



# Annual Report

## 2014 - 2015

Central Bedfordshire Safeguarding Children Board

Author	Assistant Director, Commissioning and Partnerships
Consultation	Core Business and Improvement Group and Board Members
Agreed by:	Central Bedfordshire Safeguarding Children Board
Date Agreed:	19 June 2015
Date reviewed:	Not applicable



<b>Content</b>	<b>Page</b>
<b>1. Foreword from the Independent Chair</b>	<b>2</b>
<b>2. Central Bedfordshire</b>	<b>3</b>
<b>3. Safeguarding in Central Bedfordshire</b>	<b>4</b>
<b>4. Progress on priorities in 2014 – 2015</b>	<b>9</b>
<ul style="list-style-type: none"> <li>• Priority 1 - Ensure children and families have faster, easier access to early help and safeguarding support through the delivery of a multi-agency support hub (MASH)</li> </ul>	10
<ul style="list-style-type: none"> <li>• Priority 2 - Ensure the effectiveness of safeguarding support for children living with domestic abuse, adult mental health problems and/or substance misuse</li> </ul>	12
<ul style="list-style-type: none"> <li>• Priority 3 - Ensure the effectiveness of the strategy to deal with child sexual exploitation.</li> </ul>	14
<ul style="list-style-type: none"> <li>• Priority 4 - Ensure the Central Bedfordshire Safeguarding Board is effective</li> </ul>	
<b>5. Challenges ahead and priorities for 2015 – 2016</b>	<b>27</b>
<b>6. Priorities and key message for keeping children safe in Central Bedfordshire</b>	<b>28</b>
<b>7. Governance and accountability</b>	<b>30</b>
<b>8. Conclusion</b>	<b>35</b>
<b>Appendices</b>	
<ul style="list-style-type: none"> <li>• <b>Diagram of governance arrangements</b></li> </ul>	<b>36</b>
<ul style="list-style-type: none"> <li>• <b>Board members</b></li> </ul>	<b>37</b>

## 1. Foreword from the independent chair

I am pleased to present the Central Bedfordshire Safeguarding Children Board (CBSCB) Annual Report covering the period April 2014 to March 2015.

This has been a challenging year for partners who are 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. One particular audit identified that adult mental health and substance misuse services needed to be better engaged in all aspects of partnership working to ensure that these underlying factors can be adequately addressed alongside the issue of domestic abuse. Since this audit the CAN Partnership (provider of drugs, alcohol and substance misuse services) is now working alongside staff in the Access and Referral Hub. Public Health and the new provider of mental health services (ELFT) also now have a place on the strategic Board with the result that key adult services partners are now better engaged in all multi-agency activity to safeguard children.

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;

- Ensuring that the voice of children is heard and that their views are taken into account in all aspects of safeguarding.
- Ensuring that lessons learned from local and national case reviews and audits are embedded in local practice and improve the quality of the provision of services to children and young people.
- Ensuring the effectiveness of safeguarding support for children living with the consequences of domestic abuse, parental mental ill health and parental substance misuse.
- To continue to monitor and evaluate the impact of early help.
- Ensuring the Central Bedfordshire response to child sexual exploitation is identifying those children at risk of CSE at the earliest opportunity and evaluating the multi-agency response to keep children safe.

May I also 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 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.

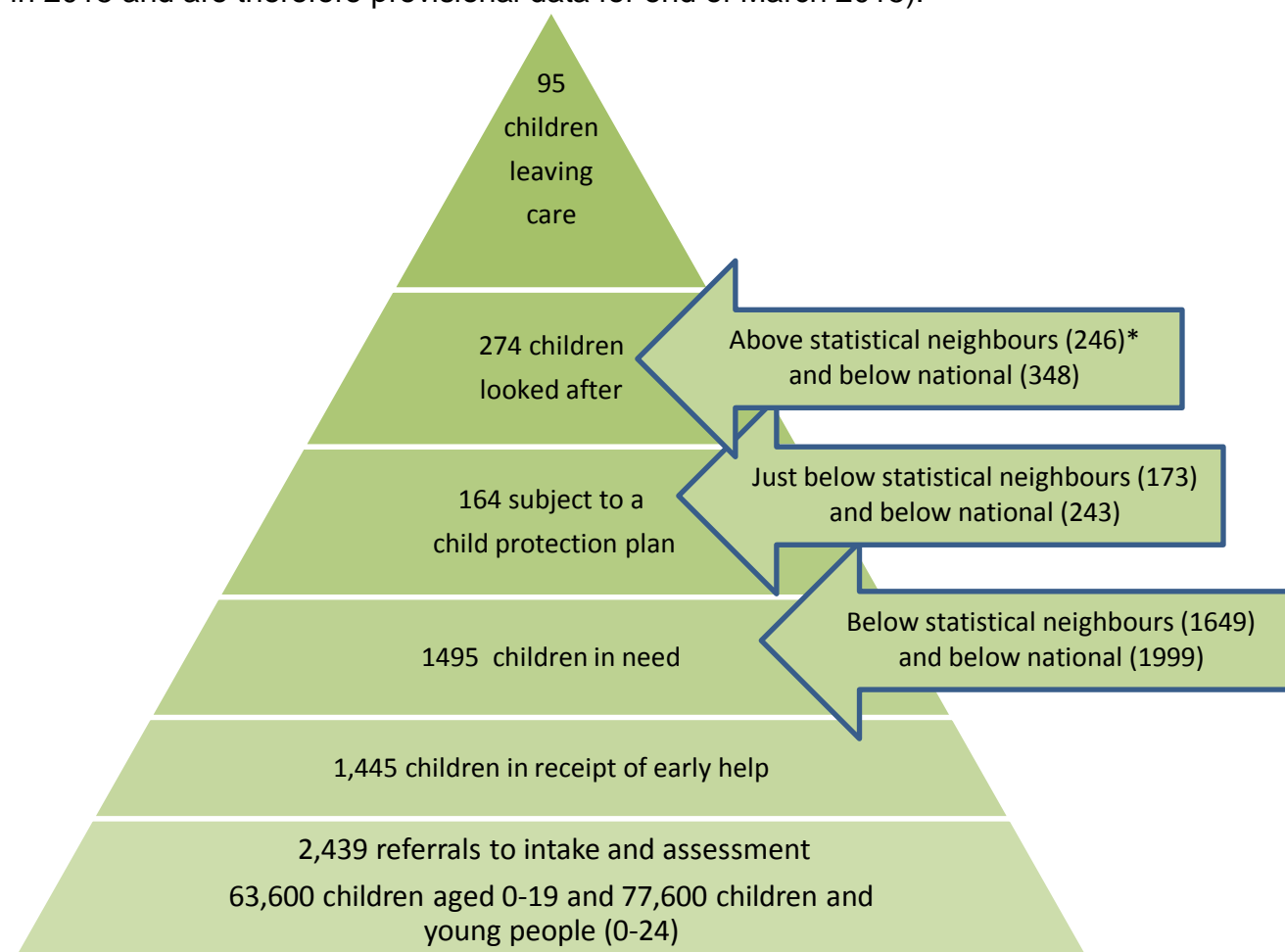
These categories of vulnerability are not exhaustive and many factors such as going missing from home and living in households where there is domestic abuse, substance misuse and/or parents who are mentally ill can place children at increased risk of harm from abuse or neglect.

### 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 (figures in this section are subject to validation later in 2015 and are therefore provisional data for end of March 2015).



\*statistical neighbour and national figures have been calculated to provide population comparisons. These are based on 13/14 outturn figures as 14/15 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.

Since it was launched the Access and Referral Hub has dealt with 10,898 enquiries.

## **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 10,898 enquiries coming through the Access and Referral Hub, there were 842 early help assessments received. The number of children who had an early help assessment complete per 10,000 0-17 of the population has risen from:

- 69.2 in 2012/13 to
- 151.2 in 2013/14 and
- 244.7 in 2014/15.

At the end of March 2015 there were a total of 1,445 children in receipt of early help.

The rate of children in need per 10,000 of the population under 18 in Central Bedfordshire has continued to decrease during 2014/15 from the peak reported in 2013. This significant increase in early help assessment activity and support has seen the overall numbers of children in need reducing from:

- 1631 in 2012/13 to

- 1541 in 2013/14 and
- 1495 in 2014/15.

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 10,898 enquires there were 2,473 referrals to intake and assessment. The percentage of referrals to leading to an assessment at the end of March 2015 was 84% (2060/2439).

During the year 2014/15 the Police referred 34% of all referrals to Children's Social Care a significant number of which related to concerns around domestic abuse. Schools referred 16% of all children to Children's Social Care services and health professionals 4%.

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.

Provisional data indicates that at the end of March 2015 the referral rate (per 10,000 of the child population) will have remained steady and is consistent with statistical neighbour and regional averages for 2013/14, with the repeat referral rate increasing and close to the higher levels last reported in 2011/12.

96.7 % 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 new Access and Referral Hub has added 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 reassured 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 or 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 decreased in Central Bedfordshire from the peak reported in 2013.

Over the last three 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 and (32.8 per 10,000 population)
- at the end of 2014/15 there were 164 (27.9 per 10,000 population).

The provisional figures indicate that this will be below England, statistical neighbour and regional averages at the end of March 2015.

## **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.

There has been a stabilisation in the number of children in care since the significant increases in 2013. 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, and
- at the end of March 2015 there were 274 children in care

The Board considered the Looked after Annual Report and noted the number of LAC placed 20 miles by distance between home and placement increased from 16% in 2012/13 to 25% at the end of 31 March 2014. This is due to the increase in the LAC population, which grew from 246 in 2012/13 to 268 at the end 31 March 2014, and 59% of placements being with external providers. The Board noted that this increase is a potential risk but there are systems in place to monitor and support and 98% of LAC visits occur within the set time frame.

A service has been commissioned by Bedfordshire Clinical Commissioning Group through South Essex Partnership Trust (SEPT) to ensure additional provision for Care Leavers and children and young people who are placed out of the area. This ensures that these children and young people have their initial and review health assessment completed within statutory guidelines.

Bedfordshire Clinical Commissioning Group has in post a full time Designated Nurse for Looked After Children and there is also a Designated Doctor who

has allocated time to undertake this role. The role of the Designated Professionals is to work in partnership with the commissioned provider South Essex Partnership Trust (SEPT) to ensure that the health needs identified for looked after children are met.

The Board also noted the Commissioning Dashboard which includes information about the quality of residential placements, the distance from home, how many children have gone missing and whether any are repeatedly going missing. This is monitored monthly by the social workers.

The Board will look to undertake an audit to ascertain and understand the reasons behind this increase.

### **Children at risk of sexual exploitation**

This is a form of sexual abuse, in which a child/young person is manipulated or forced into taking part in a sexual act. The abuser may physically or verbally threaten or be violent towards them. They will manipulate, groom and try to isolate the child/young person from friends and family. The abuser may control a child/young person through physical or psychological means or through the use of drugs for a sexual purpose. 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 review 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 35 children to Child Sexual Exploitation Panel as being at risk of exploitation in Central Bedfordshire during 2014/15.

### **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 2015 the local authority was aware of three privately fostered children – this is lower than the number in 2013/14 when seven were reported. There were six new notifications during the year and nine arrangements were ended during the year. Numbers remain low despite the efforts of the local authority 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 and a range of childcare settings involves the distribution of a range of communications materials, including leaflets and flyers.

### **Service user feedback**

During April to September 2014, 526 service user feedback forms were sent out to Children's Social Care service users (parents or guardians) and 54 were returned. The survey was made available for the first time on line at the beginning of April 2014 as well as in paper copy but take up of the online survey has been poor and ways of encouraging take up are in place.

Of those service users who responded to the questionnaire regarding their satisfaction of the services they received, 91% reported they were responded to quickly, 81% stated they were treated with respect, 87% received a written copy of their assessment and 71% overall rated the service they received as good or better.

### **Child's voice**

At the Board Development session in January Board members agreed that hearing the voice of the child should be a priority in 2015- 2016. Board reports now require all authors to consider and comment on how the child's voice has informed their reports. At the Board meeting in March Board members considered a report about the importance of the child's voice and a child centred approach, findings from national reports in relation to the child's voice and a report from the local authority about a consultation with children on child protection and children in need plans. As a result of this an additional Child's Voice sub group has been agreed and established and is being led by Board members from education settings.

## **4. Progress on priorities in 2014 – 2015**

The Board agreed the following set of priorities for 2014 – 2015:

- Ensure children and families have faster, easier access to early help and safeguarding support through the delivery of a multi-agency support hub (MASH)
- Ensure the effectiveness of safeguarding support for children living with domestic abuse, adult mental health problems and/or substance misuse
- Ensure the effectiveness of the strategy to deal with child sexual exploitation
- Ensure the Central Bedfordshire Safeguarding Board is effective

## **Priority 1: Ensure children and families have faster, easier access to early help and safeguarding support through the delivery of a multi-agency support hub (MASH)**

Early help and social care interventions are supported by the publication of a threshold document which sets out the criteria for undertaking an early help assessment, the level and type of early help services which can be provided and the criteria for assessment when a case is referred to children's social care. The thresholds document has been reviewed during the year and partners have been consulted on the revised document.

As reported above in April 2014 an Access and Referral Hub was introduced to provide one single point of contact for all requests for early help interventions and contacts requiring social care involvement. Consultation, advice and support are given in response to every contact made to children's social care in Central Bedfordshire. During the year partners from CAN (providers of drug and alcohol support services) and the Fire Service started working alongside colleagues in the Hub and are co-located there for part of the week to ensure effective information sharing with partners. CAMHS continue to work in partnership with CAN and routinely carry out joint assessments where need indicates this including the referral of 'affected others' to CAN where parental substance misuse exists. Bedfordshire Clinical Commissioning Group and health partners have identified single points of contact within their agencies to support collaborative working with the Access and Referral Hub. The Designated Professionals meet regularly with managers and issues are discussed and addressed with them as appropriate.

Additionally Bedfordshire Clinical Commissioning Group has worked with Central Bedfordshire Council to ensure each General Practitioner Practice had an identified social worker aligned to each Practice in Central Bedfordshire. This supports good working relationships.

The early help offer was reviewed by Board members and a comprehensive range of evidence based support linked to Children's Centres in key localities in Central Bedfordshire is in place. Locality profiles have been developed to support the identification of specific local needs and Early Help Assessments are kept under review and where necessary additional support for families is commissioned to fill any identified gaps.

A range of early help staff are available to talk to professionals about accessing interventions and they will broker a package of support. Locality support can be accessed through:

- Locality Co-ordinators and locality Parent Support Advisers
- Early Intervention Social Workers based in Children's Centres
- Family Outreach Workers

Outcomes delivered through this early help support include:

- 142 children in need stepped down from social care and a reduction in child in need plans

- 95% family support interventions reported needs met (Homestart)
- Young Mums To Be programme – 100% either returned to school or accepted into college or took up a volunteering opportunity
- On average 90% of children feeling happier at end of counselling interventions (improved SDQ scores)
- Reduction in Teen Pregnancies, (Aspire Programme – 90 + % reporting improved confidence and levels of self-esteem)
- Benefits awareness training – resulted in one lone parent received £10,000 in unpaid Child Benefit
- Dip sample showed one year on 77.5% cases had not progressed to Social Care
- The Supporting Families Service has turned around 305 troubled families

All new referrals for social care for young people under the age of 18 are received by three Assessment teams except for children with disabilities, which have a discrete specialist social work team. Seven Family Support teams undertake on-going work with children and their families (four teams are based in Dunstable and three in Biggleswade).

The Assessment teams are supported by:

- the Family Intervention Support Service which provides high level family support for the most vulnerable children within the community;
- the Family and Adolescent Support team for those young people at risk of family breakdown and disruption during teenage years;
- the Homeless and Mediation service;
- the Return Interview Service (for children who go missing from home and care) and
- Supporting Families Service (Troubled Families).

Local arrangements for the development of a MASH were put on hold while partners have been evaluating the pilot Bedford MASH. An independent scoping exercise has been commissioned to explore the options for developing MASH arrangements in Bedfordshire. This work is being led by a MASH steering group chaired by Bedfordshire Police. Recommendations from this work will be taken forward in 2015/16.

In summary the launch of the new Access and Referral Hub has added greater stability to the referral process and enables all enquiries to receive a service and/or signposting to other services where appropriate. By providing a prompt and effective response to emerging issues within families, partners have been able to work together to reduce the number of children in need and who require safeguarding interventions at a later stage in their lives.

## **Priority 2: Ensure the effectiveness of safeguarding support for children living with domestic abuse, adult mental health problems and/or substance misuse**

A number of risk factors are considered when children and young people are assessed – these include for example: emotional, physical and sexual abuse, neglect, domestic abuse, adult mental health, substance misuse, child sexual exploitation. At the end of 2014/15, there were 5889 factors identified at the end of 2503 assessments, of these: domestic abuse was identified in nearly half of assessments (49%); mental health accounted for 31.5% and substance misuse 35.6%.

Bedfordshire Police have been working to address recommendations from their Domestic Abuse inspection (published by Her Majesty's Inspectorate of Constabulary in March 2014) – recommendations covered: strategic leadership and governance, performance management and intelligence gathering and sharing, call handling, first response, investigation, managing victims and offenders and staff learning. New internal processes at Bedfordshire Police have been launched during 2014-2015 that are aimed at ensuring everyone within the organisation is completely focussed on domestic abuse and their responsibilities around it. The emphasis is about providing “wrap-around care” to ensure victims have everything they need at every stage of the process. That includes keeping individuals informed. During 2014-2015 Bedfordshire Police spearheaded Operation Bromsbury, which targeted outstanding perpetrators of domestic violence and is further evidence of the work that is going into this area. A follow up HMIC Inspection report is positive and reveals good progress against the 17 original recommendations. The last quarter of 2014-15 saw an 7% increase in the Domestic Abuse conviction rate

The first Bedfordshire Domestic Abuse Scrutiny Panel was held in February 2015 and led by Bedfordshire Police. A wide variety of police resources were in attendance and five cases were selected for review. They focused on the victim pathway and it was facilitated by Safelives (formerly CAADA, the national charity dedicated to ending domestic abuse). The Panel revealed a real shift in the culture of the force towards identifying and managing vulnerability/risk and continuous improvement in this area remains a priority. Further scrutiny panels will be scheduled and will focus on the end to end process with an emphasis on partnership working.

During the year 2014/15 the Police referred 34% of all referrals to Children's Social Care a significant number of which related to concerns around domestic abuse.

In Central Bedfordshire the Relay Project supported by Bedfordshire Police and the local authority has expanded to all schools and continues to alert schools to children whose parents have been involved in a domestic violence incident. 1749 alerts were made to schools by the end of March 2015 and 133 out of 139 schools have received a notification from the Relay Team. The Relay Team deals with an average of 25 domestic violence incidents a week (and more than 40 children).

In 2014/15 it was clarified that the Community Safety Partnership is the lead in Central Bedfordshire in relation to Domestic Abuse. Our independent chair met with the Chair of the Community Safety Partnership and the Police Crime Commissioner to raise the concerns about adequate and sustainable funding for IDVAs (Independent Domestic Violence Advisers). Assurance in relation to funding for The IDVA service was provided by the Chair of the Community Safety Partnership and in February 2015 the Police Crime Commissioner attended a Board meeting to inform partners that he would be providing funding for 2 additional IDVAs and one Support Worker for Central Bedfordshire and Bedford.

In November 2014 the Board reviewed the MARAC arrangements (Multi Agency Risk Assessment Conference where high risk domestic abuse cases are referred). Referral rates and referral sources were considered and the positive headlines from the quality assurance review by CAADA in February 2014 were noted. CAADA noted that although there had been an increase in referrals they were still below the recommended level. As a result of this the low referrals from Primary Care Services were highlighted and links were made with the Domestic Abuse Partnership. The Domestic Abuse co-ordinator now has links with the Bedfordshire Clinical Commissioning Group and information and articles are shared with General Practitioners and health providers via newsletters to surgeries. Work is underway to ensure that practices have appropriate literature on domestic abuse issues available for their patients as necessary. This is also embedded in Level 3 Training for General Practitioners.

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 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 Board reviewed the support provided by SEPT (South Essex University NHS Partnership Foundation Trust) for families with mental health issues and noted the low numbers of clients with children in contact with the drug and alcohol services in Central Bedfordshire was noted. A key priority going forward was to raise awareness about the services within schools and the new provider (ELFT – East London NHS Foundation Trust) has attended a meeting with all head teachers to promote the services available.

Multi-agency audits were completed on 8 cases in October 2014. Partners were asked to ensure that learning in relation to cross cutting issues such as access to early help and effective safeguarding support for children living with domestic abuse, adult mental health problems and/or substance misuse were identified.

A key action coming out of this audit was that adult mental health and substance misuse services needed to be engaged to a greater degree in all aspects of partnership working to ensure that these underlying factors are adequately addressed alongside the issues of domestic abuse. Since this audit the CAN Partnership (provider of drugs, alcohol and substance misuse services) has started working alongside staff in the Access and Referral Hub three days a week. Public Health and the new mental health service provider from April 2015 (ELFT) also now have a place on the Strategic Board with the result that key adult services partners are now better engaged in all multi-agency activity to safeguard children.

NHS England Central Midlands safeguarding team have undertaken a piece of work to upload the General Practice (GP) Safeguarding template on the GP electronic patient record system and this supports GPs in referring patients who may be at risk.

### **Priority 3: Ensure the effectiveness of the strategy to deal with child sexual exploitation (CSE)**

During 2014/15, in 72 assessments of young people, child sexual exploitation was identified as a factor and 35 young people were referred to the Child Sexual Exploitation Panel.

The number of incidents of children (0-17) reported missing during the year is 222. Twenty four children were referred to the Missing Children and Young People Panel for a multi-agency meeting to refer to services to reduce their missing episodes and to understand the reasons for them going missing, of these 11 were looked after children. The number of incidents of looked after children reported missing was 19. All occurrences of missing children are now referred by Bedfordshire Police to each the local authority. This ensures that the local authority has the complete picture in terms of the number of times their children are absent/missing and any associated risks. This extensive sharing of information assists in the decision making process around courses of action to be taken such as Strategy Meetings or referrals to the Child Sexual Exploitation Panel. It enables children and young people to be identified for 'return interviews' to assist with prevention work.

Each Missing Person Co-ordinator in the Bedfordshire Police Missing Person Unit has been assigned a Children's Home to ensure that there is a regular dialogue and visits to the location to build relationships with managers, staff and young people.

The work on CSE is driven by the Board's CSE Strategy and a Central Bedfordshire Action Plan. CSE arrangements are led by a Pan Bedfordshire Child Sexual Exploitation Strategic Group and the operational work to protect children is managed through the Pan Bedfordshire Child Sexual Exploitation Panel – these two groups operate across the three authority areas of Bedfordshire.

During 2014/15 the Pan Bedfordshire Child Sexual Exploitation Strategic Group has been joined with the Pan Bedfordshire Missing Strategic group. The Pan Bedfordshire CSE/Missing Strategic Group will deliver on, and join



up, the CSE and Missing strategies and action plans on behalf of the three Bedfordshire Safeguarding Children Boards.

Raising awareness of CSE has been a high priority during 2014/15. In November a number of CSE briefings were held for front line practitioners and these were over-subscribed. In March a special edition of the LSCB Essentials newsletter was sent to all partners highlighting in support of the first National Child Sexual Exploitation Awareness Day. This edition included a number of important messages for practitioners including: the learning from recent reviews in Oxfordshire and Rotherham about CSE, resources available from the National Working Group and the Local Government Association for the entire workforce and councillors, the importance of information sharing and the launch of leaflets for parents and carers. Resources available included free on line CSE Awareness Raising training packages.

An independent review was commissioned in February 2015 through the National Working Group. This review covered the three authorities and three local safeguarding boards working across Bedfordshire. The review began on 9 February 2015 and there are two elements:

- A strategic review of CSE across Bedfordshire to provide a picture of CSE across Bedfordshire and help us understand how we deliver services and the impact of these services
- A review and evaluation of the CSE Panel and the CSE Strategic Group in Bedfordshire to ensure that the CSE structures are effective and efficient.

Bedfordshire Police also undertook a College of Policing Peer review for CSE during March 2015. Findings suggest a clear vision for the force in relation to tackling CSE and that the vision had been communicated effectively to police officers and police staff at all levels and across all teams. There was learning identified around effective communication with external partners.

Funding for a CSE Coordinator post has been secured with the intention for the post holder to be in place by the end of May 2015 and to be hosted within Bedfordshire Police. The final review report will be delivered to Chief Executives in July 2015 and there will be a workshop to deliver the learning to all LSCB partners on 15 July 2015.

Children's Social Care have strengthened internal procedures to ensure risk assessments lead to an analysis of the risks and are clear about what action is to be taken and by whom.

Additionally NHS England Central Midlands safeguarding team has done a piece of work in relation to CSE and Pharmacists. A Child Sexual Exploitation package developed specifically for Pharmacies was issued to pharmacies to support them with young people coming in to get emergency contraception and who to support the young person if the pharmacist suspects they may be subject to sexual exploitation.

## **Priority 4: Ensure the Central Bedfordshire Safeguarding Board is effective**

Board members held a development session in January 2015 to review the effectiveness of the Board. Partners completed a self-assessment prior to the session to inform the review process. Proposals and changes to the Board's governance, reporting and priorities for 2015- 2016 were the outcome of this meeting.

**Keep governance of the LSCB under review to ensure the two key statutory objectives are being delivered** – following Board members' annual development session detailed proposals for additional sub groups to manage the Board's business were agreed in March 2015 for implementation in 2015- 2016. See appendix A for the revised governance structure to enhance the capacity of the Board.

**Ensure that the workforce and the general public are aware of key safeguarding priorities and that practitioners have information to drive best practice** - Raising awareness of safeguarding priorities has been a key priority during 2014- 2015 and the Safeguarding Board approved its first Communications Strategy in September 2014 and key actions delivered included:

- The launch of the Board's new website;
- The launch and publication of three issues of the Board's new newsletter – LSCB Essentials;
- A 'what's new' on the website to communicate national research and local lessons
- Asking the Members of the Youth Parliament for feedback on the Board's new website

Feedback from the Youth Parliament was positive and included:

*I viewed the website on my smartphone and it works great! The website is colourful and easy to navigate. Regarding the pictures on the homepage, I think they are relevant (since they contain pictures of children), but perhaps they could be more related to the subheadings? I like the "Forms" picture, as the picture of the child in a suit implies that that is what the section of the website is about.*

*I think more images could be used on other pages. For example, a photo on About Us may be useful, and for the "Useful Links" page, perhaps logos for the organisations could be used?*

*In terms of information, it is clear, easy-to-understand and would definitely help young people that need to know this information.*

*I used a smartphone and the site was easy to navigate. So there were no issues with accessibility for me.*

Bedfordshire Police continues to work in schools and other educational settings and this year 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 relation to the digital safety work during this academic year the force has delivered inputs across Bedfordshire to:

- 14,681 Children and young people (Breaking down as 11,105 primary children and 3,576 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 68,634
- 57 parent/guardian sessions have been run to (approx.) 2,865 adults
- 16 sessions have been run for professionals who work with children and young people i.e. social workers, youth workers, school staff

Schools and other educational settings have been supported with a range of specific issues including weapons in schools, drugs in schools, violent incidents in a school premises and numerous low level digital based incidents. School safeguarding leads are met on a half termly basis as part of Bedfordshire Police/School liaison group meetings.

The force ran a successful school 'Roadshow' programme, which saw around 8,000 young people engaging with a number of officers and staff from different units at their schools.

Work has also been undertaken 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.

A specific stream of work focussed on hate crime with all schools receiving a hate crime input and officers and staff working with vulnerable young people encouraging them to report any incidents directly.

### **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 and includes:

- 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

The Training and Development Strategy and programme was reviewed and revised and the following changes were agreed:

- Proposals for a Training and Development sub-group;
- The simplification of charging arrangements

- The inclusion of the approach to quality assurance and standards that the Boards expect in relation to safeguarding training.

There has been ongoing partnership support for the training pool to support the delivery of training and a Standards Panel.

**Implement training strategy and evaluate 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 with learning paper questionnaire and an option to complete an online satisfaction questionnaire if preferred
- Learning - 7 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

Key performance measures show that at the end of March 2015:

- 56 learning events were delivered to 1148 delegates
- 91.5% of places were filled
- 6 learning events were cancelled
- 96% satisfaction with face-to-face learning
- 2685 learners registered to complete an e-learning course and 2631 completed (98%)
- 98% satisfaction with e-learning

When taking national averages for attendance, the numbers of places offered on multi-agency course is usually in the region of 18-24. The mean average attendance at courses over the whole programme was 21.2. The 2013-14 mean average attendance was 14.2.

Briefing events have been opened up to larger numbers (150 maximum), that recruited 128 and 129, while the smaller Embedded Practice workshop half day usually runs with 12 participants.

There were 1163 places offered over 56 courses in total. 1148 (91.5%) places were filled over the total programme and 1091 (93%) delegates actually attended the course booked. This suggests that approximately 8% of places are unused.

Crude figures on attendance do not provide information on how the professional community at large is being reached and this limits our understanding of the need and impact. Partners will be working on determining the proportion of staff in their agency in need of specific training offered and set targets to ensure those staff are reached and attend. This will

be addressed by an improved LSCB focus and scrutiny on section 11 internal training reports through the newly developed Training and Development sub-group.

Overall the data on attendance at Working in Core Groups and Safeguarding Disabled Children training was low. Despite extensive promotion only one date for each of these courses recruited satisfactorily with 15 in attendance at each. These issues continue to emerge from audits and it is of importance to practitioners these should be re-emphasised in the training programme for 2015-2016. Partners have been asked to analyse this attendance and to promote appropriately within their organisations. These courses will also be reviewed in 2015-16 to ensure their purpose is clarified and effectively communicated. A regular LSCB 'training focus' feature is planned for the quarterly LSCB Newsletter in 2015-16 to promote learning events.

E-learning uptake and completion has improved compared to 2014-2015 with 2685 allocations and 2631 passes (some courses completed were from earlier years) across all E-learning packages over the year (98% pass rate). The 2013-2014 uptakes was 2438 with 2061 passes (84% pass rate). As of April 2015 E-learning will be offered free of charge to all Board partners.

There has been significant improvement in satisfaction rates for Working Together Modules 1 and 2 training - these reflect changes made in response to feedback from partners and poor satisfaction rates in Q3. These courses now recruit extremely well and show closer alignment with the priorities of the Board and learning from audits, for example: Child focussed practice in work with resistant families; fabricated and induced illness; safer sleeping.

Modularised courses and learning events of shorter duration have helped to reach the right staff on the right topic. However, the following courses (Disabled Children, Impact of Domestic Abuse and Working in Core Groups) were cancelled due to poor recruitment in 2014-15. Existing booked applicants were successfully re-allocated to an alternative course date.

Safeguarding training and awareness raising continues to be a priority and is delivered through single agency channels.

Bedfordshire Clinical Commissioning Group has raised awareness of Domestic Abuse in the Level 3 training for General Practitioner practices. These training programmes are evaluated and there is a requirement of those who attended to demonstrate impact on practice and this includes policies on Domestic abuse pathways. It has been reported that Domestic abuse issues are now discussed at General Practitioner Practice meetings.

Child Sexual Exploitation continues to be a priority and Bedfordshire Clinical Commissioning Group has incorporated this into all health training to raise awareness and ensure early identifications of individuals at risk. The Detective Chief Inspector for the Public Protection Unit has presented to all of the Bedfordshire Police Crime Seminars (6) throughout 2014, providing an overview of the Public Protection Unit including raising awareness of the signs of CSE and providing awareness training of the areas of child abuse – physical, sexual, emotional and neglect. Force wide awareness of

safeguarding has been prioritised during 2014 and has been delivered by Public Protection Unit Senior Managers to all frontline officers and staff – ‘Child Protection is everyone’s responsibility’. This has included a focus on learning from Serious Case Reviews and identifying the signs of child abuse and assessment of threat, harm, risk and vulnerability.

Schools and Academies combined are the largest single agency attenders, with Central Bedfordshire Council the second largest attendee, and Early Years the third largest. The significant attendance from schools makes it difficult to ensure that all courses are reflecting a multi-agency working dynamic and that course discussions do not become biased towards the learning needs of those schools staff attending. This issue is under review and will be addressed by the newly formed Joint Training and Development sub group.

Health, particularly the Community Health services, are underrepresented over the course of the programme and voluntary organisations attendance has reduced in this year. Police, Ambulance, Further Education colleges and Independent attendees are low. Course charges were reviewed and reduced for April 2015 and private and independent individuals and organisations will pay the partner rate. In addition, those partners providing input or benefits in kind to the LSCB training programme will be able to generate free training places for the use of staff within the partner organisation and will not be charged for validation of training if they are participating on the validation panel.

The Board received two in-depth reports on the impact of training and development in relation to:

- **Sandstories training** in relation to child centred practice when working with resistant families. The review highlighted impact in relation to three key areas - messages taken into practice, strengthened child centred practice and specific examples of enhanced team practice. A strong legacy from the Sandstories training is a heightened awareness of the need to “think family”, maintain a high level of professional curiosity about the ‘real life’ experience of children in the family and strengthen collaboration with other professional colleagues and agencies.
- **Domestic Abuse** training has shown that although attendance is low, reflective practice and a continued awareness over time was evident; professional curiosity for schools staff around domestic abuse improved; cascading of new learning was evident; improved professional challenge was also evident.

**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 2014- 2015 three cases were referred to the Case Review Group for review.

**Edward’s story** - This review examined the services offered to a two year old child living with a maternal uncle and his wife following the death of his mother when he was 16 months old. The case referred to the Case Review Group following a practitioner’s concerns about neglect and a referral to a specialist in burns unit following a substantial burn in the bath. During

proceedings in the case a judge requested a burns expert complete an assessment which found that the burn was accidental. The review identified the following learning points:

- how information was shared and recorded and cross authority communications
- special guardianship orders and how these are assessed and supported

**Katie's story** - This review considered the involvement of, and interventions by, Social Care and Health partners concerning a young child who was found to have significant physical injuries.

Responding to the learning:

- More rigour needed when assessing special guardians, their references and the appropriateness of their references.
- Chances to diagnose injuries at an earlier stage may have been missed.
- Friends and Family Foster Carers should be afforded the same level of supervision as mainstream carers.

**Tara's story** – this review is ongoing and will examine 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 has recommended that the case be reviewed through a Serious Case Review.

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 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 the Board considered the Annual Report of the Child Death Overview Process 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.

In total 93% of the child death cases reported in Central Bedfordshire during the 5 year period, 2009-2014, have been reviewed and closed. Of these modifiable factors were identified in one third of the cases. Factors include:

- Unsafe sleeping arrangements for babies
- Smoking in pregnancy
- Raised maternal BMI
- Clinical care

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.

In some of the cases where clinical care has been identified as a modifiable factors these issues have been identified by the care provider who has reported the event as a Serious Incident to the Primary Care Trust (PCT) or from April 2013 to the relevant Clinical Commissioning Group (CCG). CDOP has liaised with the PCT/CCG to ensure a copy of the report and action plan has been made available for review and discussion at panel meetings.

In November 2014, the Board also considered the findings and learning from an audit of the CDOP arrangements which was undertaken on the 16 unexpected child deaths that occurred from April 2013 to March 2014 to determine if the response from Bedfordshire and Luton CDOP is within the local documented arrangements and if multi agency working and response can be demonstrated within the process. The audit has demonstrated that the CDOP arrangements are compliant and during the past year the majority of



Rapid Response/Information Sharing meetings have taken place within the required time frame. Where this has not been possible there have been legitimate reasons for the non-compliance

Ongoing actions continue to ensure compliance include:

- Ensuring that during discussions at Rapid Response meetings that a review takes place of what has been done and what else needs to be undertaken at the hospital
- Continuing to offer training sessions for professionals/agencies on the CDOP process so staff are aware of the statutory requirement to inform the Single Point of Contact of child deaths.

### **Learning from single agency audits**

SEPT presented their findings from a single agency audit to the Board and highlighted the weaknesses in the mechanisms in place to support health professionals with analysis of growth monitoring and their responsibility to make appropriate referrals and inform multi-agency child protection processes. A range of actions have been implemented included:

- Reviewing the guidance for growth monitoring and raise awareness of this new guidance.
- Changes to systems to support easier monitoring
- All case holders to review records to ensure concerns around development and neglect identified.
- Other children's services across SEPT to audit their records and practice.
- Copy of growth monitoring should be provided as part of the health reports to Child Protection Conferences in all cases where neglect is an element of the safeguarding concern.

Following inspection findings in relation to safeguarding children, Bedfordshire Probation reported on an audit to provide management with an opinion on the adequacy, effectiveness and reliability of controls operating over safeguarding children and the audit found weakness in relation to:

- Staff receiving refresher training;
- Offender managers not always collecting information on children if the offence was not indicative of risk to children;
- Risk management plan or sentence plan did not adequately address safeguarding issues in half of cases
- Majority of cases due to lack of awareness the relevant *nDelius*<sup>1</sup> risk flags had not been used.

Section 11 audits highlighted the following learning in relation to three of the standards:

- **Standard 1 Training** – agencies to promote multi-agency and specialist training courses available under the LSCB training programmes

**Areas of strength identified:**

---

<sup>1</sup> Offender Management Statistics

- Mapping of training needs against an individual's role with regular reviews at 1:1 and appraisal meetings;
- Pay increments based on compliance with core mandatory training;
- Proactive work to promote learning from serious case reviews and including links on intranet sites to national safeguarding developments;
- Safeguarding training is included in Induction training

**Areas for development:**

- The responses provided focused predominantly on 'in house' or single agency training provided by the agency with little or no reference to staff being encouraged to attend multi agency or specialist training courses, available under the LSCB training programmes.

- **Standard 2 Effective information sharing** – little information was provided on information sharing with service users or children and families

**Areas of strength identified:**

- Either named contacts or teams identified within agencies to provide advice to staff as and when necessary;
- Some reference to how and where information sharing is covered in training;
- Evidence of Information Sharing/Governance Agreements in place;
- Some evidence of regular feedback being sought on referrals submitted to aid learning around appropriateness and completeness' of referrals made

**Areas for development:**

- The responses received focused very much on compliance with statutory responsibilities and information sharing with other professionals. Very little information or emphasis was provided on information sharing with service users or children and families.

- **Standard 3 Safer recruitment procedures** – not all agencies include an explicit statement when advertising about the organisations commitment to safeguarding

**Areas of strength identified:**

- Senior leadership responsibility for safer recruitment is clear within agencies and Job Descriptions reflect these responsibilities;

**Areas for development:**

- Not all agencies include an explicit statement when advertising on the organisations commitment to safeguarding on role profiles or job descriptions.

**Learning from multi-agency audits**

The following learning emerged from multi-agency audits and actions have been taken and reported to the Board:

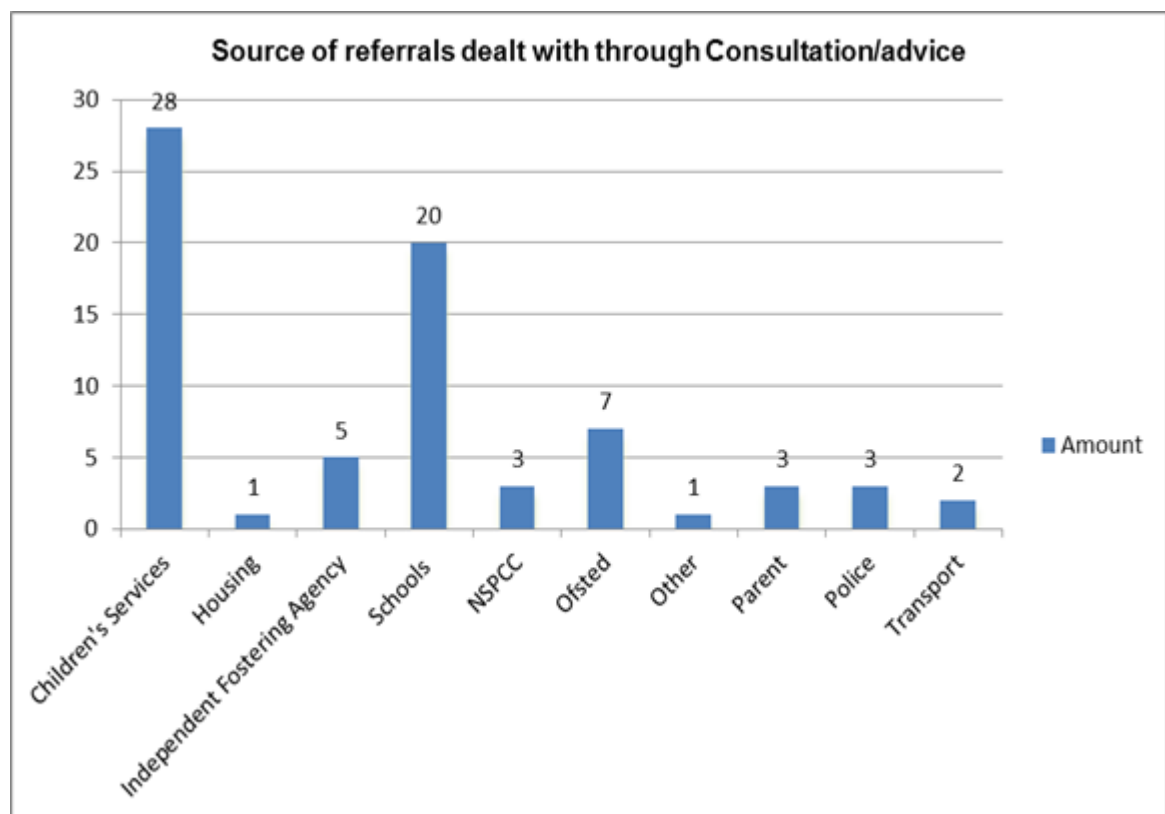
- Information sharing protocols should be widely disseminated and understood.

- Succinct guidance should be provided at child protection conferences and core groups, including roles of agencies.
- The LSCB threshold document should be refreshed and disseminated widely.
- Training to help practitioners understand how they can ensure the child's voice is heard, particularly through observation and play in pre-verbal children should be promoted and available.
- Supervision in all agencies should be promoted as the key instrument to prevent drift and delay and to support reflective practice.
- Adult mental health and substance misuse services need to engage to a greater degree.
- Professionals need improved understanding about diversity and what that means for the families they are working with.

### Managing allegations

In September 2014 the Board reviewed the arrangements for the effectiveness and outcomes of allegations management in Central Bedfordshire from April 2013 to March 2014. The annual figures showed a slightly increased referral rate with the majority of contacts being managed through the provision of advice, demonstrating that cases are being considered at an early stage using proportionality, judgement and expertise.

In 2013/14 there were 136 contacts to the LADO (Local Authority Designated Officer who receives and investigates allegations), 73 were concerns / consultations and 63 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.



Referrals from some sectors is low. Bedfordshire Clinical Commissioning Group has provided assurance that there are clear policies in place for dealing with allegations against people who work with children which are in line with those from the Safeguarding Children Board. In order to raise awareness of the role, the LADO has been involved in participating in delivering Level 3 Safeguarding Children training programmes for General Practitioners. Arrangements are in place for the LADO to share with Bedfordshire Clinical Commissioning Group all local 'health' allegations against staff to ensure robust monitoring and support systems are in place.

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

Conclusion of LADO Process	2013/14	2012/13
Substantiated	22	19
Unsubstantiated	20	19
Unfounded	7	1
Malicious	1	1
Cases not yet concluded	7	7
Not Applicable	2	2
False	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 annual LADO report for 2014/15 is due to report to the Board in September 2015. This will report on the period 1st April 2014 to 31st March 2015 where there were 183 contacts of which 105 were concerns and 78 were allegations received, and the outcome of these was:

The outcomes of allegations during 2014/15	
Advice / Support / Training	30
Dismissal	12
Final Written Warning	3
No Further Action	13
Case not concluded	10
Resigned	10
Transferred to Other Local Authority	0

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 been communicated through briefings, newsletters and the website:

- Professional attitudes towards children who were being abused and exploited.
- These children 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** – An agreed escalation process in place, which supports professional curiosity and management involvement as require maintaining focus on the child/family outcomes.

A review of policies has been completed across Bedford, Luton and Central Bedfordshire. A programme for updating the LSCB website and tri-x website with accurate and reviewed policies was in place by beginning of December 2014. The December update comprised of fourteen new chapters which included key procedures such as:

- Responding to Abuse and Neglect
- Organised and Complex Abuse
- Historical Abuse Allegations

The update also included five new chapters as well as updating fourteen existing chapters on children in specific circumstances such as:

- Abuse Linked to Spiritual and Cultural Beliefs/Faith Groups
- Supporting Individuals Vulnerable to Violent Extremism: Practice Guidance
- Safeguarding Children from Child Sexual Exploitation

The working group is continuing to develop an update schedule and quality assurance report and is planning the June 2015 routine update.

## **5. Challenges ahead and priorities for 2015 – 2016**

The Board has agreed the following priorities for 2015- 2016.

- 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:

- Embedding 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

## **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 delivering services to adults with mental health problems should develop mechanisms 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.
- Make sure 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.
- Make 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 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](http://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 2014 -2015 was shaped by statutory guidance in Working Together 2014. 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 2014-2015 membership of the Board was enhanced with new lay and education members.



## Board membership

Independent Chair  
CAFCASS (Children and Family Courts Advisory and Support Service)  
Bedfordshire Clinical Commissioning Group  
Local Authority, including Adult Services, Children's Services and Public Health  
Bedfordshire Police  
Luton and Dunstable Hospital  
Bedford Hospital  
BeNCH  
National Probation Service  
3 lay members  
NHS England  
Education, including schools and the local college  
ELFT  
Representation from the Voluntary Sector (Voluntary Organisations for Children, young people & families, VOCypf)

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 Practice and Performance Sub Group in 2014-2015.

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

As reported above revised governance arrangements to enhance the capacity of the Board have been established for 2015-2016 and these include 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 2014-2015 worked with the Chairs and Boards of the following partnerships to develop a protocol to support effective joint working:

- 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:

Final accounts Business Management Unit	Amount
<b>Income</b>	
Bedfordshire Police	-£ 13,239.66
CAFCASS	-£ 418.00
NHS Bedfordshire	-£ 36,559.04
Probation Partners	-£ 3,040.00
Central Bedfordshire Council	-£ 54,680.37
<b>Total income</b>	<b>-£ 107,937.07</b>
<b>Expenditure - description</b>	
Staffing - Business Manager and Administrator	£ 71,614.28
Interim Business Manager	£ 45,325.00
Travel and Subsistence	£ 2,281.05
Staff Advertising	£ 2,185.38
Staff Training	£ 882.00
Independent Chair - Board	£ 25,859.17
Independent Chair - Case Review	£ 2,100.00
Independent Management Reviews	£ 4,200.00
National Case Work Network	£ 1,875.00
Recruitment of Chair	£ 13,835.00
Venue Hire	£ 868.20
Supplies and Services	£ 5,419.37
<b>Total Expenditure</b>	<b>£ 176,444.45</b>

<b>Net</b>	<b>£ 68,507.38</b>
CBC Contribution - Contingency	£ 28,307.85
<b>Total CBC Budget</b>	<b>£ 28,307.85</b>
<b>Current Forecast Deficit - to be met from £50K reserve created by Central Bedfordshire Council to manage transition from joint arrangements with Bedford Borough Safeguarding Board</b>	<b>£ 40,199.53</b>

<b>Final accounts Training and Development Unit</b>	<b>Amount</b>
<b>Income</b>	
Bedfordshire Police	-£ 4,180.95
CAFCASS	-£ 132.00
NHS Bedfordshire	-£ 11,544.96
Probation Partners	-£ 960.00
Central Bedfordshire Council	-£ 17,267.48
Carry forward from 2013/14	-£ 52,941.56
Bedford Borough Council	-£ 34,433.00
Course sales and contributions	-£ 67,148.10
<b>Total income</b>	<b>-£ 188,608.05</b>
<b>Expenditure – description</b>	
Staffing - Training Commissioning Manager and Administrator	£ 80,956.05
Venue Hire and Catering Supplies	£ 14,510.08
Trainers	£ 25,262.17
E-Learning Licenses	£ 14,092.50
Training Supplies	£ 1,400.24
<b>Total Expenditure</b>	<b>£ 136,221.04</b>
<b>Net</b>	<b>-£ 52,387.01</b>
<b>Current forecast surplus for carry forward to 15/16</b>	<b>-£ 63,517.01</b>

### **Serious Case Reviews**

There have been no serious case reviews during 2014/15 and the reserve budget for this work of £13,000 will be carried forward into 2015/16.

### **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:

<b>Income details</b>		<b>Expenditure details</b>	
Bedford Borough Council	£ 6,714.00	CDOP manager post	<b>£33,570.00</b>
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		
<b>Total</b>	<b>£33,570.00</b>		<b>£33,570.00</b>

## 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 - 2016

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

In conclusion as a Board we would like to see partners in universal agencies improve their engagement with the Early Help Assessment (formerly referred to as Common Assessment Framework - CAF) which would enable partner agencies to take greater ownership of, and be proactive in, providing services to help children at the earliest opportunity and that they are not just completed and seen as a request for service.

Universal services can still do more to assist the good work that the local authority is doing to identify children and young people who are in private fostering arrangements.

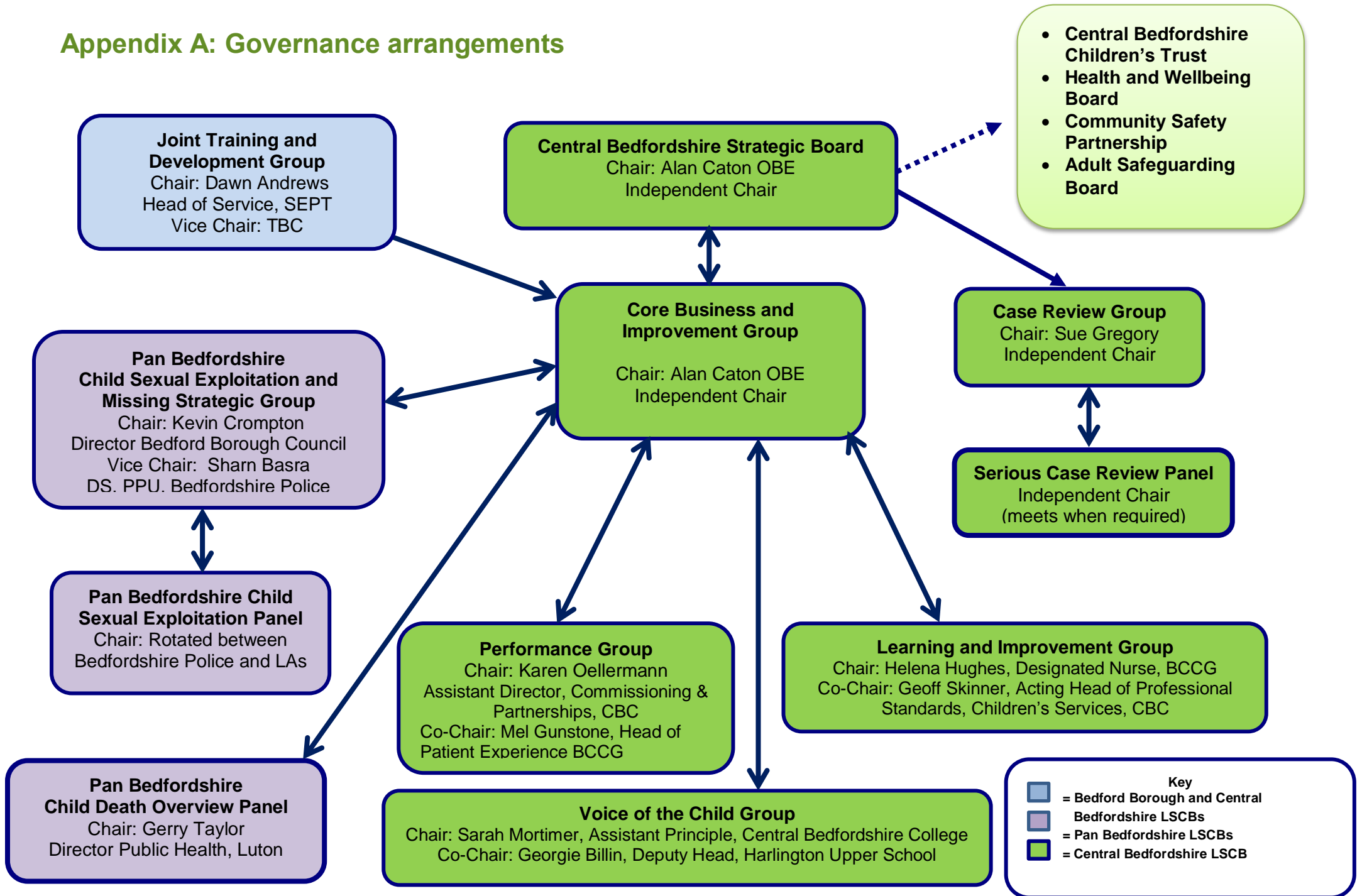
As a Board we want to see individual agencies, especially, health, education and police undertake and improve their single agency internal audits so that they can be scrutinised through the quality assurance framework and provide evidence of improved service provision to children and young people

We would also want to see an increased overview of how the views of children are sought within agencies and how their voice is used to shape and influence service delivery.

In relation to child sexual exploitation, there is a well-established partnership approach to this issue in Central Bedfordshire. However the Board would like see greater analysis of this issue and a greater use of intelligence so that agencies can deploy their resources effectively to prevent CSE and target offenders.

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: Governance arrangements



## Appendix B: Board membership 2014-2015

Member	Role and Agency
Alan Caton - OBE	Independent Chair
Alison Harding	Assistant Chief Officer, Bedfordshire Probation
Anne Murray	Director of Nursing, Bedfordshire CCG
Beverley Czyz	Interim CBSCB Business Manager
Carol Pennington	Senior Service Manager, Cafcass
Cllr Mark Versallion	Executive Member for Children's Services, CBC
Dawn Andrews	Head of Service, Safeguarding Children, SEPT
Doug De-St-Aubin	Operational Director for BeNCH
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
Heather Moulder	Director of Nursing and Quality, NHS England
Helena Hughes	Designated Nurse for Safeguarding Children and Young People in Bedfordshire, Bedfordshire Clinical Commissioning Group
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	Head Teacher, Hawthorn Park Community Primary School (Schools Representative)
Lynda Fitzgerald (LF)	Associate Director of Operations, Women and Children's Services, Bedford Hospital, NHS Trust
Nigel Trippett	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
Rebecca Clarke	Head Teacher, Greenleas School (Schools Representative)
Sanhita Chakrabarti (Dr)	Assistant Director of Public Health, Bedford Borough and Central Bedfordshire Councils
Sarah Mortimer	Vice Principle, Curriculum & Strategic Partnerships, Central Bedfordshire College
Sharn Basra	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



## Contact us...

Për Informacion Per Informazione Za Informacije नारुवारी लछी  
المعلومات معلومات کے لئی তথ্যের জন্য Za Informacja برای اطلاع

by telephone: 0300 300 6455

by email: [LSCB@centralbedfordshire.gov.uk](mailto:LSCB@centralbedfordshire.gov.uk)

on the web: [www.centralbedfordshirelscb.org.uk](http://www.centralbedfordshirelscb.org.uk)

Write to: LSCB Business Manager, Central Bedfordshire Council,  
Watling House, High Street North, Dunstable, LU6 1LF

