investigations and actions.</p> <p>An independent review in relation to Child Sexual Exploitation was carried out for Pan</p>	<p>There has been agreement across Pan Bedfordshire to sign up to delivering 6 key recommendations from the independent review and a CSE Strategy has been developed and is now in the process of being implemented.</p>

Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
	Bedfordshire which led to a reflective practice workshop and has strengthened strategic oversight around this issue.	A CSE Co-ordinator is now in post.
Raising awareness of child sexual exploitation with children, young people and their carers.	<p>As part of a proactive approach to the national CSE agenda the CBSCB commissioned the production of Chelsea's Choice for schools and education settings where age appropriate. (For younger children, a production called looking for Lottie has begun to be rolled out).</p> <p>As part of an ongoing communications campaign leaflets were distributed and articles were placed in the council's community and residents magazines.</p>	6500 young people have accessed Chelsea's Choice and are now more aware of what child sexual exploitation is.
Raising awareness of child sexual exploitation amongst the workforce	<p>Pan Bedfordshire Workshops were held in relation to the recommendations from the independent review.</p> <p>E-learning CSE training rolled out for frontline staff</p> <p>Face to face CSE Events and workshops for staff including teen dating violence workshops.</p>	<p>215 people have completed the CSE e-learning.</p> <p>Approximately 100 Central Bedfordshire Council front line staff attended the CSE Briefing and 84 professionals are now better equipped to support young people as their before and after knowledge rates raised by 35%.</p>

Appendix B

The LSCB governance structure 2015-2016



Appendix C: Board membership 2015-2016

Member	Role and Agency
Alan Caton - OBE	Independent Chair
Alison Harding	Assistant Chief Officer, Bedfordshire Probation
Anne Murray	Director of Nursing, Bedfordshire CCG
Annelisse Hillyer-Thake	Head of Safeguarding, NHS England Central Midlands
Beverley Czyz	Interim CBSCB Business Manager
Brian Storey*	Headteacher, Church End Lower School (School Representative)
Carol Pennington	Senior Service Manager, Cafcass
Cllr Carole Hegley	Executive Member for Children's Services, CBC
Dawn Andrews*	Head of Service, Safeguarding Children, SEPT
Doug De-St-Aubin	Operational Director for BeNCH
Elaine Taylor*	Associate Director of Safeguarding, SEPT
Geoff Skinner	Head of Professional Standards, Children's Services, CBC
Georgie Billin*	Deputy Head Teacher, Harlington Upper School (Schools Representative)
Gerard Jones	Assistant Director, Children's Services Operations, CBC
Helena Hughes	Designated Nurse for Safeguarding Children and Young People in Bedfordshire, Bedfordshire Clinical Commissioning Group
Jan Pearson	Associate Director for Safeguarding Children, East London NHS Foundation Trust
Joan Bailey - CBE	Lay Member
Karen Oellermann	Assistant Director, Commissioning and Partnerships, CBC
Kim McCamley*	Principal, Sandye Place Academy
Linda Bulled	VOCYPF Officer, Voluntary Sector Representative
Linda Hockey*	Lay Member
Linda Johnson	Chief Executive Officer, Home-Start, Central Bedfordshire Voluntary Sector Representative
Lindsey Johnson	Lay Member
Lynda Fitzgerald (LF)	Associate Director of Operations, Women and Children's Services, Bedford Hospital, NHS Trust
Mark Collins	Assistant Chief Constable, Local Policing and Crime, Bedfordshire Police
Nina Fraser	Director of Nursing and Patient Services, Bedford Hospital NHS Trust
Patricia Reid	Director of Nursing, Luton and Dunstable Hospital
Sanhita Chakrabarti (Dr)	Assistant Director of Public Health, Bedford Borough and Central Bedfordshire Councils
Sarah Mortimer	Vice Principle, Curriculum & Strategic Partnerships, Central Bedfordshire College
Sarah Wilson*	Operations Director, East London NHS Foundation Trust
Sharn Basra*	Detective Superintendent, Public Protection Unit, Bedfordshire Police
Nick Bellingham*	Temporary Detective Superintendent, Public Protection Unit, Bedfordshire Police
Stuart Mitchelmore	Assistant Director, Adult Social Care, CBC
Sue Harrison	Director of Children's Services, CBC

Sue Howley - MBE	Lay Member
Vacancy	Service Manager Bedfordshire Youth Offending Service

*LSCB Board Member for part of the year

Contact us...

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Refresh of the Partnership Vision for Education

PURPOSE

1. The report sets out the work undertaken to refresh the Partnership Vision for Education and the long, medium and short term priorities that have emerged from the schools clusters.

RECOMMENDATIONS

2. To note the progress being made on the refresh of the Partnership Vision for Education.

PUBLIC/ EXEMPT: Public

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Background

1. Central Bedfordshire Council's Executive approved the Partnership Vision for Education on 4 August 2015 and it was launched with schools in September 2015. The Vision was co-constructed with schools and partners and took account of feedback received.
2. The Vision consisted of 6 key elements which set out key actions for the Council and partners. These were progressed through workstreams which reported on a half termly basis to the Partnership Vision For Education Board.
 - School Leadership.
 - Achieving results in the top quartile in key stage tests, including GCSEs and A Levels.
 - School readiness.
 - Improving health outcomes to support improving education outcomes.
 - Young people have the skills to be work ready.
 - Commission new school places from good or outstanding providers to serve growing communities.
3. Schools were asked to sign a Pledge committing to delivering the Vision. 76 schools/partners responded, although a significant number of schools who had not signed the Pledge were very engaged in delivering the Vision.

Peer Review

4. Central Bedfordshire commissioned a Peer Review of Arrangements for School Improvement on 7/8 March 2016 which was carried out by colleagues from school improvement services in the Eastern Region.
5. The peer review team were asked to look into how engaged schools were in the 5 Year Vision, and how well they understood their joint roles, responsibilities and accountabilities.
6. The strengths identified by the Peer Review were:
 - a. Heads value their ongoing relationship with the Local Authority
 - b. Heads value Central Essentials and Governors Essentials
 - c. The initial development of the Teaching Schools has been closely supported by the LA to good effect
 - d. There are some good examples of QA arrangements for all commissioned work
 - e. All schools have access to and are engaged with the Teaching Schools in some form
 - f. Schools understand the LA categorisation system for school support
 - g. Governance Reviews and governor monitoring are used proactively to support improved leadership
 - h. There are some good examples emerging of schools working collaboratively
7. In response to the recommendations actions have been taken to:
 - a. Refresh the Partnership Vision ensuring work reflects key priorities for improvement in pupil achievement, with clear focus and urgency around improved outcomes for disadvantaged pupils and across Key Stage 2.
 - b. Co-construct a document that sets out Central Bedfordshire's school led school improvement strategy that defines all partners' roles. This has been approved by the Partnership Vision For Education Board and circulated to schools via Central Essentials.

- c. Review and amend the performance reports for schools and school clusters. These were amended for September 2016 and are being further amended following feedback at the cluster meetings.
 - d. Continue to challenge all schools to improve outcomes. This has been and will continue to be done through the cluster meetings. A one day scoping audit has also been developed to support the local authority and schools to explore performance in more detail and identify strengths and areas for improvement that may not generally be uncovered through data monitoring processes.
 - e. Develop a plan in partnership with schools to accelerate improvement at Key Stage 2, drawing on best practice in primary, middle and lower schools. A secondary readiness leaflet similar to the one produced for school readiness has been co-produced with schools setting out what pupils will need to be able to do to be secondary ready and examples of things they can do to help with this. There is a conference on 1 December focussing on raising attainment at key Stage 2 which has been co developed with key schools and which will share best practice.
 - f. Commission and train additional moderators and develop a more systematic model of cross phase moderation across the LA. This has been completed and is being implemented this year.
8. At the Partnership Vision For Education Board Meeting on 9 May 2016 the Board considered the Peer Review report and made the following recommendations regarding the refresh of the Partnership Vision For Education:
- i. Remove the elements that are 'Business as usual' and make it slimmer and sharper.
 - j. Focus on the key priorities around actions that will lead to improving outcomes, including focus on recruitment and retention.
 - k. Some working groups are proving effective and need to continue, but not necessarily as a workstream of the delivery plan of the Vision. These groups could provide updates to the Board and to schools.

Heads and Governors Meetings

9. A meeting was held with Heads and Governors on 13 June 2016 with a key agenda item being the refresh of the Partnership Vision for Education.
10. At the meeting the changing national and local context was clarified, including demographic growth in Central Bedfordshire, the status of the Education Bill, school funding, including Education Services Grant and the consultation process on the Dedicated Schools Grant, and the potential impact of this. The threats and opportunities were set out and schools were asked to engage with us and each other to take the opportunity to develop a collaborative local system that supported our collective ambition to secure the best outcomes for children.
11. We set out our ambition to develop the conversations between the Local Authority, headteachers, Chairs of Governors and Academy sponsors within the context of building on the success to date of school to school support and an understanding that schools are at the heart of the community.
12. The Peer Review findings were shared with schools. Some schools felt that the report reflected the views of a few schools, but not of all schools.
13. Schools were asked to consider the following questions in refreshing the Partnership Vision for Education:
 - What are the 3 key actions that will drive achieving the vision?
 - What data reports would schools find useful in supporting conversations in schools and across schools to improve outcomes?
 - What are you currently doing that is having an impact on improving outcomes for children and young people in your locality?
14. Key actions that were identified included:
 - Reviewing provision for disadvantaged pupils and the impact of this, including engagement of appropriate professionals to support children and at Early Help and Team Around Child meetings.
 - Broader awareness of the successes of disadvantaged pupils in other subject areas and how that could be used to support further improvement in outcomes.
 - Identifying best practice that has real impact on pupil outcomes.

- More joined up approaches/collaboration/joint accountability (in systems, curriculum, pedagogy and moderation to ensure assessment data is robust and accurate across phases and key stages regardless of site). Build and sustain an atmosphere of trust between schools.
- Invest more resources by sharing best teachers in schools with weaker staffing.
- More honest discussions between schools focussed on pupil outcomes.
- Sharing best practice between schools and the learning from collaboration projects.
- Addressing emotional wellbeing issues in children so they are 'ready' to learn.
- Involve all stakeholders, including parents and staff.
- Review of support services for children.
- Look at best practice outside Central Bedfordshire and coordinate action based research nationally through Teaching Schools.
- Recruitment and retention.

15. Additional data suggested by schools was:

- Provide KS2 outcomes to lower schools of their children's performance at end of Key Stage assessment.
- Provide KS4 outcomes to middle and primary schools for their pupils.
- Provide data that enable comparisons between outcomes of schools with a similar demographic.
- Provide tracking data for every year group – possibly termly tracking data submitted by schools.
- Further develop locality reports based on pyramids/catchments.
- School readiness check at pre-school.
- Consider how matched and unmatched data could be reported/captured.

- Consider data on more able pupils who are also represented in other groups, e.g. disadvantage.

16. A number of examples of effective practice were shared.

Partnership Vision for Education Board – 4 July 2016 and 19 September 2016

17. At the Board meeting on 4 July 2016 Board members reflected on the feedback from the Heads and Governors and came to the following conclusions.

- Recruitment & retention reportedly remains an issue.
- There is a culture across some schools of apportioning blame for poor outcomes and a positive culture needs to be encouraged.
- Recent political events could result in changes to White Paper proposals, so it is important to keep the focus on improving outcomes for children regardless of political change.
- Guidance differs on transitions which should be considered in the autumn term locality meetings.
- It would be helpful to collate information on services available to schools.
- Capacity needs to be developed across schools to support delivery of school to school support. Schools that do not normally put themselves forward need to be encouraged to do so.
- Lots of positive feedback was received relating to collaborative working, and this success needs to be captured and built on.

18. The Board was asked to think about further mechanisms to identify and share best practice.

19. At the Board meeting on 19 September 2016 the Board reflected on the workshops held over the summer and the planned agendas for the cluster meetings.

20. The Board agreed that networking is very important for head teachers, especially those new to post. The Board thought cluster meetings should help heads feel less isolated and could provide an infrastructure for collaboration leading to improved outcomes. Schools need to be actively involved in the process of collaboration.

21. The Board agreed that the timing of cluster meetings needed to be considered alongside the Director's meetings with heads and governors. It was agreed that given the cluster meetings were looking at data and identifying local priorities, a separate meeting was not necessary in the autumn term. Agendas for meetings in the spring and summer term would be agreed by the Board. It was agreed that a summer meeting could bring together the outcomes of the work of the clusters and help redefine priorities for the following year.
22. A schedule of all cluster meetings, head and governor meetings across the year would be provided in Central Essentials once dates were agreed and provided by cluster leads.
23. A discussion was held on the recruitment data census returns which do not support feedback that recruitment is a big issue. It was agreed that further guidance would be sent to schools to complete the national census as it was not clear that schools filled it in accurately.
24. It was felt that the main issue regarding recruitment was not inability to recruit, but that shortages of teachers meant that there was less competition for posts which was impacting on the quality of teachers filling vacancies.
25. Some schools shared that they were succession planning through for example supporting teacher training for Higher Level Teaching Assistants.
26. It was agreed that recruitment challenges would be tested at the cluster meetings, and that a short survey would then be developed to identify what schools were doing to recruit and retain good staff, and what and where the specific issues were. The survey was agreed at the 14 November Partnership Vision for Education Board.

Planning workshops for the cluster meetings

27. During August and September meetings were held with a group of volunteer heads facilitated by iMPower to plan the cluster meetings, drawing on the work already completed.
28. The workshops helped to co-design the cluster meeting agendas, what should be in the cluster presentation pack for these meetings, and some draft terms of reference for clusters to consider.
29. The workshops sought to establish what they as representative heads believed made effective collaboration, what the barriers to collaboration were and what the 'hooks' might be to encourage heads and governors to become involved.
30. The group agreed the rationale for locality clusters that should be discussed with clusters.

- All schools and the local authority stand to gain from working collaboratively in locality clusters.
 - We want to build on the successful collaboration that has already been established and do not wish to duplicate what is working well.
 - Clusters would be led by schools but the council could support schools to develop, agree and deliver on their agreed priorities.
 - The Local Authority's role is to champion children and to ensure that children and young people are achieving great outcomes.
 - Through collaboration we can deliver improved outcomes for children and young people in Central Bedfordshire and deliver our Partnership Vision for Education.
31. The workshops developed a summary of the purpose of cluster working to be discussed, amended and agreed at the cluster meetings.
- A great 0-19 learning journey for every child*
- Enabling and ensuring great teaching for all of our children.
 - Raising the aspirations of the whole education community
 - Creating and supporting a culture of success across the whole education community.
 - Improving the attainment and progression of all of our children.
 - Facilitating the social mobility of vulnerable children.
32. Potential benefits for discussion at the cluster meetings were agreed.
- A forum for developing, agreeing and delivering shared priorities across the 0-19 journey of the child within geographical areas.
 - A forum for open challenge and support.
 - A place to share and develop innovative and creative ideas which improve outcomes for children and young people.
 - A mechanism through which to develop leaders at all levels, share skills, resources and purchasing power.
 - An effective support network for new headteachers.
 - A forum for understanding locality data.
33. Workshop attendees were keen that as a result of cluster meetings, talking led to action and tangible impact.

Interviews and surveys

34. Telephone interviews were carried out iMPOWER with 14 heads from across Central Bedfordshire and representing different schools phases.
35. 100% of heads interviewed agreed or strongly agreed that all schools have something to gain from collaborating with other schools and 100% agreed or strongly agreed that all schools have something to contribute towards collaboration.
36. 91% of heads interviewed agreed or strongly agreed that sharing resources can help schools to improve and address challenges.
37. 100% of heads interviewed agreed or strongly agreed that it is important even for the most high-achieving schools to keep looking at ways they could improve and learn from others.
38. When asked about the impact of collaboration on improving outcomes, heads interviewed had differing experiences with 66% saying that collaboration happened a bit or not at all.
39. When faced with challenges, the majority of heads will look for support from other schools, while some would approach system leaders.
40. Only 50 % of heads interviewed indicated that current collaboration is effective.
41. Interviewed heads reported key reasons for high and effective collaboration as:
 - Established structures and leadership.
 - Established regular meetings.
 - Opportunity to share experience and moderate.
 - Mutually supportive.
 - Useful to check in and share practice.
 - Wide engagement.
42. Interviewed heads reported key reasons for no or low collaboration or ineffective collaboration as:
 - Lack of structure, drive, purpose or requirement to collaborate.
 - Too busy/not enough capacity.
 - Feeling of isolation or not being actively involved.
 - Lack of leadership and central coordination.
 - Differences in practice and ethos.
 - Lack of practical impact and improvement.
 - Lack of strategic coherence.

- Need to improve practice more.
 - Need to involve more people.
 - Not regular or structured enough.
43. The majority of heads interviewed indicated that meetings should be half termly and should have a clear agenda, should not be exclusive or competitive, and had representation from a decent number of schools.
44. Interviewed heads were asked what should their cluster do or discuss that would make engagement worthwhile, and what would be the benefits. Consistent responses were:
- Improve standards at Key Stage 2.
 - Raising aspirations.
 - Providing moderation.
 - Be honest and open
 - Time will be freed up.
 - Schools will work together and not in isolation.
45. The views of Governors and Trustees were sought via a survey. 409 responses were received.
- 97% of governors/trustees who responded agreed or strongly agreed that sharing skills and resources can help schools to improve and address challenges.
 - 94% of governors/trustees who responded agreed or strongly agreed that all schools have something to contribute towards collaboration, and 97 % thought that all schools have something gain from collaboration.
 - 67% of governors/trustees who responded agreed or strongly agreed that schools could collaborate more across Central Bedfordshire, and 69% agreed or strongly agreed that schools could collaborate more with local schools in their area.
 - 72% of governors/trustees who responded felt they already collaborated well with local schools in their area.
46. Top 5 areas that could be positively impacted by cluster working identified by governors/trustees are:
- Continuing professional development (CPD) and general staff training and support.
 - Attainment.
 - Attainment of vulnerable children.
 - SEND
 - Staff recruitment and retention.

47. The views of parents and carers were sought via a survey. 1,309 responses were received.
- 94% of parents and carers who responded agreed or strongly agreed that good and outstanding schools can still learn from other schools.
 - 92% of parents and carers who responded agreed or strongly agreed that good and outstanding schools should work with other schools to share their skills and knowledge.
 - 97% of parents and carers who responded agreed or strongly agreed that schools should work together to learn from each other.
 - 91% of parents and carers who responded agreed or strongly agreed that all schools should make sure that children are prepared for the knowledge and skills that they will need before they transition between schools.
 - 95% of parents and carers who responded agreed or strongly agreed that schools should work together to help children and they move between schools.
 - 72% of parents and carers who responded agreed or strongly agreed that their child's teachers brought out the best in them, and 73% agreed or strongly agreed that their child's school supported them to aim high, which would suggest that around 25% are not yet confident in this .
 - 90% of parents and carers who responded agreed or strongly agreed that the education their child receives offers them a great opportunity to get on in life.

Cluster meetings

48. Meetings were held in 7 localities serving the agreed cluster groups of schools. These were:
- a. Harlington Area Schools Trust – 20 September 2016
 - b. Leighton Buzzard, Linslade and Woburn Sands – 28 September 2016.
 - c. Houghton Regis – 3 October 2016.
 - d. Sandy, Biggleswade – 4 October 2016.
 - e. Stotfold, Shefford and Arlesey – 11 October 2016.
 - f. Dunstable – 12 October 2016.
 - g. Ampthill, Flitwick and Cranfield – 20 October 2016

49. Representatives from 101 schools attended and many schools had more than one representative. Some special schools attended more than one cluster meeting as they admit children from a broader area.
- The HAST meeting was attended by representatives from all schools.
 - 18 out of 28 schools in the Leighton Buzzard/Linslade/Woburn Sands cluster were represented.
 - 10 out of 14 schools in the Houghton Regis cluster were represented, although 2 schools identified for this cluster attended the Dunstable cluster as they felt that this was more appropriate for them.
 - 14 out of 22 schools in the Stotfold/Shefford cluster were represented.
 - 16 out of 21 school in the Dunstable cluster were represented, with apologies received from one who was unable to attend.
 - 22 out of 24 schools in the Sandy/Biggleswade cluster were represented, although 1 head retires this term and the other head is supportive of the work but could not attend.
 - 12 out of 14 schools in the Ampthill/Flitwick cluster were represented, with apologies received from 1 school.
50. A letter has been written to all of those schools who did not sign in / attend to identify their reasons for not attending and encourage future engagement.
51. At each cluster meeting attendees were asked whether the outputs from the workshops and the interviews and surveys resonated with them. There was broad agreement to the purpose and rationale for cluster working, and the need for tangible impact.
52. The 3 consistent long term priorities (5 – 10 years) that came through all of the cluster meetings and which are consistent with those that came from the heads and governors meeting in June 2016 are:
- Improving attainment with each cluster aiming to improve outcomes for their children year on year.
 - Improving children's resilience.
 - Improving transitions through all stages (into school, within school, between schools and into further learning and the workplace)

53. The short to medium term priorities (6 – 12 months) which were consistent across the clusters are:
- Share best practice within and across clusters.
 - Raise aspirations and share successes.
 - Strengthen leadership.
 - Improve progress and outcomes.
 - Improve outcomes for vulnerable groups.
 - Improve child and family resilience.
 - Improve the quality and consistency of assessments and moderation.
 - Develop a strategy to support staff recruitment and retention of quality teachers and leaders.
 - Identify children's needs early and improve early help and intervention.
 - Improve working with local partners.
 - Develop a directory of quality assured best practice, building on the Open Schools East network.
54. These have been captured in a refreshed Partnership Vision for Education which is attached at Appendix 1.

Financial and Risk Implications

55. There is a risk of loss of Education Services Grant (due to go in September 2017) reducing capacity in the Local Authority to support the clusters.

Conclusion and next Steps

56. The cluster meetings and the workshops, surveys and interviews have all demonstrated the strong support from for working collaboratively within a framework that ensures impact on children's outcomes.
57. There is strong support for working in school clusters to support each other in ensuring that children have a great education journey from 0-19.
58. Dates for future cluster meetings have been or are being set and these will be shared with all clusters.
59. All clusters have agreed to meet to pursue the goals as agreed in the meetings, although the mechanics of meetings will differ across localities.
60. It was proposed that Biggleswade and Sandy would continue to meet as separate clusters once a term, but to then come together for the second meeting each term.

61. It was proposed that Cranfield and Marston would continue to meet as a small cluster as the majority of their pupils crossed the border into Bedford Borough schools. They have identified a head to attend the Partnership Vision for Education Board.
62. The Local Authority will be a member of each cluster group and a senior school improvement officer from the Council will attend each cluster meeting to work with the cluster.
63. The Terms of Reference for the Partnership Vision for Education board will be reviewed to reflect the refreshed Partnership Vision for Education. Board membership has been revised, and there is now a representative from each cluster on the Board, enabling stronger partnership between the Board and clusters.
64. Following the cluster meetings it has been agreed to use the 1 March 2017 heads and Chairs meeting to update on the Children's Services Transformation programme and engage schools in discussions on the development of locality teams/services and how this can integrate with their cluster priorities and the delivery of the partnership Vision for Education.
65. There will be a conference on 13 June 2017 to report back on the work of the clusters and the impact on improving outcomes, where best practice will be shared and celebrated.

Appendices

Appendix 1: Refreshed Partnership Vision for Education.

Background Papers

66. None.

"We want every child in Central Bedfordshire to enjoy their childhood and have the best possible start in life.

We want every child to do well in education, make friends and build strong relationships with their family.

As young adults, we want every young person to have the knowledge, skills and qualifications that will give them the best chance of success, so that they are prepared to take their full place in society as healthy, happy, contributing and confident citizens." (Children and Young People's Plan)

A great 0-19 learning journey for every child

Overarching Principles

- Children who are happy, healthy and safe will achieve better outcomes.
- Enabling and ensuring great teaching for all of our children.
- Raising the aspirations of the whole education community.
- Creating and supporting a culture of success across the whole education community.
- Improving the attainment and progression of all of our children.
- Facilitating the social mobility of vulnerable children.

Governance.

Schools and the Local Authority will work in partnership to:

- Support effective collaboration that raises aspirations and leads to improved outcomes for all children and young people.
- Agree and share Terms of Reference for each Cluster.
- Redefine the Terms of Reference for the Partnership Vision for Education Board that reflect the redefined cluster structures and priorities.
- Develop a clear and agreed remit for all cluster chairs that supports them in acting as the key conduit between the Partnership Vision for Education Board and the locality clusters.
- Support half termly cluster meetings that develop and implement actions against cluster priorities and have tangible outcomes.
- Ensure strong communication between clusters and the Partnership Vision for Education Board, and between clusters, collecting and sharing examples of best practice that impacts on outcomes.
- Further develop school to school support and a school led school improvement model.
- Further develop the directory of quality assured best practice that is impacting on improving outcomes.

Improve attainment and progress in every cluster to support improving outcomes across Central Bedfordshire

Each cluster will:

- Identify the key actions for their cluster that will support improving outcomes at every Key Stage in their cluster.
- Utilise cluster data to support identification of cluster issues and measure progress.

The Local Authority will:

- Work with cluster chairs to agree data sets that schools will find useful and add these to the cluster data reports.
- Work with clusters to analyse the data and support actions against emerging priorities.
- Work with cluster chairs to share best practice in data analysis that is leading to improved outcomes.
- Work with cluster chairs to identify best practice that is impacting on improved outcomes for all groups of children and young people and ensure that this is shared across all clusters.
- Work with the Teaching Schools to facilitate and broker school to school support and CPD against identified short and medium term priorities.
- Further develop framework for cross school and cross cluster moderation, skilling up an increased numbers of moderators.

- Outcomes at each key stage improve in each cluster year on year.
- Best practice is shared and implemented across Central Bedfordshire schools.
- There will be broader consistency in assessment processes and judgements across schools.
- Schools will have confidence in outcome data.

Improve children and family resilience

School clusters and the Local Authority will work together to:

- Develop the Children's Services Transformation and development of broader locality based services across education, health and care services.
- Identify children's needs early and ensure right support at the right time.
- Identify and share best practice in early intervention and prevention activities.
- Develop and share roles of all services, and clear pathways for accessing more specialist services.
- Strengthen engagement in locality meetings with specialist services.
- Identify non threatening engagement opportunities for parents.
- Identify and share actions that have led to improved attendance of all pupils.

- Updated Wellbeing Survey data (SHEU Survey) will demonstrate that children and young people have improved self esteem and resilience.
- Attendance improves for all children and in particular for vulnerable groups of children.
- Children and young people have high aspirations.
- Increase in young people in employment, education or training (EET).

Improve transition across every stage

- Cluster chairs will work with the Local Authority to
- Identify best practice in transition.
- Identify school representatives to co-develop steps to success guidance in line with School Readiness Guidance and Leaving Key Stage 2 Passport to Success Guidance for:
Transition Year 4 – Year 5
Transition Key Stage 1 – Key Stage 2 (Year 2 to Year 3)
Transition Year 8 – Year 9
Transition to Post 16 (A levels, work place, college and university)
- Provide accessible versions of all of the above in animations and/or You Tube clips.

- Schools, governors and parents report improved practices in transition.
- Best practice in transition is common across all transition points.
- Children and young people and their parents report that they are more confident to transition to the next stage of their education/life.

Recruitment and Retention of the best school leaders and teachers

We will:

- Seek further information from schools through a survey regarding the specific issues regarding recruitment and retention.
- Review the outcome of the survey and develop a recruitment and retention strategy which will support schools in delivering a great education.
- Work with the Teaching Schools to ensure delivery of a leadership training programme that leads to career promotion in Central Bedfordshire schools.

- Central Bedfordshire schools will recruit and retain the best teachers and leaders.
- Great teachers will develop into great leaders for Central Bedfordshire schools.

Refresh of the Partnership Vision For Education 2016

A great 0 -19 learning journey for every child

“We want every child in Central Bedfordshire to enjoy their childhood and have the best possible start in life. We want every child to do well in education, make friends and build strong relationships with their family. As young adults, we want every young person to have the knowledge, skills and qualifications that will give them the best chance of success, so that they are prepared to take their full place in society as healthy, happy, contributing and confident citizens.”

(Children and Young People’s Plan)

We will achieve delivery of our vision by supporting collaboration in school clusters, working together to identify issues and actions in each cluster, including support from other partners and Council services, and sharing best practice to improve outcomes.

Overarching Principles

- Children who are happy, healthy and safe will achieve better outcomes.
- Enabling and ensuring great teaching for all of our children.
- Raising the aspirations of the whole education community.
- Creating and supporting a culture of success across the whole education community.
- Improving the attainment and progression of all of our children.
- Facilitating the social mobility of vulnerable children.

Rationale for collaboration within and across cluster

- Together we can deliver improved outcomes for children and young people in Central Bedfordshire and deliver our Partnership Vision for Education.
- All schools and the local authority stand to gain from working collaboratively in locality clusters.
- We will build on the successful collaboration that has already been established.
- Clusters will be led by schools and supported by the Council to develop, agree and deliver on their agreed priorities.
- The Local Authority will champion children and support school clusters to enable children and young people to achieve great outcomes.

The cluster meetings will provide:

- A forum for developing, agreeing and delivering shared priorities across the 0-19 journey of the child within geographical areas.
- A place to share and develop innovative and creative ideas which improve outcomes for children and young people.
- A forum for understanding and acting on locality data.
- A forum for open challenge and support.
- A mechanism through which to develop leaders at all levels, share skills, resources and purchasing power.
- An effective support network for new headteachers.
- A conduit between all school clusters and the Partnership Vision For Education board.
- Opportunity for all clusters to be more outward looking, drawing on best practice across and beyond Central Bedfordshire.

Children and Young People's Plan: Quarter Two 2016/17 Performance Monitoring Report

PURPOSE

1. The purpose of this report is to provide Board members with an update on Quarter Two progress in delivering the priorities in the Children and Young People's Plan (March 15 - March 17).

RECOMMENDATIONS

2. That Board members note progress in delivering the priorities and targets, and note actions to address issues where performance is not on track to meet targets.

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MONITORING THE CHILDREN'S TRUST PRIORITIES

3. On 3 March 2015 the Children's Trust Board agreed the Children and Young People's Plan (March 15 – March 17). In response, a performance framework was developed to monitor progress against the measure set and Quarter 2 2016/17 performance is included as Appendix A.
4. Board members will note that the Framework is divided into 'books of measures' - one for each of the priorities within the Plan.
5. An overview of performance is included for each priority - with more detailed information available for the contained measures. The following groups will receive a copy of their 'book of measures' to inform action planning:
 - Improved educational attainment and progress – Partnership Vision for Education Board
 - Protecting vulnerable children and young people – Central Bedfordshire Safeguarding Children Board
 - Early help and improving life chances – Acting Early Group and Central Bedfordshire Safeguarding Children Board
 - Being healthy and positive – Acting Early Group
6. RAG (Red, Amber, and Green) ratings and symbols have been used to provide Board Members with an assessment of progress to deliver priorities and targets. The direction of travel shows whether performance is improving, remains the same or is declining from the previous reporting period.

7. In addition, Board members will note that in June 2016 it was agreed for a Steering Group to be set up focussing on the emotional resilience and mental health of young people. An update on associated activities taking place across organisations and partners to improve these outcomes is included as Appendix B.

CONCLUSION

8. Performance across the set of key indicators for the plan is mixed. Board members are asked to note and comment on Quarter Two progress
9. Effective reporting and monitoring of progress on priorities, and providing information to ensure that partners are able to challenge each other on performance is a key role and function of Children's Trusts.



Improved educational attainment and progress

Outcomes

Improved achievement and progress

The right skills to be work ready

Excellent behaviour

Well led and managed schools

Outstanding teaching and learning

Cross Cutting: Early help for all who need it
Put children and young people at the centre of everything we do
Multi-agency learning and shadowing opportunities to promote shared understanding of work
Children and young people with special educational needs and disabilities fulfil their aspirations and potential

Overall Summary

Quarter Two 2016/17

The Scorecard provides details on the measure set within in the Children and Young People's Plan (March 2015 - March 2017) for the priority 'Improved educational attainment and progress'. The latest position is shown for all measures below. Detailed measure pages are also included - where new data or commentary is available / due to be reported in Quarter 2.

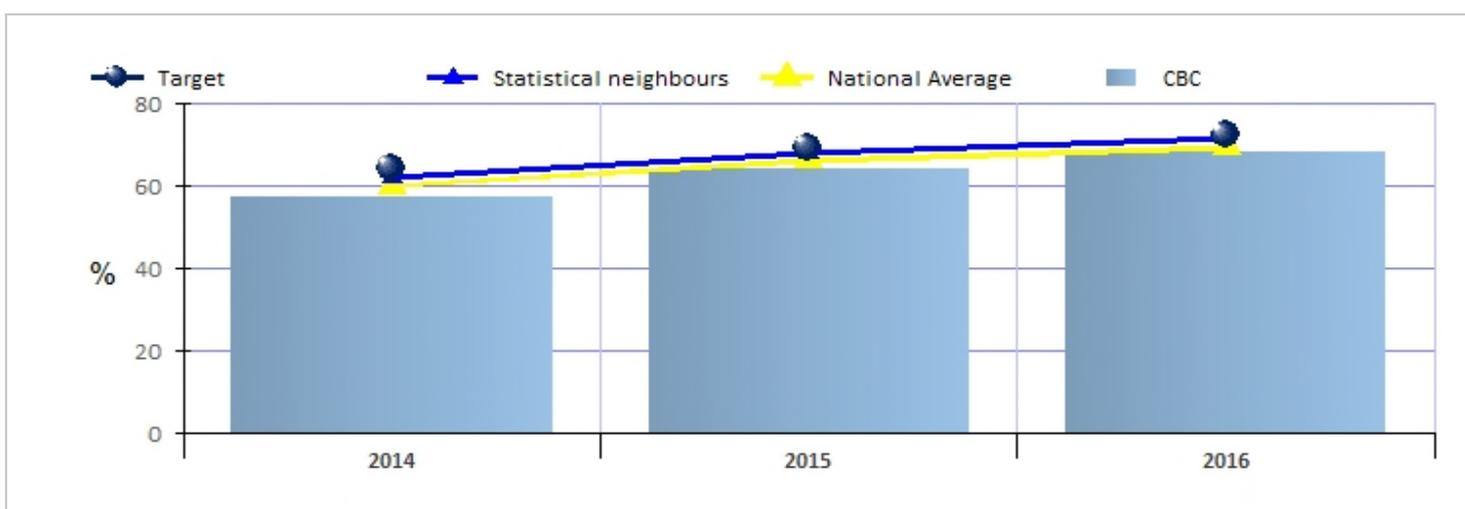
Key Points:

- 2016 results for Central Bedfordshire show that 68% of children were classed as having a 'Good Level of Development'. This is a 5% improvement from 2015 but Central Bedfordshire remains below the National (69%) and Statistical Neighbour (72%) averages, and in the 3rd Quartile.
- 89% of schools and colleges are good or outstanding - which is good performance. This is an increase from 85% in Quarter 1 2016/17 but it should also be noted that 4 schools have closed during the Quarter which has had an impact on the Quarter 2 figure.
- 70.7% of care leavers aged 17-21 are in education, training or employment. This is above target and good performance - showing further improvement of 0.1% from Quarter 1.

...		Latest Data	Latest Data	Target	Current Status
...	% of children achieving a good level of development at the Early Years Foundation Stage	Sep 16	68	72	▲
...	Pupils achieving Level 4 and above in Reading, Writing and Mathematics (Key Stage 2)	Dec 15	77		■
...	Final Results				
...	B1 MTP Achievement of 5 or more A*-C grades at GCSE or equivalent including English & Maths -ranking	Dec 15	57	38	▲
...	B4 MTP Published Ofsted School & College classifications (% good/outstanding)	Sep 16	89	90	●
...	Pupil total absence in all schools	Mar 15	4.7		■
...	Total - Persistent Absence (15% missed)	Mar 15	3.7		■
...	% of Permanent Exclusions in All Schools	Jul 15	0.06		■
...	B2 MTP Young People who are not in education, employment or training-Ranking	Feb 16	32	38	★
...	% of care leavers at age 17-21 who are engaged in education, training or employment	Sep 16	70.7	65.0	★

RAG	Measure Name	Good is.....
▲	% of children achieving a good level of development at the Early Years Foundation Stage	High

Outturn	2014	2015	2016
CBC Actual %	57	64	68
CBC Target %	64	69	72
DoT	▲	▲	▲
Statistical neighbours %	62	68	72
National Average %	60	66	69



Commentary:

The 2016 results for Central Bedfordshire show that 68% of children were classed as having a 'Good Level of Development'. This is a 5% improvement from 2015 but Central Bedfordshire remains below the National (69%) and Statistical Neighbour (72%) averages.

Positive action is being taken to ensure that children in Central Bedfordshire are ready for learning.

RAG	Measure Name	Good is.....
●	B4 MTP Published Ofsted School & College classifications (% good/outstanding)	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	85	86	86	85	89
C&YP Target %	90	90	90	90	90
DoT					

	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
All Ofsted categories	139	139	139	137	133
Categorised as Outstanding	37	37	37	36	36
Categorised as Good	81	83	82	81	82
Categorised as Satisfactory	0	0	0	0	0
Categorised as Requires Improvement	17	15	13	13	10
Categorised as Inadequate	4	4	7	7	5

	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
Total number of Ofsted inspections during quarter	4	3	9	4	4
Ofsted inspection during quarter classified as Outstanding	1	0	0	0	1
Ofsted inspection during quarter classified as Good	2	2	6	4	3
Ofsted inspection during quarter classified as Satisfactory	0	0	0	0	0
Ofsted inspection during quarter classified as Requires Improvement	0	1	0	0	0
Ofsted inspection during quarter classified as Inadequate	1	0	3	0	0

Commentary:

89% of schools and colleges are good or outstanding - which is good performance.

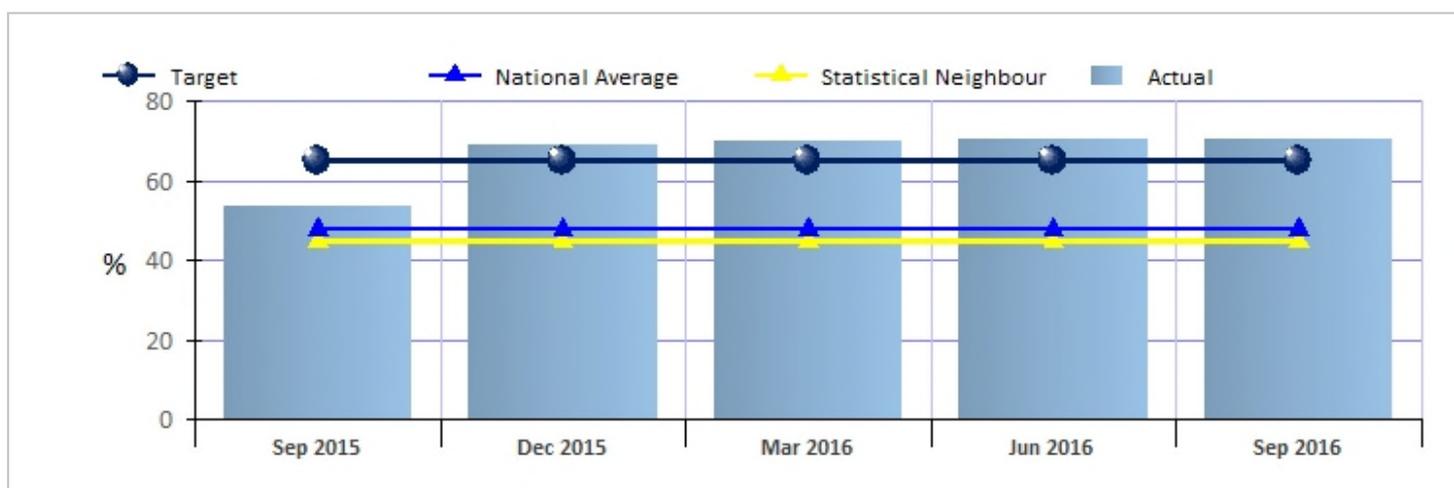
To note: The total number of schools/ colleges has now reduced from 137 to 133. (4 Schools closed in September 2016).

Ofsted publish a similar indicator which does not include colleges or sponsored Academies which are yet to be inspected.

As at March 2016 86% of Central Bedfordshire schools are good or outstanding - the statistical neighbour and national averages are both 86%.

RAG	Measure Name	Good is.....
★	% of care leavers at age 17-21 who are engaged in education, training or employment	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	53.6	68.9	70.0	70.6	70.7
Target	65.0	65.0	65.0	65.0	65.0
DoT	↑	↑	↑	↑	↑
National Average	47.8	47.8	47.8	47.8	47.8
Statistical Neighbour	44.6	44.6	44.6	44.6	44.6



Commentary:

Performance has continued to improve quarter by quarter and places CBC well in the top quartile.

2014/15 national and statistical neighbour averages are included in the above table for 19 - 21 year olds.



Protecting vulnerable children and young people

Outcomes

Happier and safer as a result of help received

Children and young people in care have safe and stable homes

Young people are diverted from offending and anti-social behaviour

Cross Cutting: Early help for all who need it
Put children and young people at the centre of everything we do
Multi-agency learning and shadowing opportunities to promote shared understanding of work
Children and young people with special educational needs and disabilities fulfil their aspirations and potential

Overall summary

Quarter Two 2016/17

The Scorecard provides details on the measure set within in the Children and Young People's Plan (March 2015 - March 2017) for the priority 'Protecting vulnerable children and young people'. The latest position is shown for all measures below. Detailed measure pages are also included - where new data or commentary is available / due to be reported in Quarter 2.

Key Points

- 90.2% of referrals have led to the provision of a social care service - this is good performance (and above target) with the measure demonstrating the effectiveness of triage processes and ensuring vulnerable children receive appropriate support.
- 91.2% of children's social care assessments have been completed within 45 working days. This is above target.
- 67.9% of looked after children were living in the same placement for at least 2 years. Performance has improved significantly over the past year due to focussed attention being placed on making the right placements at the right time for children in care.
- Domestic violence remains a factor in around a third of assessments.
- There has been a 50% reduction in the number of first time entrants to the youth justice system. There is no specific national target for FTE owing to a steep decline in the past 5 years - any reduction is viewed as positive.
- The average timescales from entering care and moving in with an adoptive family for the 3 years ending June 2016 was 487 days. This is a reduction from 488 days in Quarter 1 2016/17 and, for the third quarter the average remains lower than statistical neighbours.
- The number of children who ceased to be looked after who were adopted has increased from 17.9% to 18.5%. This is above the increased and more challenging target of 17.1%.

...		Latest Data	Latest Data	Target	Current Status
...	Percentage of referrals of children leading to the provision of a social care service	Sep 16	90.2	85.0	★
...	C9a MTP % of children's social care assessments within 45 working days of start (Cumulative)	Sep 16	91.2	90.0	★
...	% of LAC under 16 in the same placement for at least 2 years/or placed for adoption	Sep 16	67.9	70.0	●
...	% cases where children became subject to CPP for 2nd or sub time where domestic violence is factor	Sep 16	20.0	64.0	★
...	Percentage of assessments which have domestic violence as a factor	Sep 16	32.2		██
...	Reduction in the number of first time entrants to the youth justice system	Sep 16	-50.0	-5.0	★
...	Reoffending rates amongst young people	Mar 14	27.6	29.9	★
...	C11 MTP Average time in days between a child entering care and moving in with its adoptive family	Sep 16	487	475	●
...	Percentage of children who ceased to be looked after who were adopted	Sep 16	18.5	17.1	★

RAG	Measure Name	Good is.....
★	Percentage of referrals of children leading to the provision of a social care service	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	83.5	85.7	85.9	90.6	90.2
Target %	80.0	80.0	80.0	85.0	85.0
DoT	↑	↑	↑	↑	↓
National Average %					

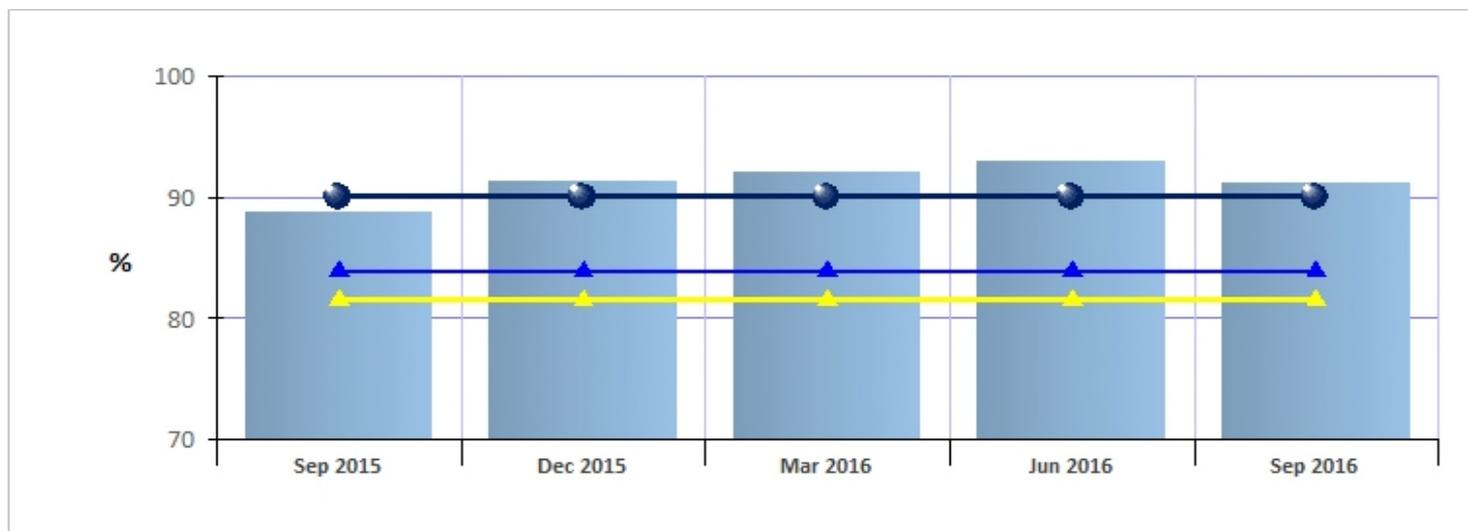


Commentary:

Performance continues well above target. This measure demonstrates the effectiveness of our triage processes and whether we are ensuring that all vulnerable children receive appropriate support.

RAG	Measure Name	Good is.....
★	C9a MTP % of children's social care assessments within 45 working days of start (Cumulative)	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	88.8	91.3	92.0	93.0	91.2
Target %	90.0	90.0	90.0	90.0	90.0
DoT	↓	↑	↑	↑	↓
National Average %	81.5	81.5	81.5	81.5	81.5
Statistical Neighbours %	83.8	83.8	83.8	83.8	83.8



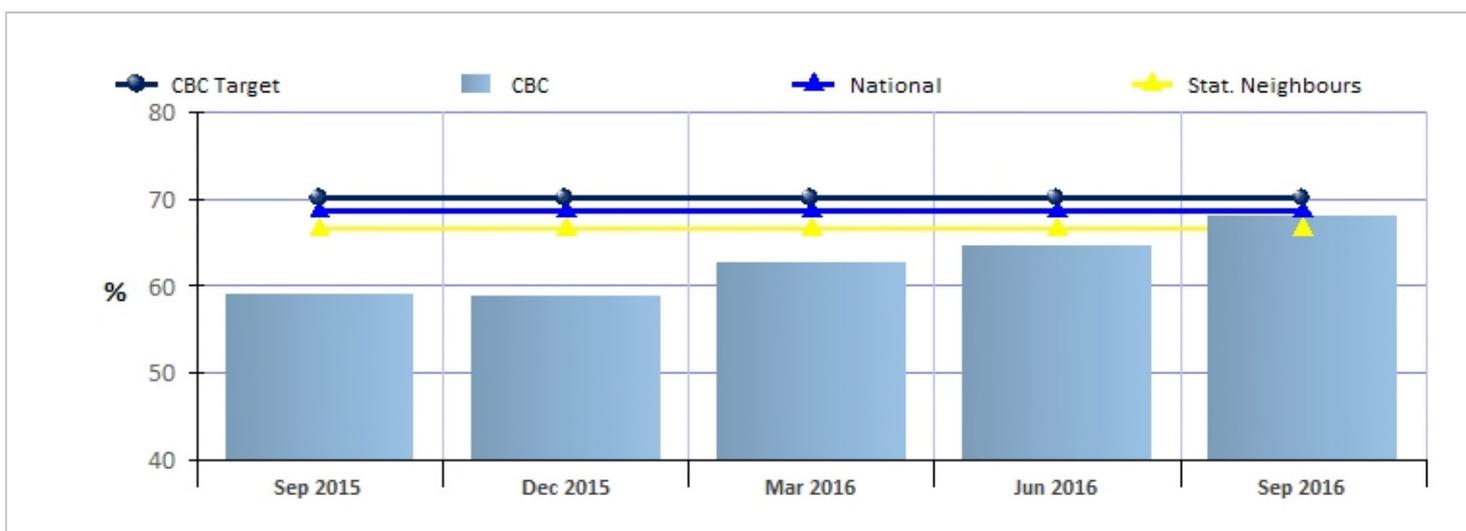
Commentary:

Performance continues above target.

2014/15 national and statistical neighbour averages are included in the above table.

RAG	Measure Name	Good is.....
●	% of LAC under 16 in the same placement for at least 2 years/or placed for adoption	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	59.1	58.9	62.6	64.5	67.9
Target %	70.0	70.0	70.0	70.0	70.0
DoT	↑	↓	↑	↑	↑
Statistical neighbours %	66.5	66.5	66.5	66.5	66.5
National Average %	68.5	68.5	68.5	68.5	68.5



Commentary:

Performance continues to improve and this is the best performance achieved by CBC.

2014/15 national and statistical neighbour averages are included in the above table.

RAG	Measure Name	Good is.....
★	% cases where children became subject to CPP for 2nd or sub time where domestic violence is factor	Low

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	100.0	46.7	80.0	50.0	20.0
Target %	64.0	64.0	64.0	64.0	64.0
DoT	↓	↑	↓	↑	↑

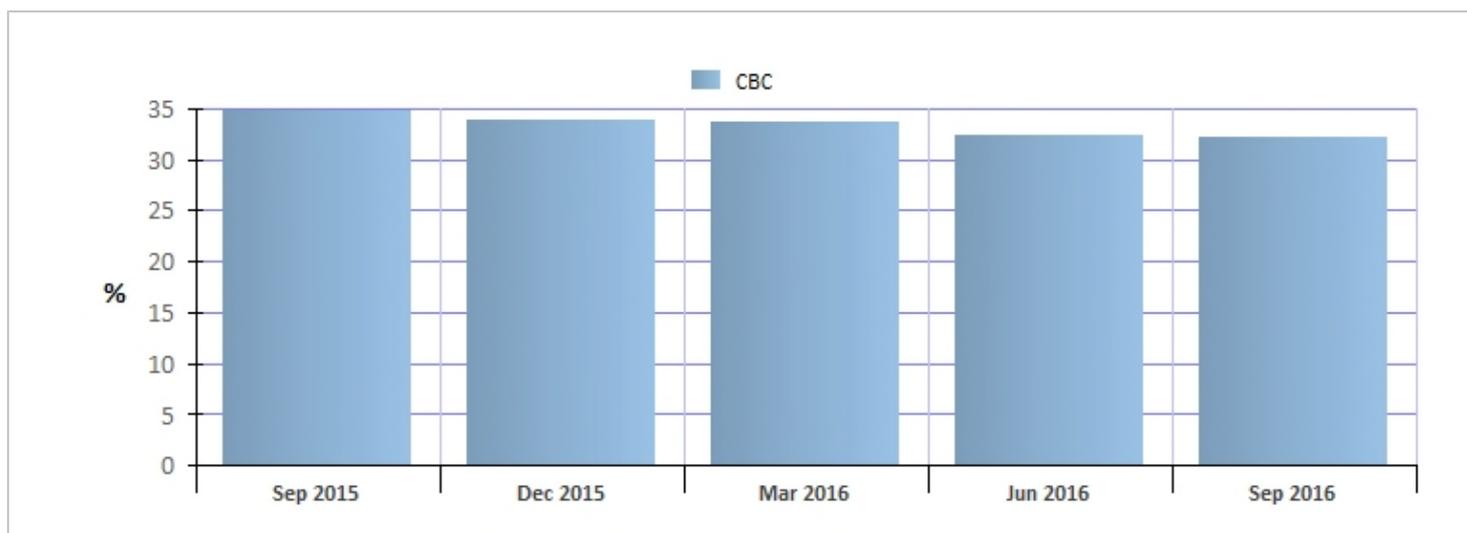


Commentary:

The number of repeat child protection plans is decreasing which is having an impact on this measure as low numbers lead to greater fluctuations.

RAG	Measure Name	Good is.....
n/a	Percentage of assessments which have domestic violence as a factor	Low

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	34.7	33.9	33.6	32.3	32.2
DoT	↓	↑	↑	↑	↑



Commentary:

Out of a total of 1157 Assessments, 372 of these have Domestic Violence as a factor as recorded at the end of Quarter 2, a proportion of 32.2%. This is a continuing downward trend since the end of Q2 (34.7%) last year.

This is a local measure, therefore comparator data is not available.

RAG	Measure Name	Good is.....
★	Reduction in the number of first time entrants to the youth justice system	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	77.8	-14.3	0.0	-15.4	-50.0
Target %	-5.0	-5.0	-5.0	-5.0	-5.0
DoT	↓	↑	↓	↑	↑



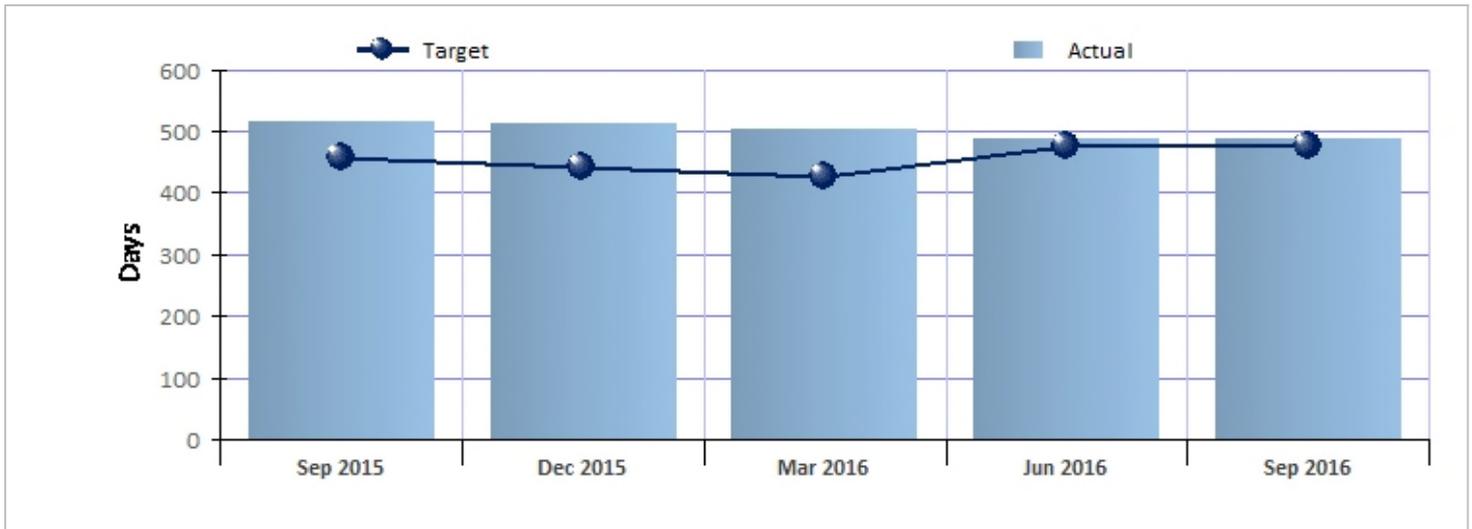
Commentary:

In Quarter 2 2015/16 there were 16 FTE. Thus 50% reduction in numbers (to 8 in Quarter 2 2016/17).

There is no specific national target for FTE owing to a steep decline in the past 5 years. Any reduction is viewed as positive. This remains a national reporting indicator and we are compared against regional and national data.

RAG	Measure Name	Good is.....
●	C11 MTP Average time in days between a child entering care and moving in with its adoptive family	Low

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual	514	513	504	488	487
Target	457	441	426	475	475
DoT	↑	↑	↑	↑	↑

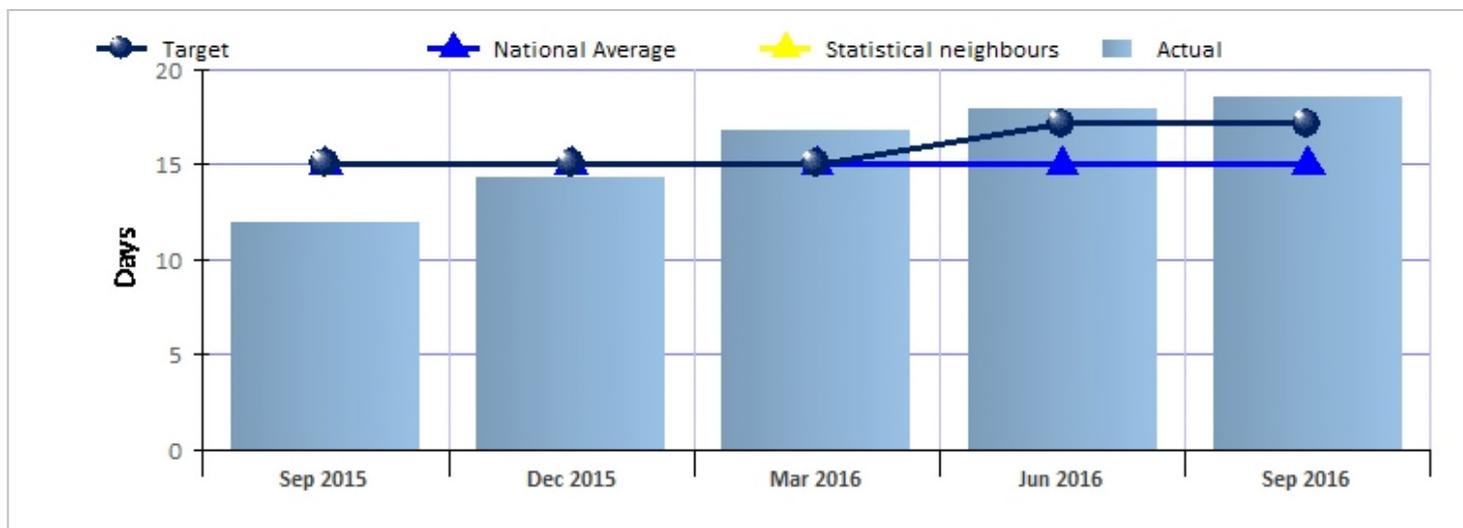


Commentary:

For the third quarter our average remains lower than our statistical neighbours. One of the factors affecting performance is birth parents appeal applications and challenge to the adoption order application.

RAG	Measure Name	Good is.....
★	Percentage of children who ceased to be looked after who were adopted	Low

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual	11.9	14.3	16.8	17.9	18.5
Target	15.0	15.0	15.0	17.1	17.1
DoT	↓	↑	↑	↑	↑
National Average	15.0	15.0	15.0	15.0	15.0
Statistical Neighbours	15.0	15.0	15.0	15.0	15.0



Commentary:

A more challenging target (17.1%) has been set for this measure based on recent improved performance.

Whilst this is a good improvement from the previous quarter this measure will come under pressure as the increasing number of unaccompanied asylum seekers leave care.

2015/16 national and statistical neighbour averages are included in the above table (both 15.0%).

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Children and Young People's Plan



Early help and improving life chances

Outcomes

High quality early years and child care	Positive, confident parents and carers	Young carers identified and supported	High aspirations for young people and their families	Children and young people with disabilities are supported to achieve their aspirations	More families in work and fewer children living in poverty	Troubled families are supported
-----------------------------------------	----------------------------------------	---------------------------------------	------------------------------------------------------	----------------------------------------------------------------------------------------	------------------------------------------------------------	---------------------------------

Cross Cutting: Early help for all who need it

Put children and young people at the centre of everything we do

Multi-agency learning and shadowing opportunities to promote shared understanding of work

Children and young people with special educational needs and disabilities fulfil their aspirations and potential

Overall summary

Quarter Two 2016/17

The Scorecard provides details on the measure set within in the Children and Young People's Plan (March 2015 - March 2017) for the priority 'Early help and improving life chances'. The latest position is shown for all measures below. Detailed measure pages are also included - where new data or commentary is available / due to be reported in Quarter 2.

Key Points

- 2016 results for Central Bedfordshire show that 68% of children were classed as having a 'Good Level of Development'. This is a 5% improvement from 2015 but Central Bedfordshire remains below the National (69%) and Statistical Neighbour (72%) averages, and in the 3rd Quartile.
- The latest published data ('as at' 31 August 2014) for Central Bedfordshire shows 12.8% of children in low income families. This is an increase from 12.1% the previous year (31 August 2013). There has been a greater increase nationally (1.9%) over the same period. The main reason is considered to be a rise in the low income threshold.
- Latest 16-64 employment figures (June 16) show Central Bedfordshire remaining above comparator areas. This is 3.4% above the national rate of employment but below the 5% target for the second quarter. The decrease is well within the statistical confidence intervals of the indicator which could explain the fall and there has been no increase observed in other factors e.g. claimant count or benefits data.
- There has been a significant increase in Quarter 2 in the percentage of children having an integrated health and education review at 2/2½ years of age - from 70.5% (Quarter 1) to 76.3%. The Provider has a planned trajectory for a continued increase to meet the target of > 90% by the end of Quarter 3.
- 92% of early years and child care settings were judged to be Good or Outstanding (above the 90% target).
- 84% of under 5 year olds from the 40% most deprived LSOAs were engaged with children's centres in Quarter 2 - an increase of 1% from the previous quarter.
- As at the end of Quarter 2 there were 375 families engaged with the Supporting Families programme - meeting the quarterly target of 354.
- Outcomes from the Aspire Programme that started in June will be reported in Quarter 3. A further 3 Aspire Programmes will be delivered in 2016-17.
- The evidence based tool 'Outcome Star' is being used to measure parenting progress in a number of areas considered to be key to effective parenting. The Trust Board report contains measures relating to two of these key areas 'boundaries and behaviour' (where there has been a 30% increase in the score at the end of the intervention) and 'meeting emotional needs' (with a 10% increase).
- 'Outcome Star' is also used to determine whether the support received by young carers has had a positive outcome. This report contains measures relating to young carers 'confidence and self esteem' (where there has been an 18% increase) and 'feelings and behaviour' (with a 12% increase).

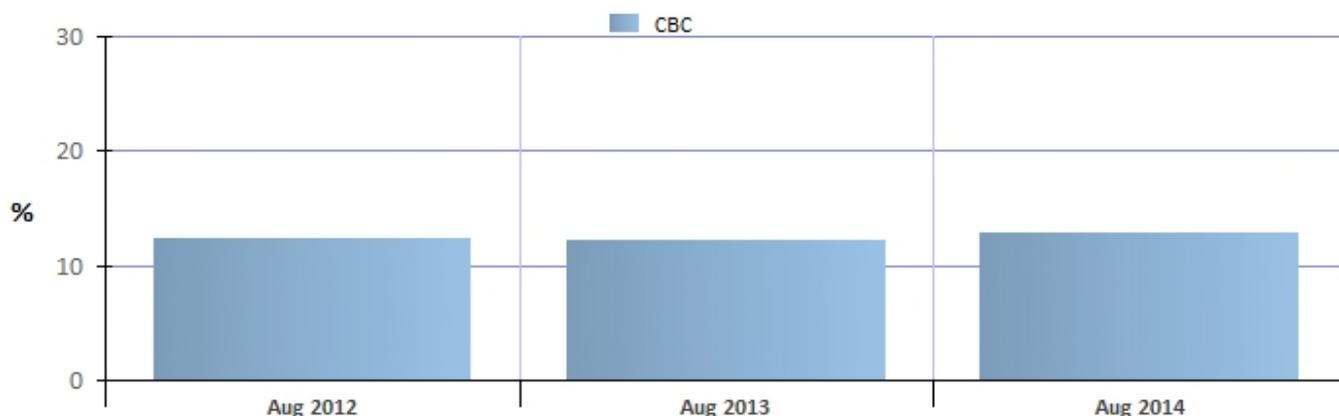
It should be noted that the Outcome Star measures reflect results from a small number of parents and young carers.

...		Latest Data	Latest Data	Target	Current Status
...	Percentage of children in low income families	Aug 14	12.8		
...	A2 MTP Number of people in employment aged (16 to 64) (% above national average)	Jun 16	3.4	5.0	▲
...	Universal health review for all 2 - 2½ year olds	Sep 16	76.3	90.0	▲
...	Number of Enquiries to the Access and Referral Hub	Sep 16	4,455		■
...	Number of Early Help Assessments Received	Sep 16	661		■
...	% of children achieving a good level of development at the Early Years Foundation Stage	Sep 16	68	72	▲
...	Number of disadvantaged 2 year olds placed in early education/childcare	Jun 16	602	767	▲
...	% of early years & childcare settings judged by Ofsted to be Outstanding & Good	Sep 16	92	90	★
...	% of under 5 year olds from the 40% most deprived LSOAs engaged with children's centres	Sep 16	84.0		■
...	Supporting Families Programme is meeting nationally set target -National Troubled Families Programme	Sep 16	375	354	★

...		Latest Data	Latest Data	Target	Current Status
...	% of participants in the Aspire programme reporting improved aspirations and self esteem	Jun 16	88	85	★
...	Number of young carers identified and offered support	Mar 16	140	65	★
...	Young carers feel supported: Confidence and Self Esteem	Sep 16	18 %		📊
...	Young Carers feel supported: Feelings and Behaviour	Sep 16	12 %		📊
...	Parents progress: Meeting Emotional Needs	Sep 16	10 %		📊
...	Parents Progress: Boundaries and Behaviour	Sep 16	30 %		📊

RAG	Measure Name	Good is.....
	Percentage of children in low income families	Low

Outturn	Aug 2012	Aug 2013	Aug 2014
CBC Actual %	12.4	12.1	12.8
Target %	10.0	10.0	
DoT	↑	↑	↓



Commentary:

The latest available data* (snapshot 31 August 2014) for Central Bedfordshire shows 12.8% of children living in low income families. This relates to all dependent children under the age of 20. This is an increase from 12.1% as at August 2013.

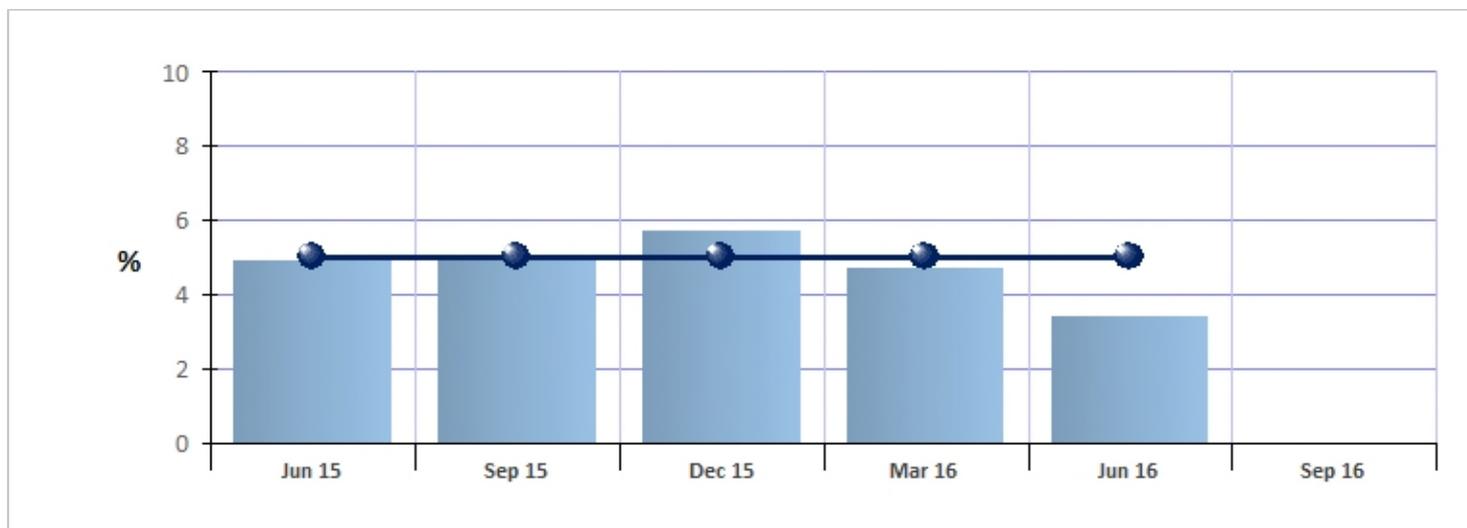
It should be noted that there was also an increase nationally - where approximately 400,000 more children in families were earning less than 60% of the median income. The main reason for this increase was that the low-income threshold, which is 60 per cent of the median income, rose from £218 in 2013, to £253 in 2014. So some families would have had the same income in 2013 and 2014 (e.g. £240), but would only have been considered 'in poverty' in 2014 due to the threshold change.

Central Bedfordshire: 0.7% increase from August 2013 to August 2014.
 England: 1.9% increase from 18.0% August 2013 to 19.9% August 14.

*Published September 2016

RAG	Measure Name	Good is.....
▲	A2 MTP Number of people in employment aged (16 to 64) (% above national average)	High

Outturn	Jun 2015	Sep 2015	Dec 2015	Mar 2016	Jun 2016
CBC Actual %	4.9	5.0	5.7	4.7	3.4
Target %	5.0	5.0	5.0	5.0	5.0
DoT	↓	↑	↑	↓	↓



Commentary:

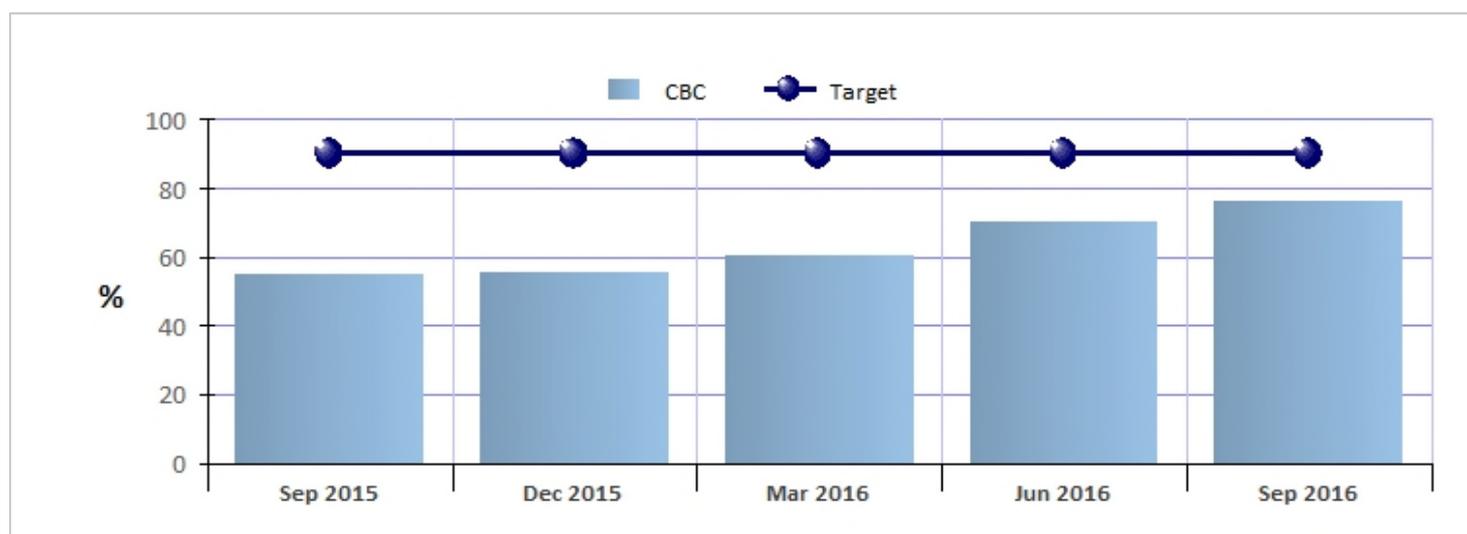
In June 2016 there were 135,600 people aged 16-64 in employment, 1,700 down from the previous period. Central Bedfordshire remains above comparator areas, and is 3.4% points above the national rate of employment. However, this is below the Council's 5% target. This decrease is well within the statistical confidence intervals of the indicator and this could explain the fall. A corresponding increase in the levels of claimant count and modelled unemployment has not been witnessed.

This indicator will be closely reviewed to monitor future changes.

RAG	Measure Name	Good is.....
▲	Universal health review for all 2 - 2½ year olds	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	54.8	55.3	60.5	70.5	76.3
Target %	90.0	90.0	90.0	90.0	90.0
DoT	↑	↑	↑	↑	↑

		Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
No. of children due & received a 2/2½ health review by the time they turned 2½ years by end of qtr.	Actual	461	449	506	601	639
No. of children due a 2/2½ health review by the end of the quarter who fulfil the criteria	Actual	842	812	836	852	837



Commentary:

% of children participating in the 2 / 2.5 year health review (local data)

This is a significant increase on the percentage for Quarter 1 (70.5%), and is above the provider's trajectory forecast for September 2016 (73%).

Planned Actions:

Additional staff have now been recruited for Dunstable and Houghton Regis, and will be in post by the end of October 16. Integrated health and education reviews for 2/2½ year-olds are now being undertaken in all pre-school settings.

RAG	Measure Name	Good is.....
n/a	Number of Enquiries to the Access and Referral Hub	N/A

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual	5,881	8,817	12,012	2,930	4,455
DoT	↑	↑	↑	↓	↑



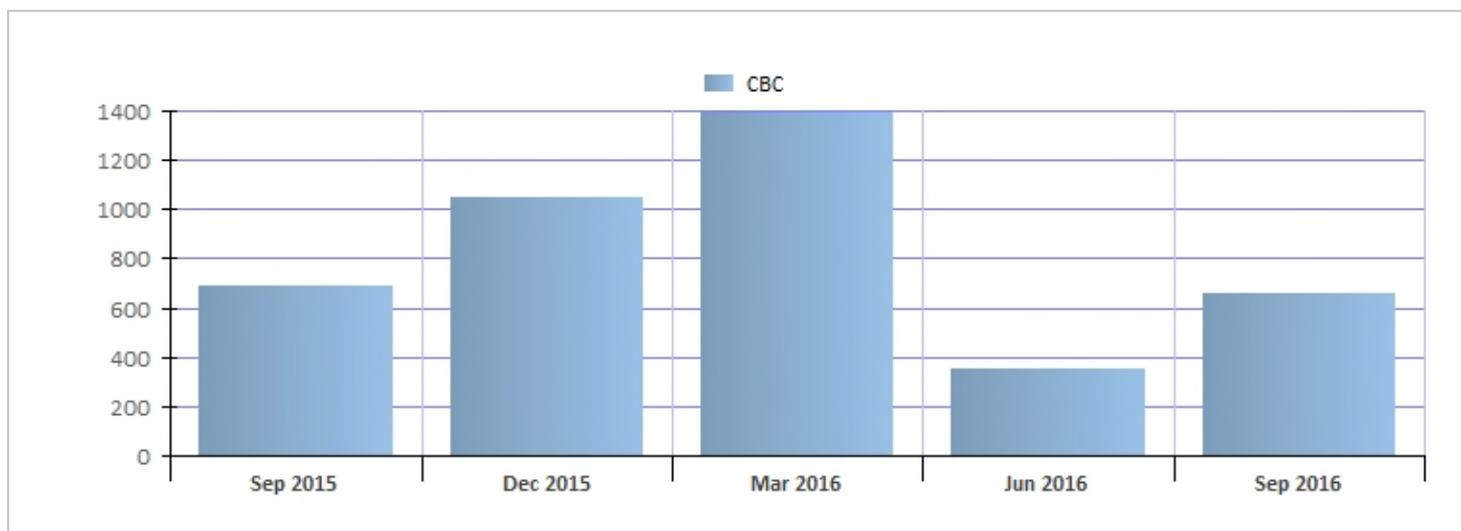
Commentary:

Enquiries continue at expected levels.

This is a local (cumulative) measure. National and statistical neighbour averages are not available.

RAG	Measure Name	Good is.....
n/a	Number of Early Help Assessments Received	N/A

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual	688	1,051	1,389	351	661
DoT	↑	↑	↑	↓	↑



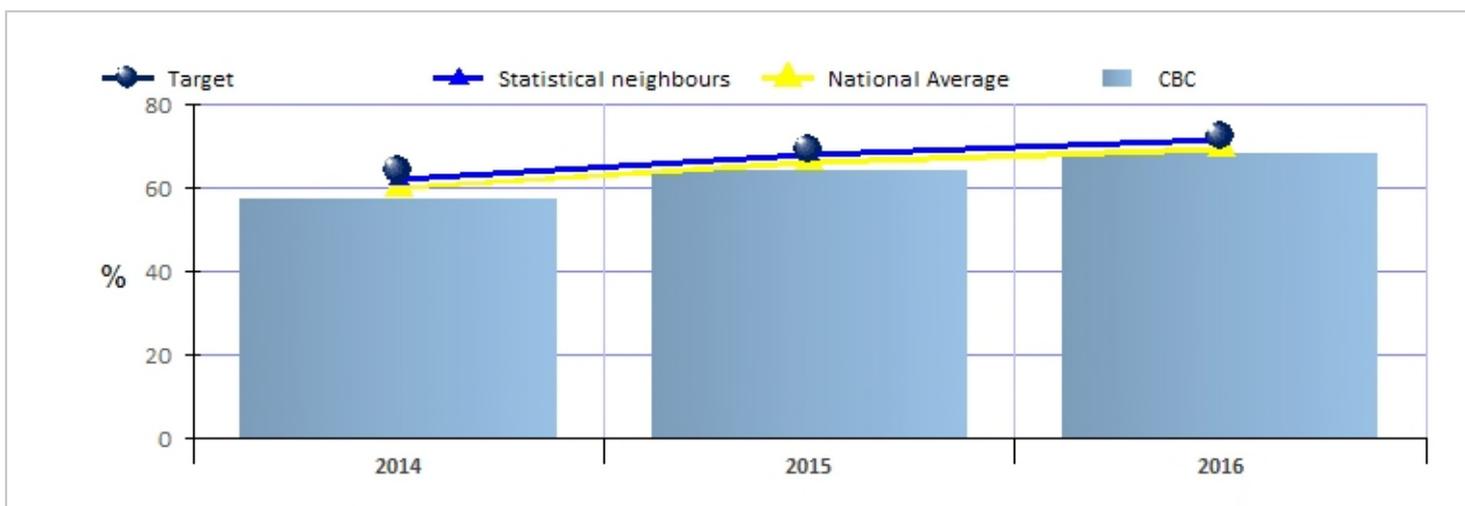
Commentary:

This is a local (cumulative) measure. National and statistical neighbour averages are not available.

Provisional figures shown.

RAG	Measure Name	Good is.....
▲	% of children achieving a good level of development at the Early Years Foundation Stage	High

Outturn	2014	2015	2016
CBC Actual %	57	64	68
CBC Target %	64	69	72
DoT	▲	▲	▲
Statistical neighbours %	62	68	72
National Average %	60	66	69



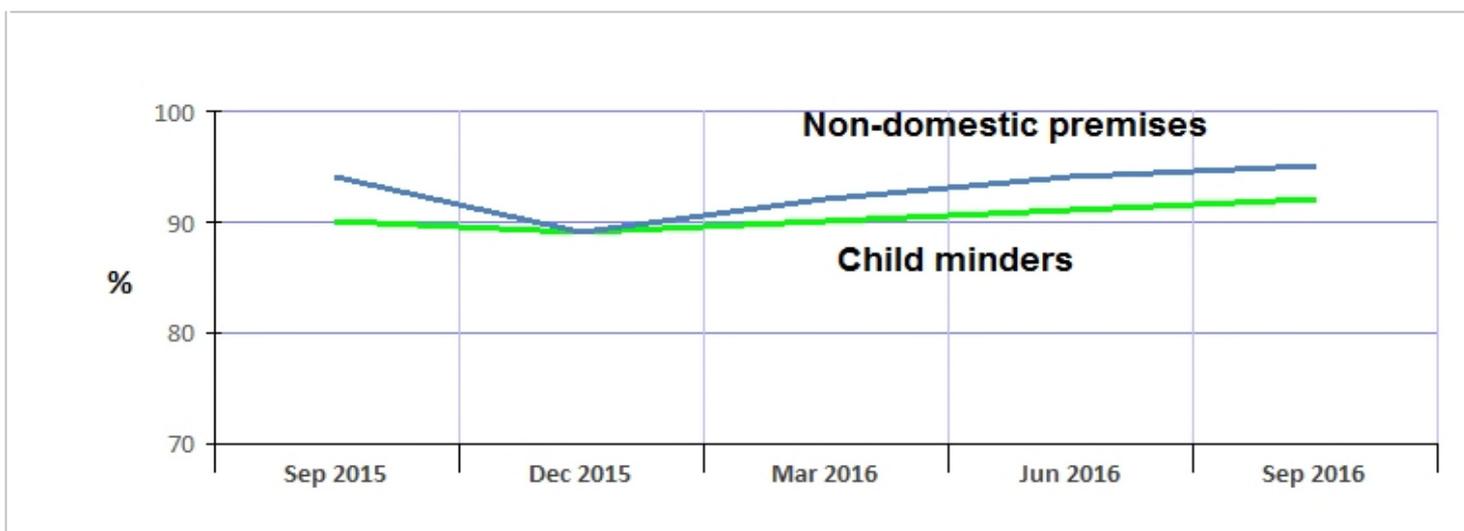
Commentary:

The 2016 results for Central Bedfordshire show that 68% of children were classed as having a 'Good Level of Development'. This is a 5% improvement from 2015 but Central Bedfordshire remains below the National (69%) and Statistical Neighbour (72%) averages.

Positive action is being taken to ensure that children in Central Bedfordshire are ready for learning.

RAG	Measure Name	Good is.....
★	% of early years & childcare settings judged by Ofsted to be Outstanding & Good	High

	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
% of early years & childcare settings judged by Ofsted to be Outstanding & Good	90	89	90	91	92
% of published Good & Outstanding Ofsted classifications - on non-domestic premises	94	89	92	94	95
% of published Good & Outstanding Ofsted classifications - child minders within Central Bedfordshire	90	89	90	91	92



Commentary:

Ofsted publish a similar measure - latest comparator data below (as at March 16):

The percentage of non domestic childcare rated Good/Outstanding:

Central Bedfordshire: 92%

Statistical Neighbour Average: 91%

England: 90%

The percentage of childminders rated Good/Outstanding:

Central Bedfordshire: 89%

Statistical Neighbour Average: 85%

England: 83%

RAG	Measure Name	Good is.....
n/a	% of under 5 year olds from the 40% most deprived LSOAs engaged with children's centres	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	70.0	80.0	83.0	83.0	84.0
DoT	↓	↑	↑	→	↑

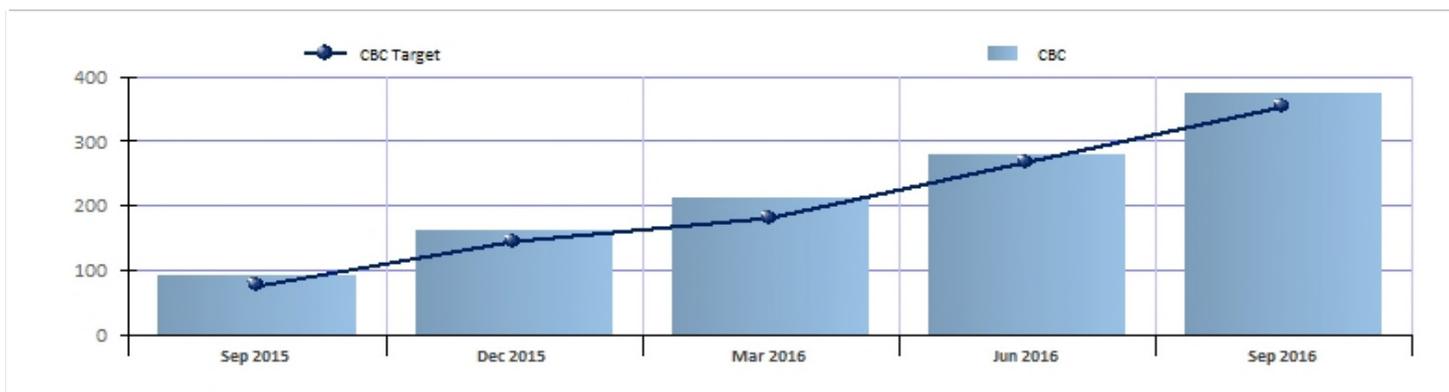


Commentary:

84% of under 5 's from the 40% most deprived LSOA's were engaged with Children's Centres in Quarter Two (an increase of 1% from the previous quarter).

RAG	Measure Name	Good is.....
★	Supporting Families Programme is meeting nationally set target -National Troubled Families Programme	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual	92	162	212	280	375
Target	76	144	180	267	354
Actual	↑	↑	↑	↑	↑



Commentary:

The engagement target for the second year of this programme has been agreed with the DCLG and is set at 350 new families engaged with the programme, which brings the overall target for 2016/17 to 530, with the following quarterly/incremental targets:

Q1: 267 Q2: 354 Q3: 442 Q4: 530

The overall target of 1090 across the life of the programme is due to increase to 1120 in February 17 - this 'reallocation' figure is due to revisions in national data sets regarding deprivation.

As at the end of Quarter 2 there were 375 families engaged with the programme. The 2016/17 Q2 engagement target of 354 has, therefore, been met.

During the July (Payment by Results) claim period, audit approved a claim against 21 families for achieving successful and sustained progress. Significant progress has been achieved with a further 76 families. These cases are now being tracked (for 12 months) to evidence that the progress has been sustained. Social Care and Schools remain the most active referrers into the programme.

Developments / Future plans:

In order to deliver to the increased 2016/17 target, x 5 additional Family Partners have been recruited as well as a Family Researcher.

Engagement with colleagues in Health is being pursued due to the low numbers of referrals into the programme from Health - the co-ordinator of Smoking in Pregnancy, Maternal Mental Health and Maternal Obesity has attended a team meeting to begin that joint-working process.

The Bedfordshire Fire & Rescue Service is piloting a (12 week) course called 'Fire Forward' aiming to increase aspirations - initially open only to Central Bedfordshire Supporting Families. The pilot will target Year 10 students (14 years) and will include participating in a voluntary work placement. The focus is on education, anti-social behaviour and career/employment aspirations/opportunities - on completion of the course the young person will obtain an ASDAN award. If the pilot is successful consideration will be given to increasing the age group to under 25's. This pilot will start in November.

The programme's Employment Advisor (seconded from the DWP) was the only DWP employee within the London and Home Counties region to win an Excellence Award under the 'Changing Futures' category at the national DWP awards event, for her work in the CBC Supporting Families programme.

RAG	Measure Name	Good is.....
★	% of participants in the Aspire programme reporting improved aspirations and self esteem	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	91		86	88	
Target %	80			85	
DoT	↑			↑	

		Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
No. of YP completed 'AspireNLP School Programme' reported improvement in aspiration & self esteem	Actual	44.5		48.0	81.0	
Number of Young People completed 'AspireNLP School Programme'	Actual	49.0		56.0	92.0	



Commentary:

% of participants in the Aspire Programme reporting improved aspirations and self esteem (local data):

Outcomes from the Aspire Programme which started in June will be reported in Quarter 3.

Planned Actions:

4 Aspire Programmes have been commissioned for 2016-17. In addition to these programmes, an intervention programme on healthy relationships has been commissioned with effect from September 2016. Brook will be delivering targeted 1:1 and small group programmes helping young people to develop healthy relationships, stay safe, with improved knowledge of sexual health. The contract includes a Key Performance Indicator for self esteem which will be reported quarterly. Data from the first reported quarter will be available in mid January 2017.

RAG	Measure Name	Good is.....
n/a	Young carers feel supported: Confidence and Self Esteem	High

Outturn	Mar 2016	Jun 2016	Sep 2016
CBC Actual	10 %	18 %	18 %
Target			
DoT	↓	↑	→



Commentary:

This measure provides details of young carers reporting that the support they received has had a positive outcome. Outcomes are measured using Outcome Star - an evidence based tool for supporting and measuring change.

Young Carers will complete an Outcome Star at the start and the end of an intervention

Confidence and Self Esteem - There was an 18% increase in the score at the end of the intervention. This is based on the difference between the star completed at the start of the intervention and the one at the end.

This relates to a small number completing the Star.

RAG	Measure Name	Good is.....
n/a	Young Carers feel supported: Feelings and Behaviour	High

Outturn	Mar 2016	Jun 2016	Sep 2016
CBC Actual	15 %	10 %	12 %
Target			
DoT	↓	↓	↑



Commentary:

This measure provides details of young carers reporting that the support they received has had a positive outcome. Outcomes are measured using Outcome Star - an evidence based tool for supporting and measuring change.

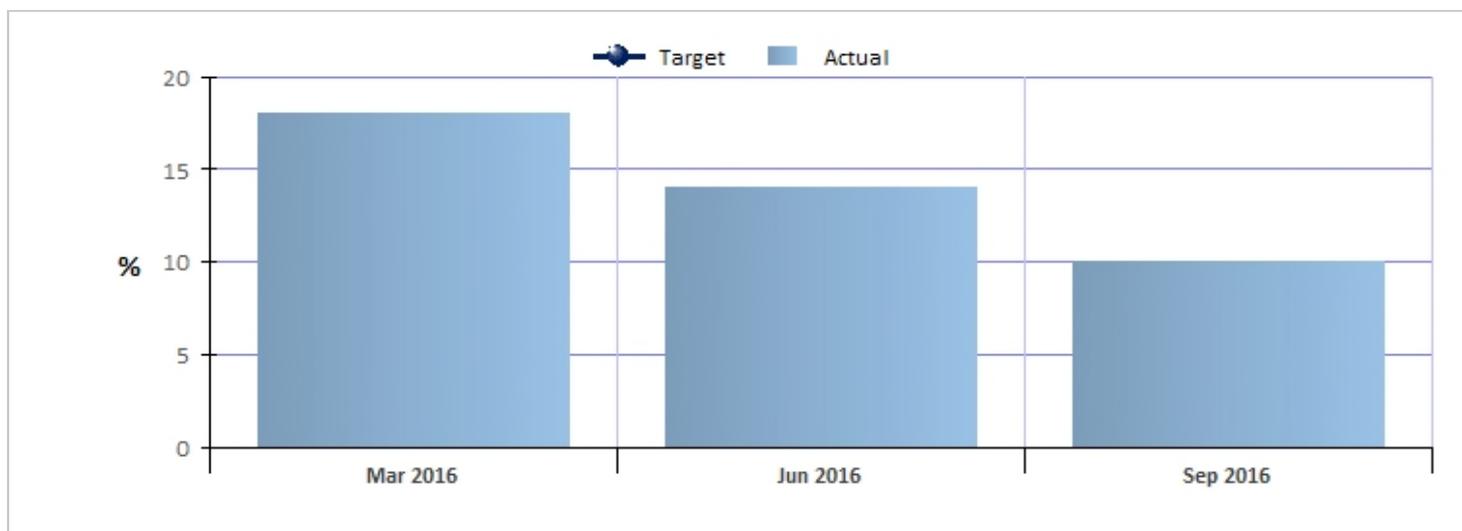
Young Carers will complete an Outcome Star at the start and the end of an intervention

Feelings and Behaviour - There was a 12% increase in the score at the end of the intervention. This is based on the difference between the star completed at the start of the intervention and the one at the end.

This relates to a small number completing the Star.

RAG	Measure Name	Good is.....
n/a	Parents progress: Meeting Emotional Needs	High

Outturn	Mar 2016	Jun 2016	Sep 2016
CBC Actual	18 %	14 %	10 %
Target			
DoT	↓	↓	↓



Commentary:

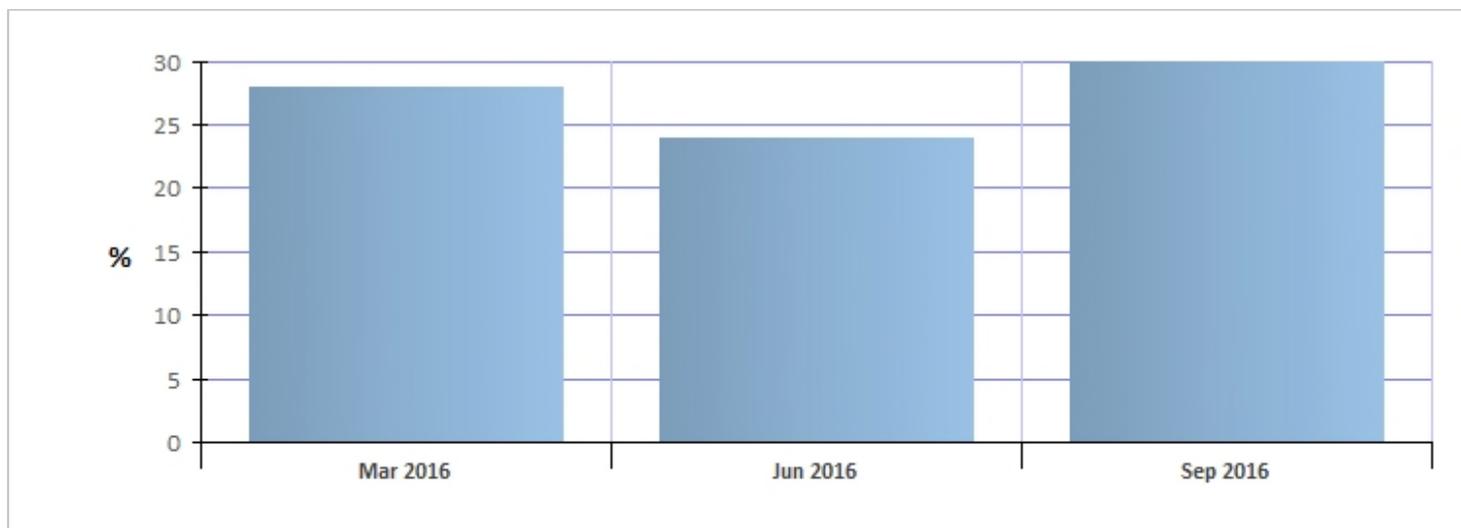
Parents receiving a one to one intervention complete an Outcome Star at the start and at the end of an intervention. The Outcome Star measures progress against a number of areas. The Trust Board performance report includes details in respect of 2 of these areas boundaries and behaviour, and meeting emotional needs.

Meeting Emotional Needs - There was a 10% increase in the score at the end of the intervention. This is based on the difference between the star completed at the start of the intervention and the one at the end.

This relates to a small number completing the Star.

RAG	Measure Name	Good is.....
n/a	Parents Progress: Boundaries and Behaviour	High

Outturn	Mar 2016	Jun 2016	Sep 2016
CBC Actual	28 %	24 %	30 %
Target			
DoT	→	↓	↑



Commentary:

Parents receiving a one to one intervention complete an Outcome Star at the start and at the end of an intervention. The Outcome Star measures progress against a number of areas. The Trust Board performance report includes details in respect of 2 of these areas boundaries and behaviour, and meeting emotional needs.

Boundaries and Behaviour - There was a 30% increase in the score at the end of the intervention. This is based on the difference between the star completed at the start of the intervention and the one at the end.

This relates to a small number completing the Star.

Children and Young People's Plan



Being healthy and positive

Outcomes

Children have the best start in life	Improved mental health for children, young people and their parents	Better health outcomes for looked after children	Fewer young people engaging in risky behaviours	Children and families developing lifelong healthy lifestyles
<p>Cross Cutting: Early help for all who need it Put children and young people at the centre of everything we do Multi-agency learning and shadowing opportunities to promote shared understanding of work Children and young people with special educational needs and disabilities fulfil their aspirations and potential</p>				

Overall summary

Quarter Two 2016/17

The Scorecard provides details on the measure set within in the Children and Young People's Plan (March 2015 - March 2017) for the priority 'Being healthy and positive'. The latest position is shown for all measures below. Detailed measure pages are also included - where new data or commentary is available / due to be reported in Quarter 2.

Key Points

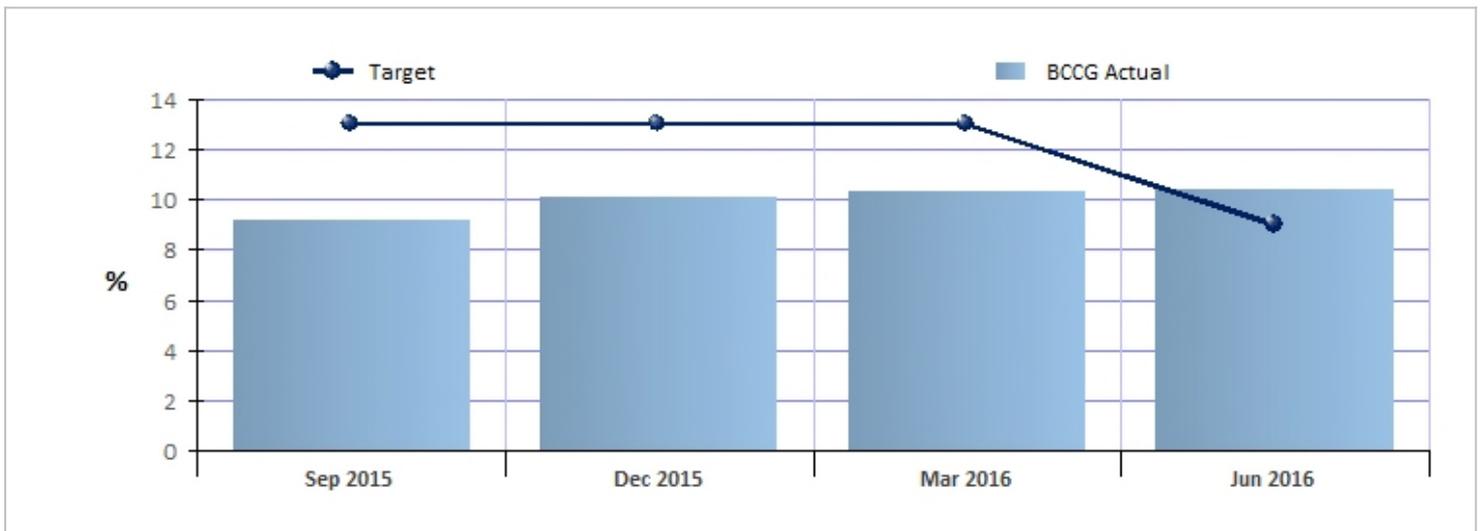
- Quarter 1 rates for mothers smoking at time of delivery are below the aspirational target of >9%, but continue to show a downward annual trend for BCCG since 2010/11.
- Local data for breastfeeding at 6-8 weeks for Central Bedfordshire for Quarter 2 (48.8%) shows a slight decrease on Quarter 1 (52%), although some GP Practices have yet to submit their data for this period.
- The percentage of mothers who receive a Maternal Mood Review by the time their baby is 8 weeks old has increased from 56.9% (Quarter 1) to 67.7% in Quarter 2.
- There has been a decrease of 0.6% in rates for excess weight in Year R from 2014/15 to 2015/16 - from 20.2% to 19.6%.
- In Year 6, there has been an increase in rates for excess weight - from 26.8% in 2014/15 to 29.4% in 2015/16. However, the change in figures is not statistically significant - due to the confidence intervals for this measure.
- The latest rate of admissions to hospital for young people aged 10 to 24 as a result of self-harm (for 2014-15) has previously been reported to the Board.
- The latest rate for hospital admissions due to alcohol specific conditions in under-18 year-olds (for 2012/13-2014/15) has previously been reported to the Board.
- The latest rate for hospital admissions due to substance misuse for 15-24 year-olds (for 2012/13-2014/15) has previously been reported to the Board.
- Nationally published data on under 18 conception rates in Central Bedfordshire has previously been reported to the Board; ward level data for 2012-14 indicates that only 2 wards now remain as 'high rate wards' in Central Bedfordshire.
- 93.2% of looked after children have had their annual health assessment a reduction from 97.7% in Quarter 1. It is anticipated that this percentage will improve for year end.
- The latest data on children and young people reporting a reduction in alcohol and/or drugs usage 3 months following the end of a Tier 2 or Tier 3 intervention demonstrates sustained outcomes for those young people using the service. The service provider has developed a new indicator to capture the impact of the work to support 'affected others' - i.e. young people who have parents/carers who misuse substances.
- Chlamydia detection rates per 100,000 for 15-24 year olds in Central Bedfordshire for 2015 have previously been reported to the Board.
- The average Strengths and Difficulties Questionnaire (SDQ) score for looked after children has reduced from 14.4 in Quarter 1 2016/17 to 13.4 in Quarter 2 2016/17. (Lower is better).

...		Latest Data	Latest Data	Target	Current Status
...	% mothers smoking at the time of delivery	Jun 16	10.4	9.0	▲
...	Breastfeeding initiation	Mar 15	76.4	80.0	●
...	Breastfeeding prevalence at 6-8 weeks after birth	Sep 16	48.8	50.0	●
...	Assessment of perinatal (maternal) mental health	Sep 16	67.7	90.0	▲
...	Childhood Excess Weight: Reception Year Children (4-5 years)	Jul 16	19.6	18.8	●
...	Childhood Excess Weight: Year 6 (10-11 years)	Jul 16	29.4	27.3	●
...	Hospital admissions as a result of self harm (10-24 years) rate per 100,000	Mar 15	358.9		■
...	Hospital admissions due to alcohol specific conditions (under 18) rate per 100,000	Mar 15	24.7		■
...	Hospital admissions due to substance misuse (15-24 years) rate per 100,000	Mar 15	85.3		■

...		Latest Data	Latest Data	Target	Current Status
...	Under 18 conceptions	Dec 14	18.8	23.2	★
...	% LAC Annual Health Assessment	Sep 16	93.2	100.0	●
...	% children & young people reporting a reduction in alcohol and/or drugs usage 3 months (Tier 2)	Sep 16	90		■
...	% children & young people reporting a reduction in alcohol and/or drugs usage (Tier 3)	Sep 16	100		■
...	Emotional & behavioural health of children in care - Average SDQ Score	Sep 16	13.4	13.0	●
...	Chlamydia detection rate per 100,000 in 15-24 year olds	Dec 15	1,252	2,300	▲

RAG	Measure Name	Good is.....
▲	% mothers smoking at the time of delivery	Low

Outturn	Sep 15	Dec 15	Mar 16	Jun 16
BCCG Actual %	9.2	10.1	10.3	10.4
Target %	13.0	13.0	13.0	9.0
DoT	▲	▼	▼	▼



Commentary:

National published data.

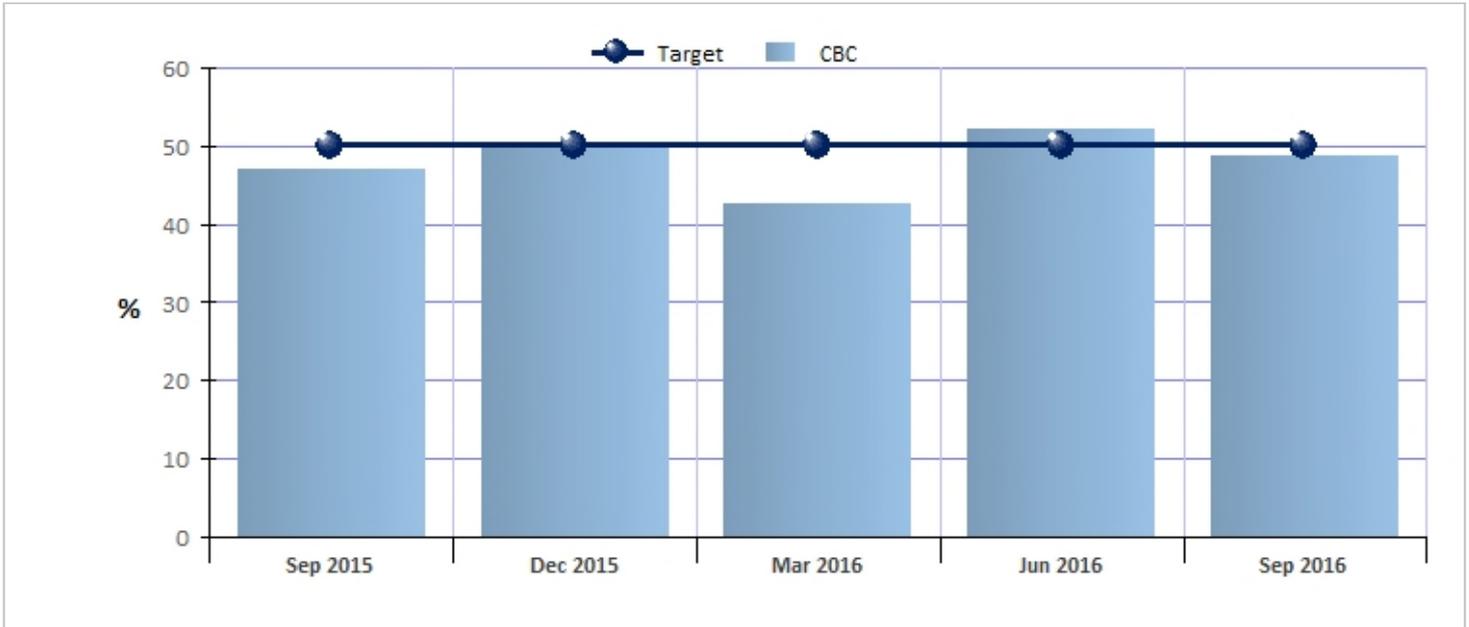
Quarter 1 rates for Bedfordshire Clinical Commissioning Group (BCCG) for 2016/2017 (10.4%) are below the aspirational target of <9%, although continuing the downward trend for BCCG since 2010/11.

Planned Actions:

Focus groups with pregnant smokers are being set up in Central Bedfordshire to explore why women choose to continue to smoke and decline referrals into the stop smoking service. Outcomes from this work will shape service delivery and support.

RAG	Measure Name	Good is.....
●	Breastfeeding prevalence at 6-8 weeks after birth	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	47.0	50.0	42.6	52.0	48.8
Target %	50.0	50.0	50.0	50.0	50.0
DoT	↓	↑	↓	↑	↓



Commentary:

Local Quarter 2 (2016-17) data for Central Bedfordshire indicates a slight decrease on Quarter 1, although at the time of reporting, some GP practices still need to submit data for this period.

Planned Actions:

Increased numbers of ante-natal visits by Health Visitors will continue to improve mothers' commitment to continue breastfeeding.

Midwifery services in each acute trust need to continue strive for >80% initiation breastfeeding rate to ensure continued breastfeeding.

RAG	Measure Name	Good is.....
▲	Assessment of perinatal (maternal) mental health	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual	55.5	55.2	50.8	56.9	67.7
Target	90.0	90.0	90.0	90.0	90.0
DoT	→	↓	↓	↑	↑

		Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
Total number of mothers who received a Maternal Mood review by the time the infant turned 8 weeks	Actual	431		356	493	565
Total number of mothers with infants who turned 8 weeks	Actual	776		719	867	835



Commentary:

Local data

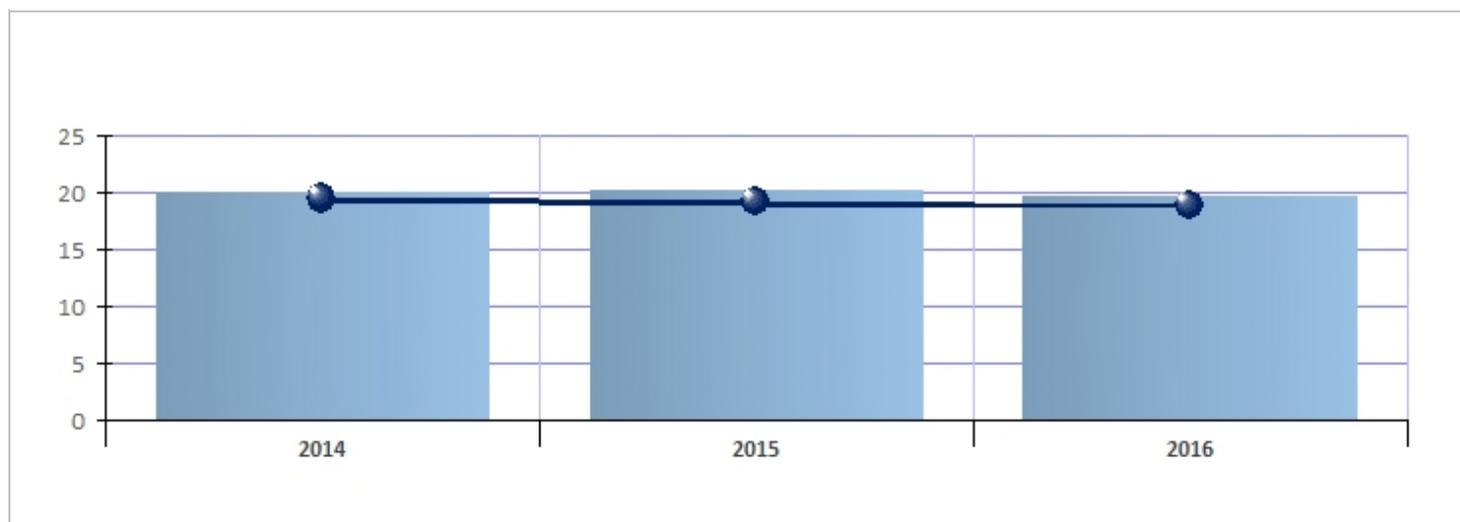
Universal maternal mood assessments are now being completed across all teams. There is a significant increase on the percentage for Quarter 1 2016/17 (56.9%), and the Provider is confident that they will be meeting the target of >90% by the end of Quarter 3.

Planned Actions:

Universal maternal mood assessments are now being completed across all teams. The Service Provider has set up new reporting systems which will improve the quality of data reported. Full impact will be shown with October data.

RAG	Measure Name	Good is.....
	Childhood Excess Weight: Reception Year Children (4-5 years)	Low

Outturn	2013	2014	2015	2016
CBC Actual %	19.7	20.0	20.2	19.6
DoT				
Target %		19.4	19.1	18.8



Commentary:

National published data.

Although the annual target of 18.8% for the academic year 2015/16 has not been met (against the baseline from 2012/13), there has been a decrease of 0.6% on 2014/15 rates for Year R. New target for the academic year 2016/17 to be confirmed.

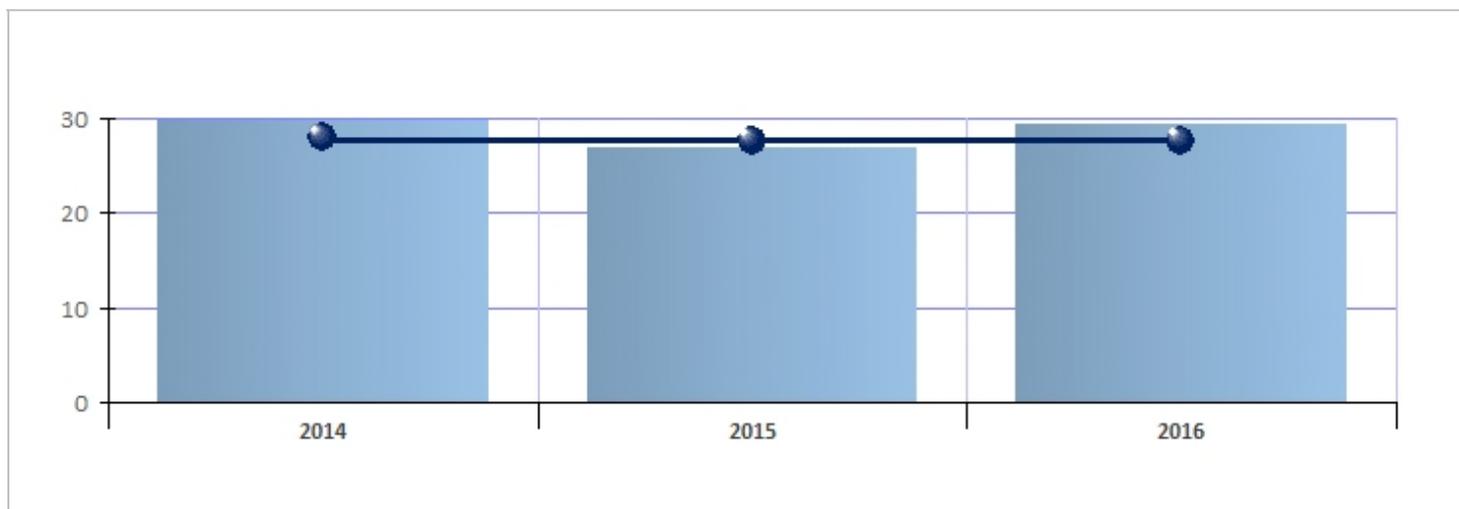
Planned Actions:

In 2016/17 2 extra HENRY programmes (for 2-4 year-olds) will be delivered in Central Bedfordshire Children's Centres.

A focus on children, young people and families is a key priority in the implementation of the Central Bedfordshire Excess Weight Strategy across all systems and services, incorporating early years settings, schools and the 0-19 Health Visiting and School Nursing Services.

RAG	Measure Name	Good is.....
	Childhood Excess Weight: Year 6 (10-11 years)	Low

Outturn	2013	2014	2015	2016
CBC Actual %	28.5	29.8	26.8	29.4
DoT				
Target %		27.9	27.6	27.3



Commentary:
National published data.

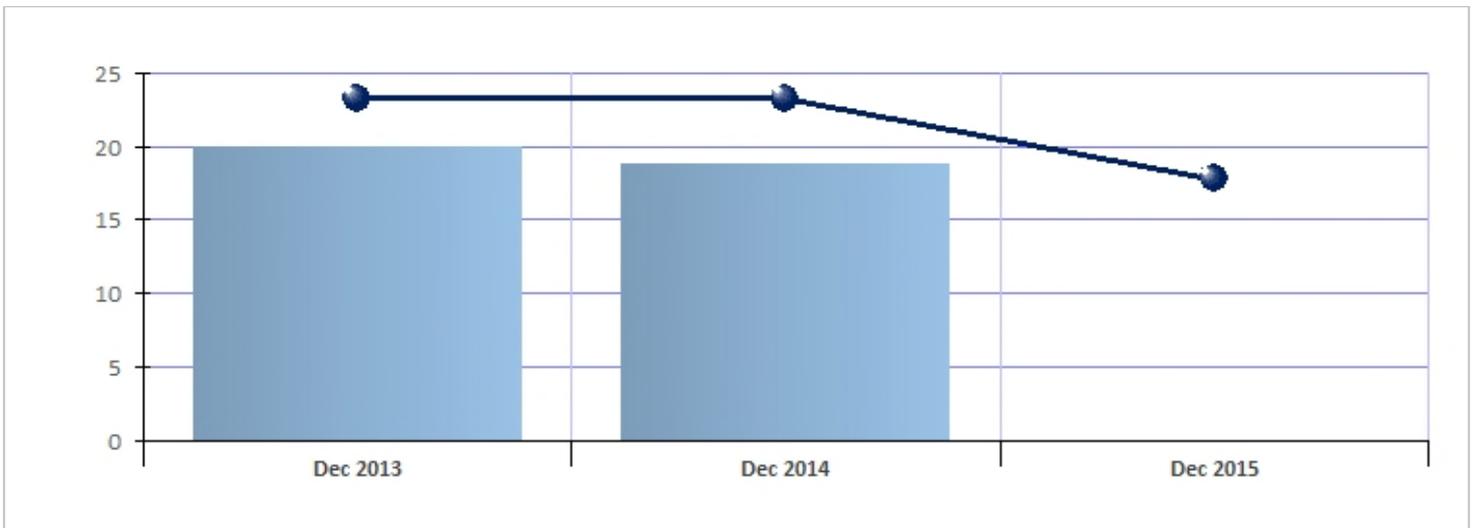
There has been an increase in rates for Year 6 in the academic year 2015/16 to 29.4% - from 26.8% in 2014/15 - although there is no statistical difference. The new target for the academic year 2016/17 to be confirmed.

Planned Actions:

Making the Most of Me' training for staff working with Year 4 in schools will be delivered to targeted schools in 2016/17. The Sustrans 'Bike It' programme is being delivered in 34 schools across Central Bedfordshire and will continue to March 2018.

RAG	Measure Name	Good is.....
★	Under 18 conceptions	Low

Outturn	Dec 2013	Dec 2014	Dec 2015
CBC Actual	19.9	18.8	
Target	23.2	23.2	17.7
DoT	↑	↑	



Commentary:

National published data

ONS Data for 2015 will be published in March 2017.

Ward Level Published Data for 2012-14:

There are now just 2 high rate wards in Central Bedfordshire - Manshead and Northfields. Leighton Buzzard North - although not defined as a 'high rate ward' - continues to have relatively high numbers of under-18 conceptions. Targeted work will continue in this ward also.

Planned Actions:

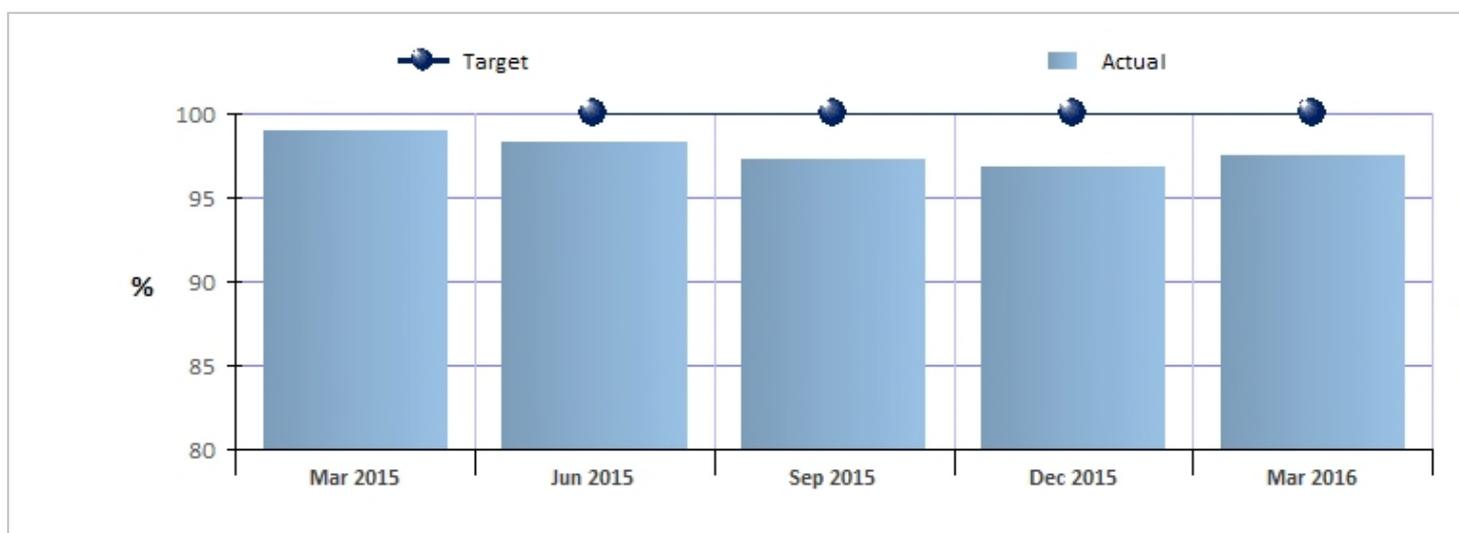
Target 17.7 for 2015

Evidence based work and interventions will continue in these priority wards.

RAG	Measure Name	Good is.....
●	% LAC Annual Health Assessment	High

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual %	97.3	96.8	97.5	97.7	93.2
Target %	100.0	100.0	100.0	100.0	100.0
DoT	↓	↓	↑	↑	↓

		Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
Number of LAC for 12 mths+ who had annual health assessment	Actual	180	183	194	209	205
Total number of LAC who had been looked after continuously for 12 mths+	Actual	185	189	199	214	220



Commentary:

205 Review Health Assessments have been completed out of 220 (93.2%). It is anticipated that this percentage will improve next month and for year end.

2014/15:

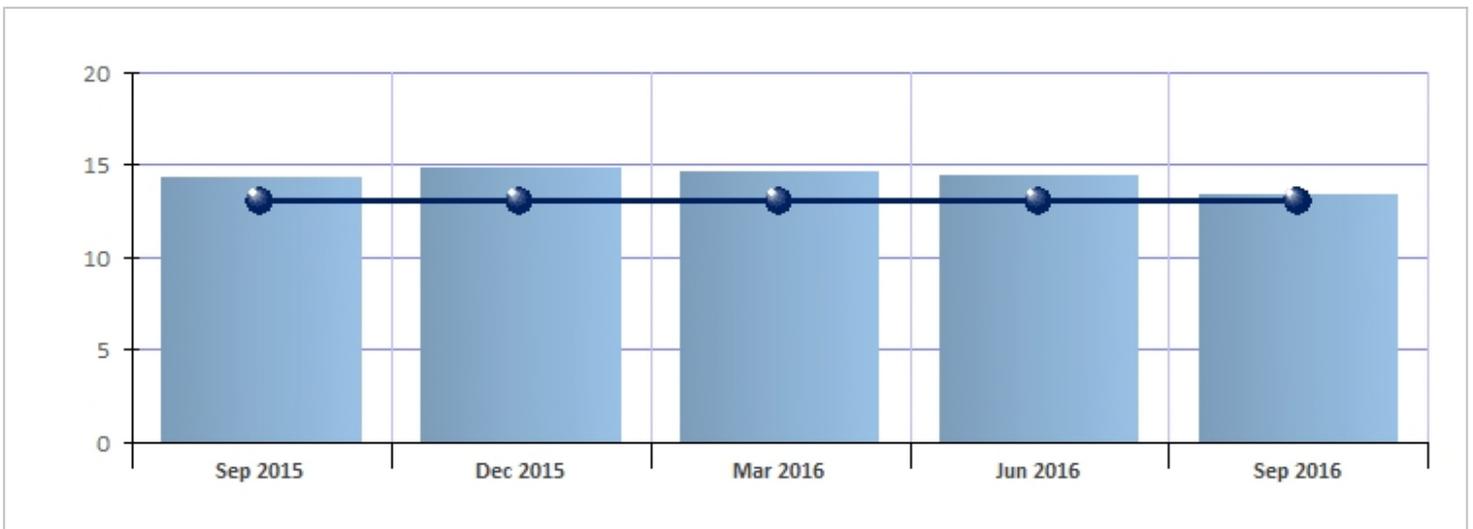
Statistical Neighbour average: 86.3%

National average: 89.7%

RAG	Measure Name	Good is.....
●	Emotional & behavioural health of children in care - Average SDQ Score	Low

Outturn	Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
CBC Actual	14.3	14.8	14.6	14.4	13.4
Target	13.0	13.0	13.0	13.0	13.0
DoT	↑	↓	↑	↑	↑

		Sep 2015	Dec 2015	Mar 2016	Jun 2016	Sep 2016
Number of LAC for more than one year aged 4-16 who have had an SDQ assessment	Actual	71	131	165	43	
Sum of score of SDQ assessments completed for LAC for more than one year aged 4-16	Actual	1,018	1,945	2,405	619	



Commentary:

Maintenance of emotional well being for children is achieved through referral to and intervention by CAMHS. Emotional well being of children is further enhanced through having stable placements, consistency of social worker, life story work and care plans that are addressing their needs.

Central Bedfordshire Children's Trust Board Item 7 Appendix B

Title of Report: Ensuring Good Mental Health and Wellbeing for Children in Central Bedfordshire Council

Meeting Date: 5th December

Presented by: Dr. Sanhita Chakrabarti

Lead Clinician Bedfordshire Clinical Commissioning Group

Recommendation

1. That the Board considers an update on a range of activities taking place across organisations and partners to improve emotional resilience and mental health and wellbeing in children across Central Bedfordshire.
2. This update includes reference to the work of the multi-agency partnership task and finish group - set up following the Children's Trust Board meeting of 6th June 2016.
3. This update includes a short reference to the indirect impact of being overweight on children's mental health and the difficulties in resolving overweight prevalence in families.

Background

4. The Director of Public Health's Report on Mental Health in 2014 identified the need to improve mental health and wellbeing for all children to prevent the long lasting negative impact of mental illness. The report identified action in key areas: ensuring the best start in life; strengthening emotional resilience and wellbeing; detecting and treating illness early and ensuring

children have access to high quality services to support them and their families to become more resilient.

5. The recommendations were to:

5.1 Ensure excellent maternal mental health.

5.2 Help children to become more resilient.

5.3 Increase the early identification of children who are at risk of poor mental health.

5.4 Ensure children, young people and their carers receive high quality, safe, accessible, equitable and timely mental health services.

To ensure excellent maternal mental health

6. Maternal mental health disorders following childbirth are common and often serious. Pregnancy and childbirth are major life events, with potential consequences on maternal mental wellbeing. Women may develop mental illness for the first time during the perinatal period or may experience an exacerbation of a pre-existing illness. The risk for severe mental illness is higher in women with pre-existing mental illness.

Update:

7. Q2 data suggests 67.7% of mothers received maternal moods assessment by health visitors. The ambition is to increase the proportion of mothers receiving maternal moods assessment to >90% by the end of Q3.

8. Evidence based pathways are now established to support mothers who have been identified to have a mental health issue in the antenatal and postnatal period. Adult mental health services provided by East London Foundation Trust will support mothers when they are identified to have mental health problems. Adult mental health services will fast track any referrals for mothers who need support for their mental health needs.

9. Bespoke training will be made available to health visitors, children's centre staff and community midwives to enhance skills around early identification of mental health problems in mothers; the effect on the mother/baby attachment;

and support for mothers with low grade mental health problems. This is planned for January 2017 and 20 professionals across the system have been identified.

10. An infant psychotherapist post has been established within the CAMHS service to support mothers and babies who have been diagnosed to have attachments issues.

To help children become more resilient

11. Children need to build skills early in life to be able to increase their resilience for future life events. This will help to prevent behavioural problems (including substance misuse) and mental illness. Resilience results in the ability to be autonomous, problem-solve and manage emotions. There are several aspects that work within the life course of a child to make them emotionally resilient. Below is an update on all areas of work that are geared to make our children resilient.
12. 68.5% of children are found to be “school ready” therefore achieving a Good Level of Development by the end of the Early Years Foundation Stage (2016 provisional results).
13. In Q1 2016 92% of Year R children received a comprehensive School Entry Health Assessment. These are conducted by school nurses. In Q2 66% received a Year 6 Health Assessment. As a result of a significant number of issues identified through the Year 6 Health Review, clinics are now being run in some schools to support young people’s emotional wellbeing.
14. To date the School Nursing Service supported 38 children and young people in Central Bedfordshire through the Tier 1 /2 Emotional Health and Wellbeing Support Pathway (numbers are monitored quarterly). A total of 11 children and young people were referred on to CHUMS/CAMHS in Q2.
15. 40 schools are participating in a feedback project to measure the impact of actions taken following the results of their SHEU survey report. These actions involve the development of plans to improve self-esteem and emotional resilience in children attending their schools.
16. Aspire program is a 14 week coaching workshop programme with 12 month tracking aimed at vulnerable young people. This delivers

measurable, improved outcomes in behaviour, education and health and wellbeing and provides a holistic, needs led model of approach for vulnerable children in schools and other settings. Four Aspire programs are being delivered for children in Central Bedfordshire. There is particular work to deliver the programme to Looked after children.

- 17.**All Secondary/Upper school, college and primary schools within Central Bedfordshire will have a CAMHS worker who will be responsible for mental health training of staff and parents in school. They will run consultation clinics in school for children who have been identified to have issues with mental health.
- 18.**A multi-agency partnership group has been set up to develop a strategy to improve emotional resilience and mental health and wellbeing for all children across Central Bedfordshire. A series of meetings have been planned so that a system wide response can be developed for children in all educational settings, families and vulnerable children and their families. A multi-agency group comprising of head teachers from schools, members of CCG, front line practitioners from school nursing, health visiting, Children and mental health services, looked after children, youth offending service, voluntary sector and parent carers forum have come together to support development of this strategy. So far two meetings have taken place and further meetings are planned with focussed work on looking at specific case studies of children and families to enhance the early intervention offer from all partners. The final strategy will be ready by April 2017. However, a lot of work is underway to embed evidence based interventions in service contracts for 2017/18 for maternity services, health visiting service and CAMHS services geared to improving emotional resilience in children. The group has heard presentations on the evidence of interventions that help children and families become more emotionally resilient. Partners have already identified a portfolio of enabling approaches and programs to help children and families across Central Bedfordshire such as the role of CHUMS to work with families early to promote emotional literacy. National expert Dr. Ann York, National Professional Advisor for CAMHS, Dr. Cathy Lavelle, Clinical Director East London Foundation Trust (Bedfordshire) are working as advisory partners

to the group to help with learning from the national best practice.

19. A programme is being developed in partnership with head teachers of primary and secondary schools which schools can practically deliver. This is based on recently published national guidance published by Department of Education. Particular training programmes such as Social and Emotional Aspects of Learning (SEAL), mental health first aid are being considered.

Excess weight in children and impact on children's mental health

20. Being overweight as a child or adolescent has been found to have an adverse effect on a young person's self-esteem, self-image, and self-concept, with physical appearance and athletic/physical competence being most affected. Obesity has also been associated with depression in adolescents. The health-related quality of life of severely obese children treated in clinical settings has been reported to be particularly poor and has been found to be similar to those diagnosed with cancer.
21. Longitudinal studies have also found that depression can predict obesity in adolescents and young adults. Some research studies indicate that obesity in adolescence may lead to depression in adulthood, and that adolescent depressive symptoms, especially among girls, may put individuals at risk for the onset of obesity later in life.
22. Studies suggest in obese children and adolescents' weight loss is found to increase in general self-esteem or quality of life. Weight management programmes have the potential to equip obese young people with positive self-evaluations that may enhance their future well-being, even if weight loss is not apparent in the short-term.
23. In Central Bedfordshire, A healthy lifestyle programme for young families called HENRY which includes physical activity, healthy eating and parenting support is made available through children's centers. This program is free and is open to all families. In addition there is Beezeebodies, which is a family weight management programme for 5 to 15 year olds and their families. Groups are run for the following age groups - 5 to 8, 7 to 11 and 12 to 15. The programme is delivered through 17 weekly sessions, which are run in:
 - Houghton Regis / Dunstable

- Leighton Buzzard
- Sandy / Biggleswade

24. The programme covers: advice and ideas about how to live a healthy lifestyle, help to manage your child's weight, sessions for parents / carers and child / young person, ways to enhance children's self-confidence, practical healthy eating sessions including quick, easy and cheap recipe ideas, advice about portion sizes, activities like basketball, street dance and tennis.
25. The latest excess weight data for Year R and Year 6 children will be available for this Children's Trust Board meeting.

To help vulnerable children becoming resilient

26. Risk factors for onset and exacerbation of mental ill-health in children and young people can be wide ranging and include:
- i) child-related factors such as genetic background, low birth weight, physical health problems, neurodevelopmental disorders (e.g. Autism or ADHD) and substance misuse.
 - ii) parent-related factors such as maternal stress during pregnancy, poor parental mental health, unemployment and social deprivation; environmental factors incorporating a wide range of adverse life events including physical, emotional or sexual abuse and family breakdown.
27. A combination of any of the above factors can potentially amplify the detrimental effect on a child's mental health and wellbeing.
28. It is therefore important to support our vulnerable children to develop emotional resilience to achieve their potential.

Looked after children

29. The Strength and Difficulty Questionnaire is used with looked after children as a measure of wellbeing. SDQs are completed on all Looked after Children and Young People aged 4-16 who have been looked after longer than a year. The year to date figure (as of October 2016) shows 105 children completing SDQs - with an average SDQ score for Central Bedfordshire children of 13.82. A low SDQ score is good and Central Bedfordshire is performing better than statistical neighbours (14.6 2014/15) and just below the national (13.9

2014/15) average. Work continues to support this group of vulnerable children.

30. A pilot project in one of the social work teams has been established to use Education and self-completed SDQs alongside Carers' SDQs. Clinicians from CAMHS service are now embedded in the Corporate Parenting Service including co-location with Social Work, Fostering and Adoption Teams so that comprehensive assessment and response is available to all looked after children.

Future in Mind steering group across CCG and local authority

31. From April 2016 additional investment has been made available to Bedfordshire CCG from national Future in Mind Transformation Funding. The following services have been developed across Bedfordshire and Luton with this transformation funds:

- A community Eating Disorder Service for children and young people.
- A seven day Crisis Assessment Team to support children and young people presenting to Bedfordshire hospitals and to provide alternative routes to emergency CAMHS support.
- CAMHS worker(s) embedded within Central Bedfordshire Early Intervention Team.
- CAMHS psychologist embedded within the local Child Development Teams to improve access to appropriate assessment for Autism and related neurodevelopmental conditions.
- Single Point of Entry (SPOE) to all CAMHS has been established by East London Foundation Trust. Every referral received into the service is screened for risk by a qualified clinician on a daily basis before being discussed at the SPOE. High risk referrals are responded to the same working day. The SPOE panel then meets weekly and consists of a cohort of managers and senior clinicians from both CAMHS and CHUMS who discuss and agree outcomes for all referrals into the services. After each case has been considered, all suitable cases are accepted into the most clinically appropriate service/team and then allocated an individual clinician. An initial assessment date is then agreed and a letter inviting the family to the clinic is distributed explaining the assessment. If the panel

recommend alternative interventions by other services more appropriate at this stage then the referral is signposted on the same day to another service for consideration (i.e. parenting, children's health or local authority support).

- The benefits of this model ensure a consistent approach to managing referrals is maintained and has improved record keeping and communication sharing with our tier 2 partners.
- All schools and colleges which have year 9 pupils and above within Central Bedfordshire will have a named CAMHS worker who will be responsible for mental health training of staff and parents in school. They will work in partnership with schools and where necessary, run consultation clinics in school for children who have been identified to have issues with mental health.
- All schools with year 8's and below will have named CHUMS staff to offer training to school MH leads and run consultation clinics.

Review of Strategic Governance Arrangements Children and Young People – Central Bedfordshire

PURPOSE

1. To set out the proposals for a new set of strategic governance arrangements to drive forward the integration of services in communities and support the delivery of improved outcomes for children and young people in Central Bedfordshire.

RECOMMENDATIONS

2. That Board Members consider and support the proposals for a new set of governance arrangements (**Appendix B**).

PUBLIC/EXEMPT: Public

CONTACT: Karen Oellermann Assistant Director Commissioning and Partnerships 0300 300 5265

BACKGROUND

3. In order to improve outcomes for children and young people, there is a need to ensure that governance arrangements are in place which enable effective decision making, oversight and accountability.
4. Appendix A sets out the way in which partners in Central Bedfordshire currently work together at a strategic level to understand need, determine priorities, challenge and monitor progress.
5. Under the current set of arrangements it is recognised that there is duplication with similar strategies, visions, reports and performance scorecards being received by a number of Strategic Boards such as the Health and Wellbeing Board, Children's Trust Board, Community Safety Partnership, Partnership Vision for Education Board and Central Bedfordshire Safeguarding Children Board. There is also some crossover in membership – which results in repetition for those partners who are members of more than one strategic board.
6. In view of this there is scope to streamline these arrangements and develop a leaner, more responsive partnership strategic leadership structure which would better support partners in responding to current areas of focus and challenges. Appendix B sets out a proposed model for future partner engagement.
7. The benefits of the proposals set out in Appendix B include:
 - A leaner, more agile model improving focus and effective oversight of key, current issues.
 - A model which supports more effective decision making and accountability.

- Reduced duplication in terms of reports and performance scorecards being considered by different Boards, (and Board membership).
 - Arrangements that more effectively support and drive an approach to integrated working.
8. Board Members will note that there is still a requirement for local authorities and partners to have Children's Trust Board arrangements in place to ensure that partners are meeting their duties to co-operate to improve children's wellbeing as set out in the Children's Act 2004. This has been taken into account in the formation of the proposed model. The Health and Wellbeing Board, the Children's Leadership Board, the Stakeholder Forum and task and finish groups or workstreams provide the arrangements to deliver statutory duties to co-operate to improve children's wellbeing as set out in Section 10 of the Children's Act 2004.
9. Many local authorities have reviewed their Children's Trust arrangements. Research commissioned by the Local Government Association found that most Children's Trust Boards have:
- Taken advantage of freedoms and flexibilities
 - Streamlined arrangements
 - Refocused and reduced priorities
 - Made sure work complemented and not duplicated the work of other Boards
 - Promoted joint commissioning
10. The proposals set out in this report do not include changes to the (independent) Local Safeguarding Children Board or its sub groups. However, due to a national government review of Local Safeguarding Children Boards, the arrangements for Central Bedfordshire will need to be reviewed and considered by Summer 2018.

PROPOSED STRATEGIC GOVERNANCE ARRANGEMENTS

11. Under the proposals the current Children's Trust arrangements (including the Children's Trust Board and sub groups) would be replaced with the following:
- A **Children's Leadership Board**. The Board would provide strategic leadership to improve the health and wellbeing of children and young people in Central Bedfordshire. The Board would align with the **Health and Wellbeing Board** (current Terms of Reference included as Appendix C).

Core membership would include directors /equivalents (Clinical Commissioning Group, Police and Public Health and Children's Services) and a school representative from the Education Partnership Vision Board. Other additional members may also be invited as needed to drive the business forward. This is not proposed to be a public meeting and will meet six weekly.

The current Children and Young People's Plan is due to come to an end in March 2017 and the Children's Leadership Board is considered to be best placed in the proposed structure to review and determine (with stakeholder engagement) the local vision and associated priorities for children and young people from April 2017.

This will directly influence the priorities for the Health and Wellbeing Board as the Health and Wellbeing Strategy is being refreshed. It is proposed that the strategic priorities will be reflected in the revised Health and Wellbeing Strategy.

- The Children's Leadership Board would be supported by a **stakeholder forum** – enabling engagement with a wider range of partners and interested parties on key issues. Stakeholders and partners will continue to be involved in the various partnership Boards and Groups already in existence, and schools are now developing new arrangements through clusters to support action around improvement priorities and representation at strategic planning meetings.
- A **Children and Young People's Board** to ensure that children and young people can influence strategies and services and provide challenge to partners.

EMERGING KEY PRIORITIES FOR THE CHILDREN'S LEADERSHIP BOARD

12. Driving integrated working in localities is a key priority for the proposed Children's Leadership Board. This Board plans to meet six weekly to deliver this ambitious programme of integration. It is also expected that there will be a number of work streams created to support delivery of these new operating arrangements such as workforce, commissioning, performance, infrastructure and systems development.
13. Under the proposals the following existing boards / partner groups would remain including:
 - **Support and Aspiration Programme Board** – aimed at driving improved and integrated support to children and young people with Special Education Needs and Disabilities, and their families, from birth to 25.
 - **Partnership Vision for Education Board** – aimed at improving educational attainment and progress for children and young people. Representatives of this Board will now be nominated from the clusters of schools.
 - **Children's Emotional Resilience and Mental Health and Wellbeing Task and Finish Group** – recently set up to focus on improving children's emotional health and wellbeing, this work is still in development.

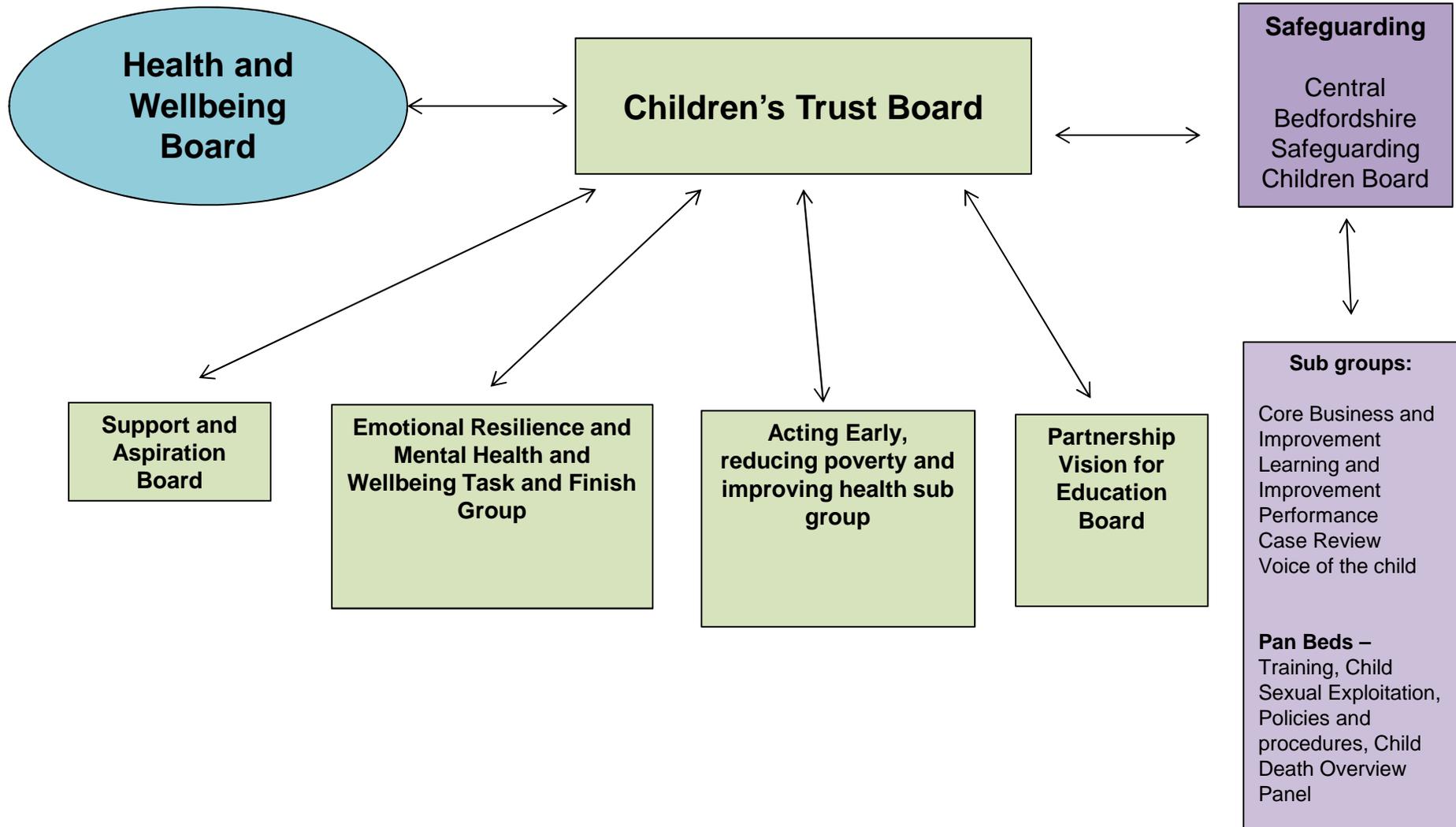
CONCLUSION AND NEXT STEPS

14. The proposed governance structure Appendix B – sets out the proposed partnership arrangements to better respond to the current issues facing children and young people and to improve outcomes. It is therefore recommended that Board Members consider and support the new partnership arrangements (Appendix B), and the approach to driving forward integration of services to improve outcomes for children and young people in Central Bedfordshire as detailed under Paragraph 11 of this report.

15. It is proposed that items currently on the Children's Trust Forward Plan would be taken forward by the following:
- Task and Finish Group updates on securing improvements in the mental health of young people – **Children's Leadership Board and Health and Wellbeing Board.**
 - Updates on work experience opportunities, and exclusions – **Partnership Vision for Education Board.**
 - Joint Targeted Area Inspection – **Central Bedfordshire Safeguarding Children Board.**
 - Domestic abuse update – **Safeguarding Children Board, Community Safety Partnership.**

APPENDIX A

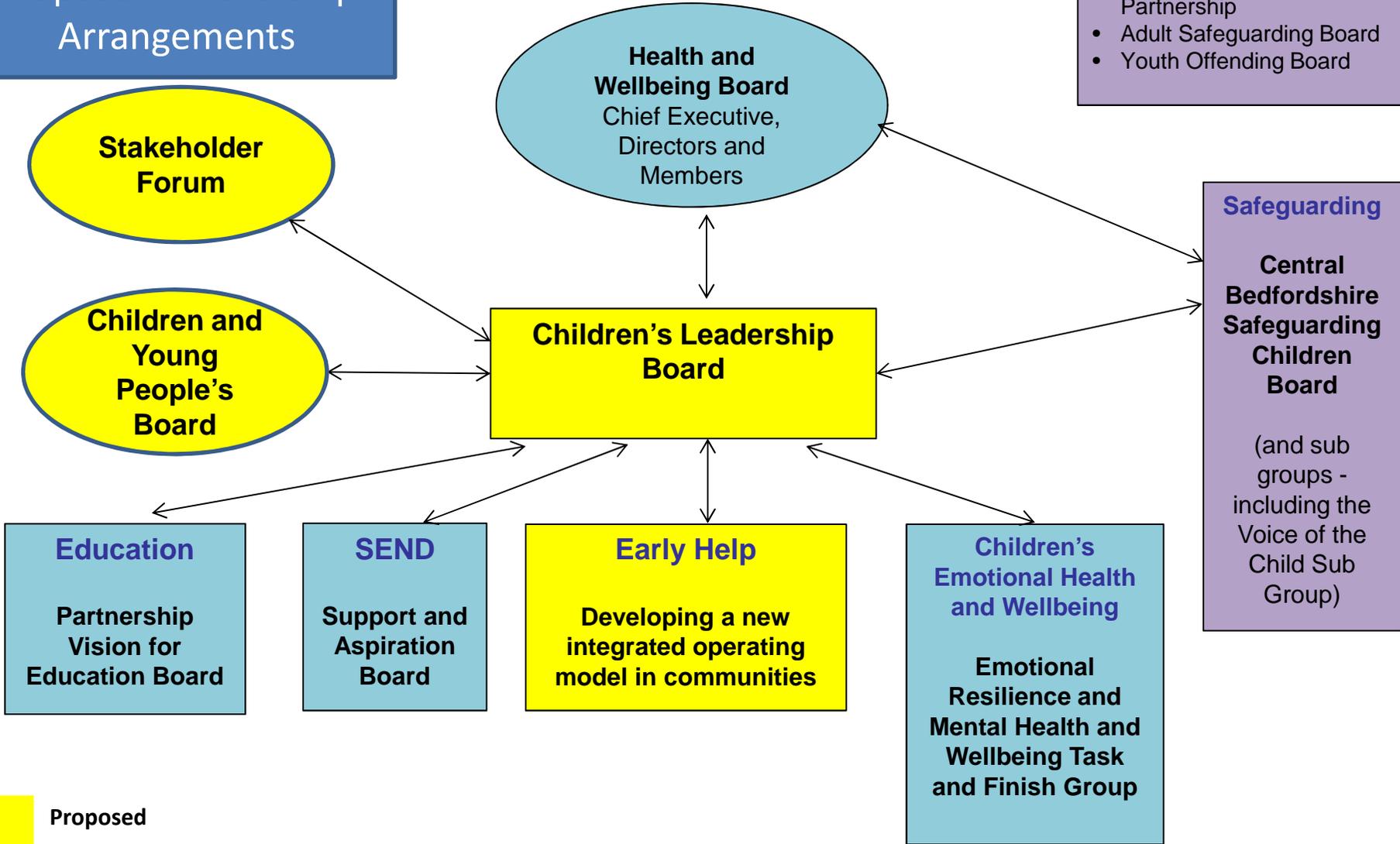
Current Children's Trust Arrangements



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APPENDIX B
Proposed Partnership Arrangements

- Other Key Boards**
- Community Safety Partnership
 - Adult Safeguarding Board
 - Youth Offending Board



- Proposed
- Existing
- Existing

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9. The Health and Wellbeing Board

Appointed by:	The Council under Section 194 of the Health and Social Care Act 2012
No of Members:	At least 1 member of the Council and others prescribed in Section 194 of the Act.
Chairman and Vice-Chairman appointed by:	The Council
Quorum:	At least 50% of the membership of the Board
Frequency	Quarterly or as determined necessary by the Board
Venue	Priory House or as otherwise agreed by the Board
Co-opted Members:	The Board may co-opt additional persons to be members of the Board as it thinks appropriate.
Code:	Health and Social Care Act 2012

9.1 Terms of Reference

Statement of Purpose

9.1.1 The Health and Wellbeing Board exists to provide strategic leadership and to promote integration across health, adult social care, children’s services, safeguarding and the wider local authority to secure high quality and equitable health and wellbeing outcomes for the population of Central Bedfordshire.

The Board has the following functions:

9.1.2 The Board must provide such advice, assistance or other support as it thinks appropriate for the business of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006;

- 9.1.3 The Board may encourage persons who arrange for the provision of any health-related services in its area to work closely with the Board;
- 9.1.4 The Board may encourage persons who arrange for the provision of any health or social services in its area and persons who arrange for the provision of any health-related services in its area to work together;
- 9.1.5 The Board shall exercise the functions of the Council and its partner commissioning groups under sections 116 (the preparation of a joint strategic needs assessment of relevant needs) and 116A (the preparation of a joint health and wellbeing strategy) of the Local Government and Public Involvement in Health Act 2007;
- 9.1.6 The Board shall ensure a joint strategic approach to commissioning and that commissioning decisions reflect local priorities and targets and deliver national and locally agreed outcomes;
- 9.1.7 The Board will seek to improve democratic accountability for the delivery of health care and health improvement outcomes for Central Bedfordshire residents;
- 9.1.8 The Board will seek to secure a strengthened patient voice through greater patient involvement and will ensure that health and social services are responsive to the needs of the local population;
- 9.1.9 The Board will maintain an overview of major service redesign impacting on Central Bedfordshire residents and make recommendations to enable improved and integrated care delivery;
- 9.1.10 The Board will have oversight of the health and care economy in Central Bedfordshire.

9.2 Membership

Core Statutory membership

- 9.2.1 The Health and Social Care Act 2012 prescribes the core statutory membership of the Board as follows:
- The Leader of the Council/and or at least one member of the Council nominated by the Leader;
 - The Council's Director of Adult Social Services;

- The Council's Director of Children's Services;
- The Council's Director of Public Health;
- A representative of the Local Healthwatch organisation for the area;
- A representative of each relevant clinical commissioning group.

Other Members

- 9.2.2 The Council and the Health and Wellbeing Board may each appoint such additional persons to be members of the Board as they think appropriate.
- 9.2.3 On the advice of the Health and Wellbeing Board the Council has made the following arrangements
- 3 representatives to be appointed from the Bedfordshire Clinical Commissioning Group (voting members)
 - 1 representative from the Commissioning Board Area for Hertfordshire and South Midlands (voting member)
 - The Community Services Director, Central Bedfordshire Council (non-voting observer).

Offices of the Chairman and Vice-Chairman

- 9.2.4 The Chairman shall be a member of Central Bedfordshire Council.
- 9.2.5 The Vice-Chairman shall be from the health sector.

Limitation of Powers

- 9.3 Save as provided by statute or in respect of functions specifically reserved to the Council, the Board has full delegated power to exercise the functions listed in sections 9.1 and 9.2 above on behalf of the Council.

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Central Bedfordshire Children's Trust Board: Forward Plan

7 March 2017

- Q3 Children and Young People's Plan Performance
- Update from other Boards - standing item

Dates TBC:

- (i) Task and Finish Group update on securing improvements in the mental health of young people
- (ii) Updates on work experience opportunities
- (iii) Exclusions
- (iv) Joint Targeted Area Inspection
- (v) Domestic Abuse update

Under the proposed strategic governance arrangements (Item 8) the above items could be considered by (i) Children's Leadership Board, (ii) and (iii) Partnership Vision for Education Board, (iv) and (v) Central Bedfordshire Safeguarding Children Board.

Formal sharing of Annual Reports with other partnerships as detailed in the Joint Protocol: Central Bedfordshire Local Safeguarding Children Board, Central Bedfordshire Health and Wellbeing Board, Bedford Borough and Central Bedfordshire Adult Safeguarding Board, Central Bedfordshire Community Safety Partnership

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