



# Annual Report 2015 - 2016

Central Bedfordshire Safeguarding Children Board

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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.

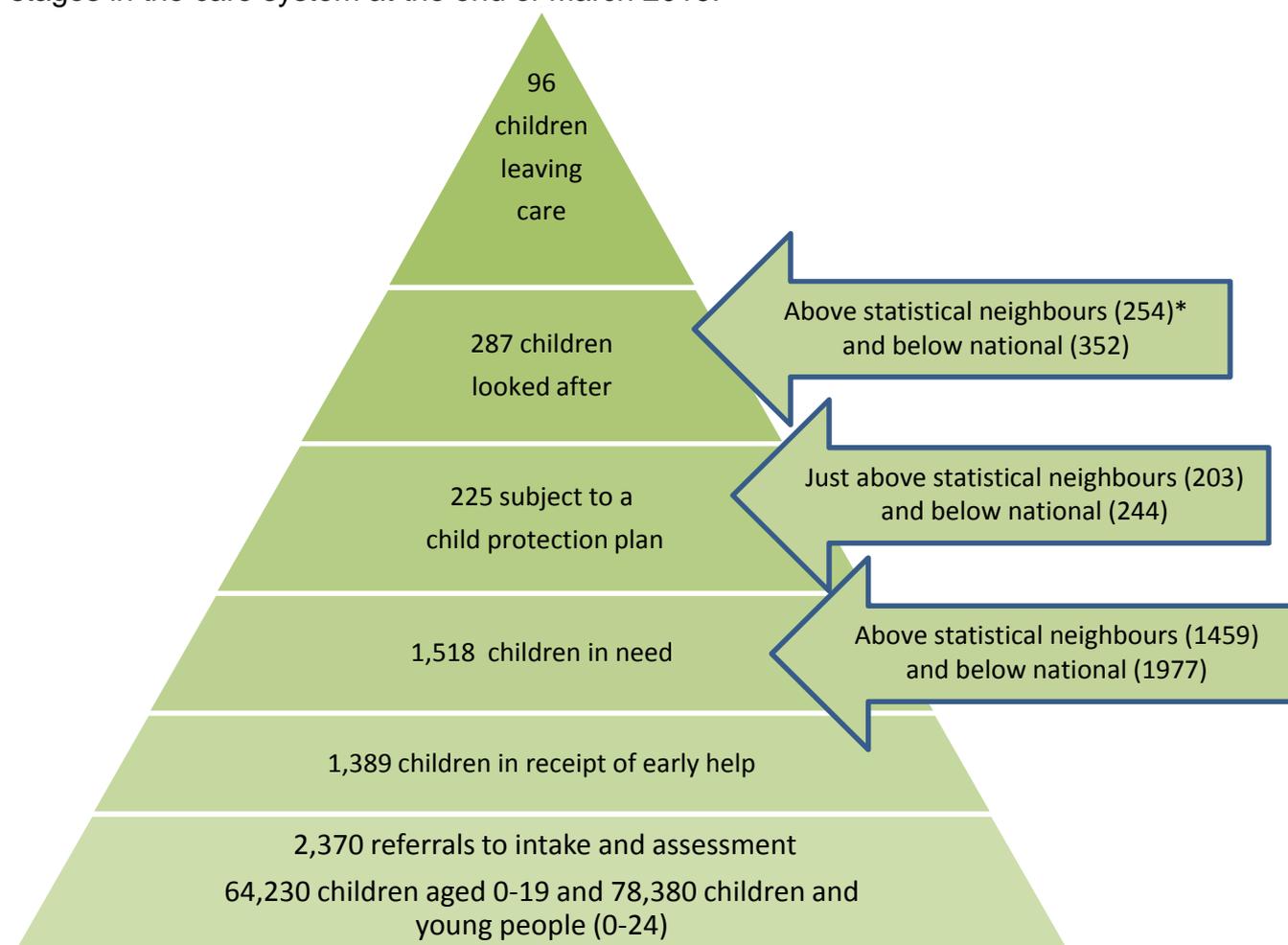
These categories of vulnerability are not exhaustive and many factors such as going missing from home and living in households where there is domestic abuse, substance misuse and/or parents who are mentally ill can place children at increased risk of harm from abuse and neglect.

### 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 31<sup>st</sup> 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 1<sup>st</sup> 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.

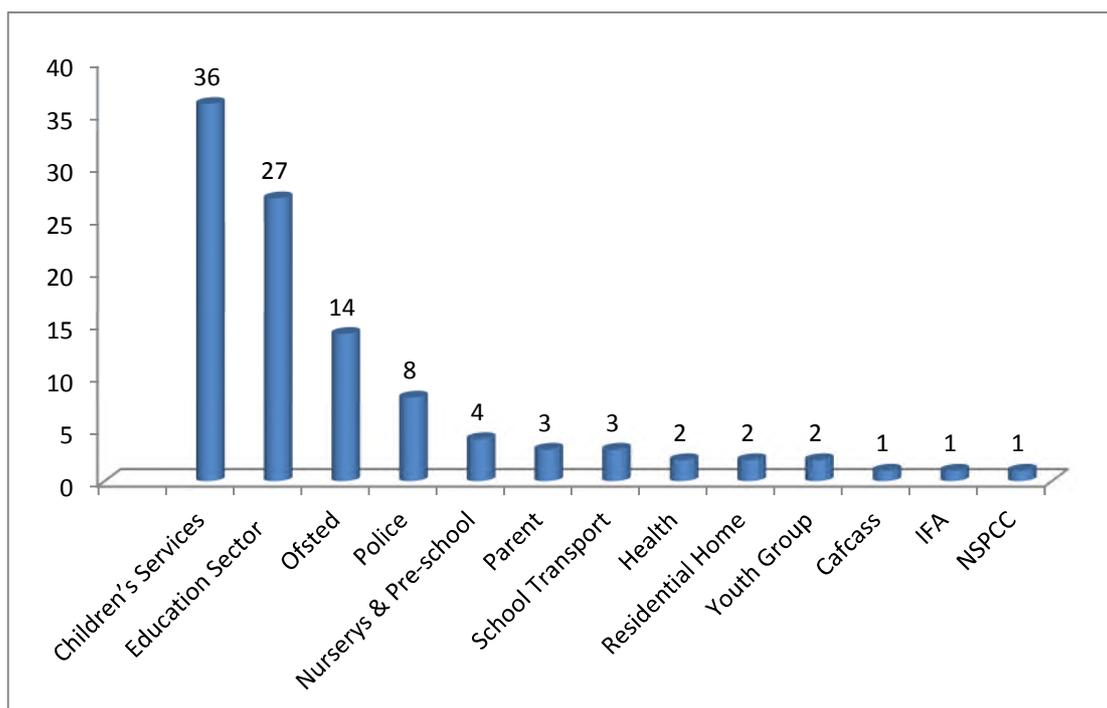
- For 2 young people there was a lack of clarity about their drug use. To some extent this may be inevitable because of reluctance to admit to criminal activity and/or disengagement from professionals, but we need to ensure that suspicions about drug use are shared and young people are referred to appropriate 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

<b>The outcomes of allegations during 2014/15</b>	
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](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 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, 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 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
<b>Total Income</b>	<b>108,600.47</b>

**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
<b>Total Expenditure</b>	<b>178,910.18</b>

**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
<b>Total Income</b>	<b>196,682.40</b>

**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****Serious Case Reviews**

£13,238.24 was 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:

<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 2015/16 – 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"> <li>• Core Business and Improvement Group</li> <li>• Performance Sub-Group</li> <li>• Learning and Improvement Sub-Group</li> <li>• Voice of the Child Sub-Group</li> </ul> <p>Including Pan Bedfordshire Groups</p> <ul style="list-style-type: none"> <li>• CSE and Missing Strategic Group</li> <li>• Policies and procedures</li> <li>• Training and Development (joint with Bedford)</li> <li>• FGM T&amp;F Group</li> <li>• Harmful Sexual Behaviours T&amp;F Grp</li> </ul>	<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"> <li>• A new CSE Strategy has now been produced and is being implemented</li> <li>• A work plan for continually reviewing the policies and procedures has been produced and work is ongoing</li> <li>• A programme of multi agency training has been implemented and learning from SCR's disseminated through multi-agency briefing sessions</li> <li>• A pathway for FGM referrals has been developed and implemented</li> <li>• Harmful Sexual Behaviours procedure reviewed</li> </ul>
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>	
<p>Children on a child protection plan for more than 2 years –</p>		<p>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.</p>
<p>The percentage of care leavers in education, employment or training was 50% at the end of Quarter 1 – 2015/2016 which was below the</p>	<p>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</p>	<p>Performance has continued to improve throughout the year and by Quarter 4 2015-16 70% of care leavers were in education, employment or training.</p>

<b>Monitoring key learning and challenges and the impact of actions taken as a result</b>		
<b>Issue</b>	<b>Actions taken</b>	<b>Impact/outcomes</b>
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><b>Measure 22:</b> 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><b>Measure 47:</b> 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><b>Measure 48:</b> 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"> <li>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</li> </ul>	<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"> <li>d. The development of a Child and Adolescent Mental Health (CAMH) strategy for Central Bedfordshire.</li> <li>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.</li> <li>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</li> <li>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.</li> </ul>	<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>

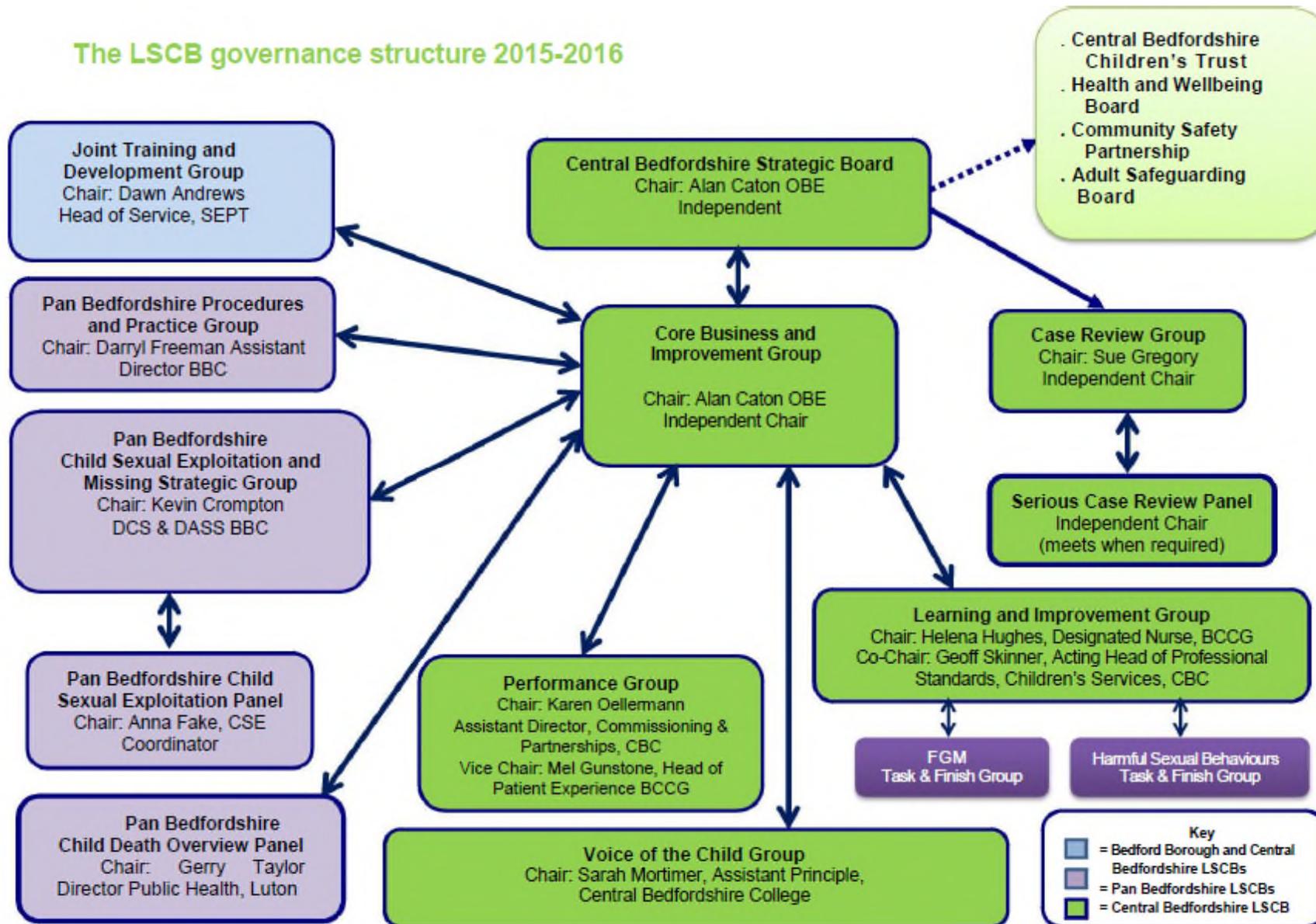
Monitoring key learning and challenges and the impact of actions taken as a result		
Issue	Actions taken	Impact/outcomes
		“More confident to do this now”
Children missing from home or care are recognised as a key priority for CBSCB and the links this issue has to CSE. The Board recognises the importance of understanding the significance of missing data and the feedback from return home interviews	<p>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>
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.	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.	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.
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>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>	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.

## 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

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## Contact us...

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

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