



Annual Report

2016 - 2017

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 2016 to March 2017.

This report sets out the work of the Board and its understanding of the effectiveness of safeguarding arrangements across Central Bedfordshire. The report also aims to give those people who live and work in Central Bedfordshire a greater understanding of the way agencies work together and individually to keep children safe from harm and abuse.

The year was challenging for all of the partner agencies who continue to work in a context of shrinking budgets and resources. However, whilst this has been the case for several years now, this report provides evidence of the commitment and determination amongst agencies and professionals to keep Central Bedfordshire's children and young people safe.

One of the roles of the Board is to influence and shape service delivery. It does this through effective multi-agency case audit and by challenge and scrutiny of existing practice.

During this reporting period audits were carried out with a focus on neglect, adolescent mental health and children subject to Special Guardianship Orders (SGO). Learning points identified from these reviews were translated into action plans to ensure the learning was disseminated into front-line practice.

The Board effectively challenged the fact that only 70% of initial child protection conferences were being held with 15 days of a strategy discussion. This challenge led to a review of practice and a change in processes which ultimately improved performance, at the end of 2016/17 performance was at 96.6%. This indicates a lack of drift and delay in the child protection process and as a result is keeping children safer.

In the coming year, we will give priority to ensuring that there is a continuing focus on child sexual exploitation, on the effectiveness of early help and on domestic violence. We will also monitor, and ensure improvement, in the identification and response to children's mental health and wellbeing along with cases of 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 and young people.

Alan C Caton OBE – Independent Chair of CBSCB

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.

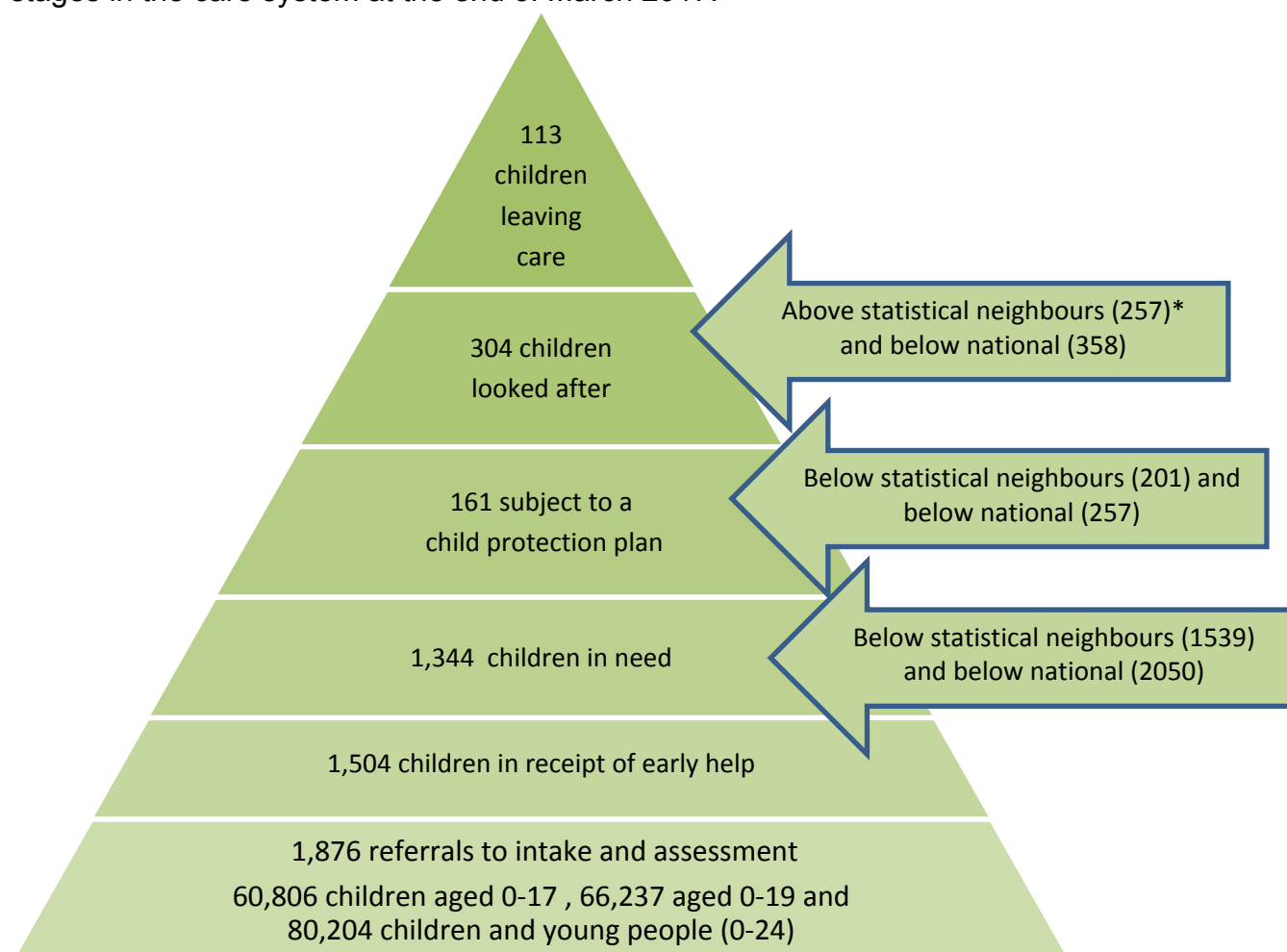
These categories of vulnerability are not exhaustive and many factors such as going missing from home and living in households where there is domestic abuse, substance misuse and/or parents who are mentally ill can place children at increased risk of harm from abuse and neglect.

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 2017.



*statistical neighbour and national figures have been calculated to provide population comparisons. These are based on 15/16 outturn figures as 16/17 data is not yet available.

One front door

The Access and Referral Hub has been in place since April 2014 and is 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 2016 the Hub was developed further to include a Multi-agency Safeguarding Hub (MASH).

Within its first year (2014/15) the Access and Referral Hub dealt with 10,898 enquiries. Enquiries during 2015/16 rose to 12,012 which was an increase of 10%. During 2016/17 the number of reported enquiries significantly reduced to 8,789, this reduction has been as a result to changes in recording processes, resulting in more accurate data and reducing the risk of double counting.

Early help

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

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

From the 10,898 enquiries coming through the Access and Referral Hub, there were 1,504 early help assessments completed. The number of children who had an early help assessment completed per 10,000 0-17 of the population has risen over the past 5 years.

- 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
- 247.4 in 2016/17

The overall numbers of Early Help Assessments and children and families receiving support through early help services continue to rise.

The rate of children in need per 10,000 of the population under 18 in Central Bedfordshire has decreased slightly to 221.0 from last year where the rate per 10,000 was 254.7. The number of Children in need has decreased by 11.5% in comparison to March 16. The overall children in need numbers for the past five years can be seen below:

- 1631 in 2012/13 to
- 1541 in 2013/14 to
- 1495 in 2014/15 and
- 1518 in 2015/16 and
- 1344 in 2016/17

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.

The percentage of referrals leading to the provision of a social care service as defined by the child being a Child in Need (CIN) was 91.3% at the end of 2016/17 compared to 89.5% the previous year.

During the year 2016/17 the Police referred 26.7% (500) of all referrals to Children's Social Care a significant number of which related to concerns around domestic abuse. Schools referred 19.2% (360) of all children to Children's Social Care services and health professionals 12.7% (239). (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 2017 the referral rate (per 10,000 of the child population) has dropped to 308.5 from 397.6 at the end of March 16. The rate is below both statistical and national averages, as is the repeat referral rate.

The year-end figure for assessments completed in 45 days was 93.7% which is slightly less than the 94.7% reported for 2015/16. The Quarter 4 figure for 2016/17 was 94.4%.

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 total number subject to a plan as at the end of March has decreased by 28.4% in comparison to March 16.

Over the last five 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)
- at the end of 2016/17 there were 163 children with a child protection plan (26.5 per 10,000 population)

The figures indicate that this will be below statistical neighbour, regional and national averages at the end of March 2017.

Child Protection Information Sharing (CP-IS) National Project

The roll out of the implementation of CP-IS, has started in Central Bedfordshire, with the aim to enhance information flow between the Local Authority and unscheduled health settings, when a child who is Looked After or on a Child Protection Plan attends an unscheduled care setting, like an emergency department or minor injury unit:

- The health team is alerted that they are on a plan and has access to the contact details for the social care team
- The social care team is automatically notified that the child has attended, and
- Both parties can see details of the child's previous visits to unscheduled care settings in England

This means that health and social care staff have a more complete picture of a child's interactions with health and social care services. This enables them

to provide better care and earlier interventions for children who are considered vulnerable and at risk.

CP-IS is currently being rolled out to local authorities and healthcare organisations across England. It is endorsed by the Care Quality Commission and included in contracts for providers of NHS unscheduled care.

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.
- at the end of 2016/17 there were 304 children in care.

At the end of March 2016 there had been a significant increase in the number of Unaccompanied Asylum Seeking Children becoming looked after by the local authority, (which was from 18 at the end of March 2015 to 37 at the end of March 2016, this equated to a 105.6% increase). The numbers of Looked after Children have remained relatively consistent throughout the last year, falling in Quarter 3 and Quarter 4 as new UASC are now being distributed throughout the region under new government requirements.

The LSCB received the Looked after Children Annual Report for 2015/16 at its meeting in June 2016 along with the Annual Report for Virtual Schools and Annual Reports for Securing Education, Employment and Training for Looked after Children. Below is a summary of the information provided.

Some of the information provided in the report related to 2014/15.

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

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

Exclusions

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

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

Attendance

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

Placement stability

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

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

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

Achievement

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

- Key Stage 1 – 10 out of 12 pupils (83%) achieved level 2 or above in reading, 9 out of 12 pupils (75%) level 2 or above in writing and 10 out of 12 pupils (83%) level 2 or above in maths.

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

Participating and staying on in education, employment and training

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

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

Conclusions

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

Children at risk of sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

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 Group 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.

The three LSCB's in Bedfordshire have developed local tools to help practitioners to respond to concerns about CSE including a CSE Risk Assessment Tool, a CSE Intelligence Submission Form and a CSE Disruption Toolkit.

During 2016/17 30 disruptions were carried out by Bedfordshire Police across Bedfordshire and 2 abduction notices were also issued.

Bedfordshire CCG secured funding for a specialist Child Sexual Exploitation Lead to work with clinicians, health services and staff from a wide range of settings to raise awareness, recognise and refer children at risk of CSE. The work undertaken as part of this role has contributed to a greater understanding amongst health staff of how to identify the potential signs that a child may be at risk or, or have experienced CSE, as well as an increased knowledge of the context in which CSE happens and what the long term health effects can be for victims. Health professionals have also had the opportunity to develop their roles as multi-agency partners with organisations such as the Police, Social Care and education.

More information around the work carried out by the LSCB in relation to CSE during 2016/17 can be found on page 15 of this report

Children who are privately fostered

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

At the end of March 2017 the local authority was aware of seven privately fostered children compared to 3 at the end of March 2016 (there were 7 new referrals throughout the year). 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. Below are some examples of the awareness work that has been carried out by partners:

- Information on Private Fostering has been included in both internal and external newsletters
- Information has been included on intranet sites
- Information included in both single agency and multi-agency training sessions
- At the hospitals parental responsibility enquires are asked with every child admission
- Within community health specific training has been completed with the Immunisation Teams.

- Within community health there has been an emphasis on improving the recording keeping in relation to parents.
- Information has been circulated to schools via Central Essentials

In addition to the above new posters and leaflets have also been produced to help raise awareness of Private Fostering within Central Bedfordshire and are available through the LSCB [website](#).

Service user feedback

Children's Services Social Care complaints handling practice in 2015/16 (this data was reported in December 2016):

- There was a decrease in the number of complaints recorded compared to last year, from 92 to 84. 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 55% of complaints either upheld fully or in part.
- As well as the statutory annual report, weekly and quarterly reports on customer feedback have been provided to assist the Director's senior management team (SMT) to monitor customer feedback, performance and outcomes.
- The good practice of using alternative dispute resolution to resolve ongoing dissatisfaction continued this year. The approach focusses on resolution of complaints through Head of Service Reviews, assessments by Customer Relations and face to face meetings which were successful in remedying 10 cases without the need for lengthy formal investigations.

Key themes from complaints

- The services for Looked after Children & Care Leavers were the area's most complained about however, it saw the most significant drop in complaints compared to last year. The service received 25 new complaints compared to 35 recorded the previous year. The three top reasons for complaint were; poor communication; staff conduct; and incorrect action taken.
- The majority of complaints were resolved through an apology and providing individual case remedies.
- Financial remedies are sometimes paid where a mistake has directly led to some injustice and there is no other remedy available. The Local Government Ombudsman's (LGO) guidance says that injustice regarding distress generally cannot be remedied by way of a payment, so payment amounts are symbolic to acknowledge the impact. In the period the LGO recommended a financial remedy in one case for £900 to recognise avoidable distress. Whilst benchmarking data is not

available for all similar sized authorities the decision notices available on the LGO website indicate that in the same period financial remedies for Councils ranged up to £8798.

Child's voice

All board reports require authors to consider and ensure the child's voice has informed their reports. In addition to this the Voice of the Child sub group continues to engage board partners and young people to develop the LSCB's work in relation to the voice of the child. Further information regarding the group's work during 2016/17 can be found within the progress on priorities section of this report.

4. Progress on priorities in 2016 – 2017

The Board agreed the following set of priorities for 2016 – 2017:

- 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

To receive assurance from partners on the effectiveness of the multi-agency front door arrangements (MASH):

The Multi-Agency Safeguarding Hub (MASH) went live in Central Bedfordshire in May 2016 and an update on its implementation was provided to the LSCB Strategic Board in December 2016, the following points were noted:

- The primary role of the MASH is to take contacts which have come through the Access and Referral Hub, where it is unclear from the available information the level of need presented of the child and family.
- The MASH does this by collating and sharing information through a multi-disciplinary team of professionals who assess risk in order to act swiftly to keep children and families safe.
- The outcomes from the MASH can be Social Work Intervention, Early Help Services or Information and Advice.
- The Access and Referral Hub & MASH ensure that all referrals are dealt with in a timely manner to avoid drift and delay. Early Help and Social Care continue to work collaboratively together in both aspects.

All contacts are risk assessed and prioritised ensuring that decisions are made within 24 hours of receipt.

- The MASH physically and virtually co-locates key multi-disciplined professionals from partner agencies to facilitate an integrated approach of quality information sharing, analysis and decision making in order to identify risk, and assess more effectively, risk and the immediate and long term service needs of children and families. The ability to information share at this level supports good decision making and ensures effective support is identified for children.
- The MASH has virtual links with other agencies such as Bedfordshire Youth Offending Service (BYOS), Adult Social Care, Pathway 2 Recovery (Drug and Alcohol Service), Probation and Housing. As the MASH embeds and evolves it is envisaged that partner agencies will co-locate within the MASH team and further virtual links will be established.

To receive assurance from the Community Safety Partnership that the domestic abuse strategy and action plan is being implemented and evidences improved outcomes for children:

An update on the development and implementation of the Central Bedfordshire Domestic Abuse Strategy was presented to the LSCB Strategic Board in June 2016, and a further update on the work carried out throughout the year in relation to both the Central Bedfordshire Council Corporate Domestic Abuse Plan and the Bedfordshire Domestic Abuse Partnership Plan were presented to the LSCB Board in March 2017. The following information was noted:

Central Bedfordshire Council Corporate Domestic Abuse Plan – work under the 5 key priority areas during 2016/17 has included:

Prevention and Early Help

- Schools are in receipt of updated DA toolkit from Relay, and Relay is
- extending to preschools and nurseries
- Freedom programme supportive play sessions are in place and being
- monitored by Early Year's Professionals
- PSHE Schools Portal area to include DA information
- KIDVA pilot project is due to end on 31.03.17 and an evaluation will be
- completed
- CSP update – Communication plan, Raising awareness, 16 days of
- action

Partnership Work

- Social Care and Housing Directorate Domestic Abuse customer pathway review
- Domestic Abuse Matters training delivered in Partnership to Beds Police

- Internal work to understand current response to Domestic Abuse by Central Bedfordshire Council and commissioned services
- Community Safety Partnership update – Champions, Training, Domestic Abuse Forum

Provision

- Funding bids have been submitted with partners to various funding streams
- Service mapping and referral pathway work is progressing well with partners
- SafeLives have been commissioned to conduct a Domestic Abuse service users consultation to include victims, perpetrators, children and young people

Protection

- Repeat MARAC review is ongoing with partner engagement

Progression

- Work on staff Domestic Abuse policy has begun

Work carried out during 2016/17 by the Bedfordshire Domestic Abuse Partnership has included:

- A Pan Bedfordshire Domestic Abuse Forum has been created
- A 12 month Domestic Abuse Communications Plan has been created
- A Domestic Abuse Referral Pathways Task & Finish Group has been created
- The Domestic Abuse Champion scheme continues to be promoted.
- The MARAC is being continuously reviewed and looking for opportunities to improve the process.
- The Partnerships website has been re-designed and re-launched
- Social media accounts launched
- Five DASH & MARAC briefing sessions have been delivered to 65 delegates in CBC.
- The team have delivered five training sessions to GPs with more booked in. Approximately 150 GPs have received the training
- A GP Champions scheme is being piloted in two GP surgeries, one in Goldington in Bedford and one in Biggleswade.
- The two tier training programme continues and in the last 6 months there have been 11 different courses delivered, with a total 214 delegates attending

To receive assurance that the CSE Strategy, action plan and communications plan is being implemented via the Pan Bedfordshire CSE and Missing Strategic Group and this evidences improved outcomes for children. Also to receive assurance that children missing from education, home and care are appropriately safeguarded:

The Pan Bedfordshire Child Sexual Exploitation Strategy was been signed off during 2016/17 and is available on Central Bedfordshire LSCB [website](#). A Pan Bedfordshire multi-agency CSE action plan was also produced to help implement the CSE Strategy. The work completed via the action plan has been monitored through the Strategic CSE group in. An update on both the Multi-agency Pan Bedfordshire CSE action plan and the Central Bedfordshire Council CSE action plan were presented to the Central Bedfordshire LSCB Strategic Board in December 2016.

A CSE Problem Profile was completed with recommendations within the profile helping to develop the multi-agency action plan. One of the key actions from the Problem Profile was to set up a new Operational Group – The Child Sexual Exploitation Group (CSEG) which reviews local intelligence around vulnerable individuals, locations and perpetrators and takes forward multi-agency problem solving.

A CSE campaign aimed at parents and focusing on on-line dangers ran throughout June 2016, materials included leaflets, posters, social media advertising and an upgraded website. Findings suggested that the target audience was reached and the website saw an increased number of visits. Part two of the campaign was aimed at children and young people and was rolled out in October 2016. Figures obtained in November and December 2016 showed the following:

- The three Facebook adverts have been viewed by 19,000 individual people aged between 13 and 17 with the total number of views 28,000.
- In total 1,281 unique people visited the website (again between 13 and 17). Of these 80% of people hadn't visited the website before.
- We reached slightly more girls than boys (54%/48%) but the link clicks was split 50/50.
- The advert that had a general message performed better than the message which specifically talked about sexting and staying safe online.
- During the three weeks, the most visited pages were 'sexting', very closely followed by 'spot the signs'.
- The next highest three were the home page, the young people general page, and the keeping yourself safe page.

Pan Bedfordshire face to face CSE training for frontline practitioners was developed during 2016/17 and went live in April 2017. Training has been commissioned for 15 months and will be reviewed during 2017/18.

CSE E-learning continued during 2016/17 and monitoring figures show there were 404 people who completed the course with at least 143 being identified as working within the Central Bedfordshire area.

Further sessions of Chelsea's Choice performances were carried out in schools within Central Bedfordshire during October 2016 (this was aimed at middle schools) and a new performance called 'In the Net' began in primary/lower schools during January 2017.

The National Working Group completed a health check on the work of the Strategic CSE Group with recommendations and actions being reviewed by the Strategic CSE and Missing Group and actions implemented.

Understand the risks to adolescents in Central Bedfordshire:

A profile of 'Understanding the risks to adolescents' was presented to the LSCB Strategic Board in June 2016 with a follow up workshop taking place in September 2016. The Council has now taken the lead on developing this work further and are in the process of developing/putting in place an Adolescents Hub to provide local support services to adolescents.

The LSCB Learning and Improvement Group also undertook an audit of adolescents with mental health concerns in September 2016 and have since taken forward the learning/action points. More information about the outcomes from this audit can be found on page 39

To receive assurance that actions in relation to preventing radicalisation are developed and implemented:

A Central Bedfordshire PREVENT Group is now in place and a PREVENT Protocol for Central Bedfordshire has been developed by the group and is available on the Central Bedfordshire LSCB [website](#). An action plan has also been developed and has recently been updated to ensure it reflects the local counter terrorism profile recommendations. The action plan will continue to be implemented by the group.

The plan includes a Learning Needs Analysis around PREVENT Training, however in relation to the LSCB Preventing Radicalisation E-learning training during 2016/17 534 people completed the E-learning of which 323 of these can be identified as coming from the Central Bedfordshire area

The local Counter Terrorism Profile and recommendations was presented to the LSCB Strategic Board in March 2017 and updates will continue to be provided throughout the next year.

To receive assurance that children at risk of Female Genital Mutilation (FGM) are identified at the earliest opportunities and protected:

The FGM, Honour Based Abuse and Forced Marriage Strategy was launched during 2016/17 and the FGM Pathways were also launched along with 2 multi-agency briefing events.

E-learning in relation to FGM is available and during 2016/17 199 people completed the FGM E-learning training of which 52 could be identified as coming from the Central Bedfordshire area. Leaflets are also available for local practitioners.

A question around FGM is now asked as part of the midwifery routine booking process for pregnant women.

There have been no referrals in relation to FGM and children during 2016/17.

The FGM/HBA/FM is now working to produce a Problem Profile and Communications Plan to help understand the issues locally and better target awareness raising campaigns to increase referrals.

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

To receive assurance in relation to the effectiveness and impact of early help to vulnerable young people and families:

The annual report in relation to the effectiveness of early help for 2015/16 was presented to the LSCB Strategic Board in June 2016. The following key information was noted:

Early Help on the Hub:

Early Help plays an integral role on the Access and Referral Hub which dealt with a total of 12,012 enquiries during the year. Of these, 7,130 enquiries were initially responded to by Early Help which is 59% of the total.

8755 of enquiries (73%) progressed to contact and referral with 2268 (26%) recommended for Early Help support, either to get a new Early Help Assessment in place or to enhance existing support in line with new information received

The remainder of the enquiries related to Early Help information from the community (Early Help Assessments and Delivery Plans) and requests for Early Help services from social care teams

During the year a total of 1,389 Early Help Assessments (EHAs) were undertaken to assess children and family needs and to put support in place to meet those needs. 79% of EHAs were received from professionals in the community with the majority from schools (48%), and the majority of the remainder from health and VCS (including children's centres) with the professional taking on the lead professional role for both co-ordination and monitoring of support and progress.

A further 21% of EHAs were received from staff within Children's Services (Outreach, Early Help Practice Advisor Team (SW), Supporting Families and the Teenage Parent Support Advisor Team).

Getting Early Help in place:

The Outreach team take referrals directly from the Access and Referral Hub where Early Help has been recommended and where timely support is needed to address immediate issues to prevent escalation of concerns. In 2015 – 2016 the team received 220 referrals, assessing child and family need through undertaking Early Help Assessments and getting a support plan in place.

The Early Help Locality Co-ordinators play a key role enabling professionals in the community to get Early Help in place through provision of training and support around the Early Help paperwork and processes. They also work with professionals to get Early Help in place following a referral into the hub, or a step down from social care where it is felt that the level of support needed can be best managed by a professional in the community.

Overall impact:

The Locality Co-ordinator Team record the number of EHAs closing and the reason for closure. During the year 73.5% (1265) Early Help Assessments were closed because the needs of the child/young person were met by the interventions provided. In 215 cases (12.5%) the cases were stepped up as a more specialist safeguarding services was needed. 13% (227) of EHAs were discontinued as the child/young person/family disengaged from services or felt that the service was no longer required. Some of those discontinued included children moving out of the area, and in those cases we have worked with neighbouring authorities where possible to transfer the Early Help Assessment.

At the end March 2016 a total of 1467 Early Help Assessments were open.

Supporting Families (national Troubled Families Programme):

April 2015 saw the commencement of Phase 2 of the National programme. Despite some difficult times Central Bedfordshire had fulfilled the targets set in Phase 1 of 'turning round' the lives of 305 families, and was eligible to be included in Phase 2.

The next phase was a 5 year programme with a target of making 'Significant and Sustained Progress' with 1090 families during that period, based on each family experiencing at least two of the six possible criteria: poor educational attendance or exclusion; crime or anti-social behaviour; worklessness, or risk of financial exclusion; Domestic Abuse; significant mental or physical health problems (including addictions); and children identified as needing (early) help.

Central Bedfordshire Council agreed with the DCLG to engage with 150 families during the first year, the target increased to 180 during the year. This was achieved in full. The engagement target for 2016/17 is a further 350 families.

At the end of Phase 1, claims for successful working were made for 305 families and in April 2016, one year after the end of Phase 1 a data exercise was carried out to look at longer term success with the families.

Work with 95.4% of the families could be considered successful – they were not on the records for Social Care, Early Help, Anti-Social behaviour/youth crime or School exclusions/poor attendance. Of the remaining 4.6% (14 families) have been re-referred into the Early Help service.

Parenting Work

In September 2015 use of the Outcome Star began to be introduced to the 1:1 work carried out by the Parenting Team. The Outcomes Star is a unique suite of tools for supporting and measuring change when working with people.

Particular focus was given to the increase recorded by parents around Boundaries and Behaviour and Meeting the Emotional needs of their Children. Parents recorded an 82% increase in their confidence in giving their children boundaries and managing their behaviour, and there was a 61% increase shown in meeting the emotional needs of their Children.

The Children within this cohort recorded a 62% improvement in their feelings and perceptions of their own behaviour, and a 56% increase in their confidence and self-esteem.

All the cases around these families were closed at the end of the intervention work carried out.

Group work covering the entire age range from pre-birth to teens has been delivered during the year. 127 parents attended.

Relay – Domestic Abuse Referrals

The Relay Team contact schools as early as possible to notify them that a pupil has been present in the house where there was an incident of Domestic Abuse which necessitated a police call-out.

During the year there were 1049 referrals to the Relay Team. This involved 1767 children aged 4+. This means that an average of 34 children a week over the age of 4 is in households with Domestic Abuse serious enough to involve the police. 127 out of 140 schools received at least one notification in this period.

In a recent evaluation exercise 80 out of 82 schools said that they had found the scheme either very or mostly beneficial, and 79 out of 82 said the scheme had been very or mostly useful in enabling them to better support the needs of their vulnerable students.

To receive assurance in relation to the effectiveness of the support and services for Looked after Children:

The Education and Social Care LAC Annual Reports for 2015/16 were presented to the LSCB Strategic Board in June 2016.

The Board noted the positive outcomes that have been achieved throughout the year. It was noted that during 2015-16 there had been an increase of UASC (58 compared to 18 the previous year). It was noted that this is likely to increase further.

The Health LAC Annual Report was then presented to the LSCB Board in September 2016.

The end of year figure for 2016/17 for care leavers in Employment, Education or Training was 70.2% which is above the target of 65% and is the same end of year figure as the previous year.

Further information from the Looked After Children Annual Reports can be found on Page 7.

Ensure an effective partnership approach to identifying and notifying of Private Fostering arrangements and the effectiveness of assessments and support:

Please see page 11 for information relating to the work carried out to raise awareness of Private Fostering.

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

An update of the housing action plan was presented to the LSCB Strategic Board in June 2016.

The Housing Solutions Team had worked hard to reduce the number of homeless people in the borough by making sure families stayed where they were or had planned solutions in place to be re-housed.

During Quarter 4 there was 1 family with dependents or pregnant persons placed in B&B accommodation. The total figure for 2016/17 was 23 which is decrease from 2015/16 when the end of year figure was 41.

Ensure there is an effective partnership approach to dealing with neglect:

During 2016/17 a Pan Bedfordshire neglect strategy was launched and disseminated by the three Bedfordshire LSCB to agencies and frontline workers across Bedfordshire.

The local Neglect Practice Guidance was also reviewed and relaunched and can be found within the Pan Bedfordshire online procedures.

The pilot of the NSPCC Graded Care Profile 2 is now being rolled out across Central Beds and the train the trainer events were completed in March 2017. From April 2017 the LSCB will take over the multi-agency training on this topic. Work will take place during 2017/18 to develop a process for monitoring the impact implementing of the Graded Care Profile across Bedfordshire.

Pan Bedfordshire briefings took place on Adolescent Neglect in September 2016 and the Pan Bedfordshire Conference took place in March 2017 with 340 attendees.

Abuse and Neglect e-learning training continues to be offered and during 2016/17 1981 people completed the e-learning training with 1018 people being identified as working within the Central Bedfordshire area

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

Ensuring children and young people's voices are heard:

The Voice of the Child Sub Group has met regularly, and has held several partner awareness and assessment days, these were followed up with a further workshop whereby a draft pilot tool to gather the views of young people following their appointments or meetings with professionals has been developed (this was launched in February 2017). The outcomes from the draft pilot tool will generate the starting point for the LCSB in terms of any action needed moving forward.

The sub-group has also completed one Young Peoples workshop, whereby the voice of the child was heard directly and several follow on workshops targeting specific groups of young people will now be progressed.

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

During 2015/16, the Board developed and implemented a new structure of sub-groups, which includes the following groups:

- Core Business Group which acts as an Executive Group to the Strategic Board, meeting in between Board meetings 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 training programme and developing new training courses when required, along with evaluation and monitoring the impact activities.
- Performance Group that is responsible for monitoring the LCSB'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 took some time at its Development Day in December 2016 to review how the Board Structure and Sub-Groups were working. The Board Members agreed that the new structure had been working well and the priorities and actions within the Board's Business Plan were being implemented by the Sub-Groups. Therefore no changes were made to the structure and Sub-Groups.

The Board has 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 Strategic LSCB Board also has in place a constitution for the Board.

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. This was reviewed during 2016/17 to take into account that the LSCB Training Unit has become Pan Bedfordshire resource. A local learning offer has also been produced; both documents can be found on the Central Bedfordshire [LSCB website](#).

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 ensures there is a robust approach to reviewing and ensure 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 2016- 2017.

Some key actions which have taken place throughout the year are:

- Communications strategy agreed and in place.
- Website updated regularly.
- LSCB Newsletters produced and circulated
- Key issues/messages highlighted at the Strategic Board have been included on the LSCB Website and within the LSCB and School's newsletters.
- Key messages from Case Reviews have been included within quarterly briefing updates.
- Threshold document has been reviewed and updated – and uploaded to the website and circulated.
- CSE Communications strategy and campaign in place.
- Escalation awareness carried out as part of the Joint Targeted Area Inspection action plan.
- Members area of the website utilised

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.

During 2016/17 Partners implemented an improvement plan which has been monitored through the LSCB Strategic Board and the Local Children's Leadership Board.

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

The LSCB has a Learning and Improvement Framework in place which includes:

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

The Learning and Improvement Framework is reviewed annually and was last reviewed and agreed by the Board in March 2017.

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 2017:

- 79 learning events were delivered to 1885 delegates
- 94% of places were filled
- 6 learning events were cancelled
- 95% satisfaction with face-to-face learning
- 5281 learners registered to complete an e-learning course and 4734 completed (89%)
- 97% satisfaction with e-learning

Courses have been full throughout the year 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 ensure a good mix of agencies on training and has seen an increase of the mix of delegates on the majority of courses.

Quarterly Briefing events have been provided for free to all agencies across Bedfordshire and Luton. A Neglect briefing was hosted as two half days, drawing attendance of 187 in quarter 2. A spotlight on disability event, hosted by Bedford Borough was attended by 103, and in quarter 4 a large scale conference on Neglect attended by 309 practitioners. Feedback received following each of the events has on the whole been positive and has helped to shape future conferences and activity.

The events have been well attended and following the success of this approach, future conferences will be provided along with regular themed briefing events.

There were 1885 places filled over 79 courses in total. This is 49 less places than was filled in 2015/16. This data doesn't include attendance at conferences and briefings that are reported separately.

E-learning uptake and completion continues to improve and provides 67 courses to date, this is an increase on the previous year with 37. There were 5,281 registrations and 4734 completions during 2016/17 compared to 2015/2016 with 4,196 allocations and 3,784 passes. E learning has also been used as pre-learning for the modular and other courses offered.

Whilst satisfaction rates for the Working Together modular training programme continue to remain high, services have identified the challenge of releasing staff for two days of learning. This has resulted in developing a one day intensive delivery that relies upon organisations ensuring that staff have been properly inducted and have received appropriate single agency training prior to attendance.

Other further developments to the training programme has secured a more specialist workshop approach to learning, ensuring the skills of new learners and experienced learners are met in a range of innovative and creative ways. The current training offer will also be extended, with further subject options added for 2017-2018.

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. There were no new cases were referred or agreed during 2016/17, however work to complete the 3 existing reviews continued and an update on each of the case reviews is provided below:

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. This review

was completed during 2016/17 along with a follow up action plan. The Board Response and details of the work completed by partners to take the report's recommendations forward will be available on the LSCB [website](#) by the end of 2017.

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 examined the services provided to Bethany and her family and reviewing agencies understanding of the family and their needs. The final overview report and board response (detailing the actions taken since the review) can be found on the LSCB [website](#).

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 explored the services and responses provided to them. This review was still being finalised at the end of 2016/17.

Learning from cases is communicated to the children's workforce through Practitioner events led by the Safeguarding Children Board. Briefing presentations are also produced and circulated to all partners for them to disseminate within their agencies. Learning from case reviews is also included with single agency and multi-agency training.

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.

Monitoring the Impact from Case Reviews (sample of some actions and their impact):

Issue Raised	Actions Taken	Positive Impact on Frontline Practice and Outcomes for Young People.
<p>SCR – Bethany Recommendation 1 – Parental assessment processes (single and multi-agency) including consideration of particular circumstances such as parental learning difficulty, domestic violence should be reviewed and updated.</p>	<p>As a direct result of this recommendation in, September 2016 twelve Central Bedfordshire social workers were trained in completing PAMS - specialist assessment of the parenting capacity of parents with special learning needs. This means prompt and coordinated assessments of parents with learning difficulties are now routinely provided for families getting a service from Children’s Services Operations.</p> <p>Clear communication pathways have been established between colleagues in Adult Learning Disability Services and Children’s Services Operations.</p> <p>A joint working protocol between Children’s Services Operations and Adult Mental Health Services has been developed and is due to receive official sign off at the September 2017 Policies and Procedure Meeting.</p>	<p>Since the training took place in September 2016, 2 Assessments have been completed and a further 6 are underway. This shows that assessments are now being undertaken in a timelier manner than in relation to the Child D SCR when it took 18 months for the assessment to be completed. Therefore young people and families are receiving help and support at the earliest opportunity.</p> <p>This has contributed to an improved coordination of services and sharing of expertise in the cases where parents have learning difficulties. This has</p>

		<p>included periodic joint supervision on a number of complex cases to ensure more effective and efficient services being provided to the family.</p> <p>This will contribute to an improved coordination of services and sharing of expertise in the cases where parents have mental health problem.</p>
<p>SCR – Bethany Recommendation 2 – Ensure arrangements are in place for identifying and responding to neglectful care – both physical and emotional neglect.</p>	<p>As a direct result of this recommendation the Graded Care Profile 2 (an assessment tool for neglect) was trialled in Leighton Buzzard, and Sandy with community health nurses and Children’s Services Operations staff. The programme began in February 2016 and at the review point in June 2016 was judged to be enhancing the quality of service provided to children and families – Therefore a decision was made to roll this out across the whole of Central Bedfordshire.</p> <p>Within EPUT there has been the implementation of revised electronic chronology template supported by training, to identify neglect.</p>	<p>The implementation of the Graded Care Profile has raised the issue of neglect amongst frontline practitioners and provided them with a tool for assessing neglect and taking action to improve the circumstances of children living in neglectful situations at an earlier stage.</p> <p>The numbers of Children on Child Protection Plans for neglect has increased and therefore shows frontline</p>

		<p>practitioners are identifying neglect and it is being taken seriously.</p> <p>An audit to further evaluate the outcomes from the Graded Care Profile is due to take place in Autumn 2017.</p>
<p>SCR – Bethany Recommendation 3 – Ensure staff are trained together across agencies to implement the Graded Care profile system and to make sense of all the information available whilst maintaining a focus on the needs of the child.</p>	<p>Five social workers and five health professionals were trained as ‘train the trainers’ in GCP2 in September 2016. Staff were trained in GCP2 through the winter of 2016 with the LSCB taking over the multi-agency training sessions in April 2017.</p>	<p>The implementation of the Graded Care Profile has raised the issue of neglect amongst frontline practitioners and provided them with a tool for assessing neglect and taking action to improve the circumstances of children living in neglectful situations at an earlier stage.</p> <p>The numbers of Children on Child Protection Plans for neglect has increased and therefore shows frontline practitioners are identifying neglect and it is being taken seriously.</p>

SCR – Bethany Recommendation 10 – Oversight of Child protection cases: Ensure that additional multi-agency challenge processes are established for all children subject to a child protection plan for more than 9 months.

As a direct result of this recommendation, the following process was put in place:

Independent Reviewing Officers (IRO), who chair Child Protection Case Conferences were tasked to apply a high degree of scrutiny to the circumstances of children who continue to be subject to a Child Protection Plan at the second Review Child Protection Case Conference (nine months +). Where the IRO or any other professional identify potential indicators of drift (inaction by professionals or lack of improved outcomes for children), a multi-agency meeting may be convened to challenge and support practice. The process for this is that:

- IRO will alert the Practice Manager and a meeting convened to include relevant LSCB agency representatives involved with the family to review the effectiveness of the Child Protection process and address any potential drift for the children.
- The outcomes of this meeting to be incorporated into the workings of the core group.

Performance data available to Children’s Services Operations staff provides a weekly update on how long children are subject to Child Protection Plans. This provides a continuous opportunity to scrutinise and challenge signs of drift. The IROs also provide quality assurance feedback to the social work teams after each Child Protection Case Conference. This feedback is provided directly and promptly to the relevant social work team manager and then collated at regular quality assurance meetings with social work team managers. This activity makes sure that case by case improvement secured, and overall patterns are identified to address systemic issues and broader learning issues.

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SCR – Tara

Recommendation 5 – That commissioners and providers of CAMHS ensure that appropriate and accessible services are available to children and young people who are victims of abuse or neglect.

ELFT and CAMHS have worked in partnership with CHUMS, Bedfordshire Open Door, Sorted and Relate to create an integrated Single Point of Access (SPOA) for CAMHS services.

The Feedback from ELFT is that the SPOA is being really effective in ensuring that daily referrals are split between urgent and routine. Children who need immediate/urgent support are triaged by the clinician of the day (COD) which is organised on a rota basis and overseen by a Clinical Team Lead. The COD will triage all referrals daily, they will information gather by possibly calling the parents, schools, GP etc. This will help to ensure it is an appropriate referral to the service and prevent referrals being declined because there is inadequate information.

Referrals that are urgent and high risk will be discussed with the Clinical Team Leader and the child can be arranged to be seen either at Hospital or at home

by a member of the AMHT (Adolescent MH Team). The Luton and Dunstable Hospital nurse is available from 1pm-9pm mon to Friday, and over the weekends around the same times (Bedford Hospital – no specific nurse but CAMHS do liaise as needed with the hospital).

The parent will have access to the CAMHS COD daily if needed whilst they are waiting for their child's appointment.

The triaged routine referrals will go to the weekly allocations meeting where children/parents can be signposted to other support services like those you suggest whilst waiting for an appointment, or if felt the referral may not be appropriate.

<p>SCR – Nolan Recommendation 1 – CBSCB to ensure that its procedures include appropriate guidance on the management of bruising. In particular, it should consider making the reporting of bruising to non-mobile babies to CSC mandatory.</p>	<p>Following on from the serious case review the LSCB agreed and published a Bruising Protocol (contained within the online Policies and Procedures) http://bedfordscb.proceduresonline.com/pdfs/man_bruisies_bites_marks.pdf</p>	<p>Luton and Dunstable Hospital Update:</p> <p>The bruising flowchart is displayed around the trust, the areas include: The orthopaedic Hub, Paediatric outpatients department, Imaging, All areas on the paediatric unit and All areas in A&E, around 50 have been displayed within the key areas that regularly see and treat children.</p> <p>The bruising flow chart is also discussed within safeguarding training at all levels and it is on the staff intranet for easy access by hospital staff.</p> <p>Bedford Hospital Update:</p> <p>Bedford Hospital has also confirmed they are implementing the Bruising Protocol.</p>
<p>SCR – Nolan Recommendation 3 –Seek</p>	<p>Roll out of the Family Nurse Partnership Scheme which offers a structured and intensive programme to teenagers under the age of 20 years, having</p>	<p>Outcomes from the FNP Annual Report:</p>

assurance that in health visiting there is appropriate pre-birth involvement with young parents, and that there is a process in place to identify inappropriate gaps in visiting vulnerable families.

their first baby and less than 28 weeks pregnant. The service is structured to cover all aspects of pregnancy, health and parenting over the course of the pregnancy and up until the child is aged 2 years.

The FNP caseload shows that 22.5% of clients in Central Bedfordshire have social care involvement at entry to the programme.

34.1% of babies in Central Bedfordshire currently have social care involvement.

21.9% in Central Bedfordshire have a history of being in the looked after care system either currently, historically or leaving care. 17% of babies in Central Bedfordshire are now in the care of the local authorities, with and without their parent.

52.5% of fathers are engaged and work with the FNP at visits in Central Bedfordshire.

41.2% of clients in Central Bedfordshire are not in

education, employment or training (NEET).

Results from the Client 27 replies (32%) show the following:

18 people changed their behaviour due to the Programme.

20 changed their priorities – putting their baby first.

23 changed their relationships.

16 changed their education/work.

17 had seen changes in their Partner.

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 2016 the LSCB Board considered the Annual Report of the Child Death Overview Process for 2016/17 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.

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The 8th Annual Report of the Bedford Borough, Central Bedfordshire and Luton Child Death Overview Panel (CDOP). It gives a summary of the deaths reported to the panel during 2015-2016 and analysis of the data and emerging themes for 2009-2016.

During the period 1st April 2015 to 31st March 2016 the panel met on 8 occasions and completed full reviews on 40 children residing in Bedford Borough, Central Bedfordshire and Luton. These cases were from 2013-2014, 2014-2015 and 2015-2016. There can be a delay in 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 2015 until March 2016 there were 60 deaths reported across Bedfordshire. This consisted of 13 (21.6%) in Bedford; 31 (51.6%) in Luton and 16 (26.6%) in Central Bedfordshire. There was a 17.6% increase in the number of deaths in comparison to the previous year (60 compared to 51).

Unexpected deaths accounted for 32 (53.3%) of the total deaths in 2015-16, which is an increase from the previous year where only 25% (13/51) of the deaths were unexpected. 53.3% (32/60) of the reported deaths were of children less than 1 year of age. Of the total reported deaths 40% (24/60) were female and 60% (36/60) were male.

The CDOP Panel reviewed the deaths of 40 children during 2015-16 and identified modifiable factors in 52.5% (21/40) of these cases. The modifiable factors identified included: consanguinity, smoking of one or both parents, co-sleeping and factors relating to service provision.

Learning from single agency audits

There were no single agency audits presented to the LSCB during 2016/17. Going forward a schedule of single agency audits has been produced for 2017/18 and reports will be received throughout the up and coming year.

Section 11 audits highlighted the following learning

Agencies completed a full section 11 audit in the autumn of 2015 and during 2016 carried out follow up presentations to a multi-agency panel.

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.

During 2016/17 the LSCB Learning and Improvement Sub-group continually monitored progress against the follow-up actions.

Learning from multi-agency audits

During 2016/17 three multi-agency audits were carried out in relation to the following topics/issues:

- Neglect
- Adolescents where there were concerns in relation to mental health
- Special Guardianship Orders

The following learning emerged from each of the multi-agency audits and action plans were developed to take the learning forward. All follow up work was completed and monitored through the Learning and Improvement Sub-Group.

Learning from the multi-agency neglect audit:

Case 1:

- The Mother had mentioned to the Social Worker abuse within her own childhood, but there was little evidence within the case files that this had influenced future work with the mother and her family.
- There appeared to be a lack of challenge by partners to the Mother's reasons for needing extra needles in relation to her substance misuse.
- Based on information in the social care file, the work with the family appeared to have been Mother centric with little consideration given to the input from the Fathers.
- More work was needed by all partners to increase the focus on the voice of the child.
- Not all agencies seemed to be clear on the time periods when the children had ceased to be subject to child protection plans.
- Not all agencies were aware the children had moved to a different local authority area for a short period of time.
- It was felt there was a lack of information sharing from the Substance Misuse Service in to the multi-agency forums/meetings.

Case 2:

- Cross border information sharing issues – neither of CP processes taking place in a neighbouring authority and Central Bedfordshire in relation to the Ex-partner/father knew about each other.
- Details of children on a CP plan are currently sent to the 2 Hospitals within Bedfordshire, however it was established the family/children were likely to have attended a hospital outside of Bedfordshire and therefore this information would not have been known to the Hospital.

Case 3:

- A local Bedfordshire Hospital were unaware that the child had moved to Foster Care so an appointment was sent to family home rather than the new address and therefore resulted in a DNA.

Learning from the multi-agency adolescents audit:

The audit found that there had been some strong joined up working and information sharing amongst partners to safeguard the young people; however several areas for learning were identified and the below points were the key learning points that were taken forward in a multi-agency action plan:

- Within Domestic Abuse cases there was a need for the earlier identification of parenting support services required. Parents may be engaged with services but still struggling with their parenting due to power imbalances within the home. Just because a parent is engaged in the process doesn't mean they would not benefit from parenting support.
- There needed to be more awareness amongst partner agencies about the parenting support services available locally.
- Commissioners need to update local partners in a timely manner when there is a change of provider or services commissioned.
- There needed to be a better understanding of MARAC process amongst local partners

- There needed to be a better understanding of Chanel Panel process amongst local partners

The audit also identified some actions for individual organisations which each agency agreed to take away.

Learning from the multi-agency special guardianship orders audit:

- The audit revealed key similarities from all three cases as the parents of the children suffered with mental health problems, issues with street drug use and domestic violence.
- All cases had a high level of intervention from CSC including after the SGO arrangement was made.
- Two of the three SGOs were relatively new, made within the last two/three years and one approximately 9/10 years ago. It was noted that of the more recent SGOs, more rigorous assessment and challenge had been applied, however, this was less obvious in the older SGO arrangement.
- The audit revealed that all three SGOs were providing good quality care to the children; however all three had complex issues. Often SGOs need ongoing help in the form of CIN (section 17) and in some cases Child Protection (section 47).
- On occasions SGO's are complex vulnerable arrangements which involve tension/ conflict between the SGO carers (often Grandparents) and parents and the audit highlighted that more support was needed around this issue.

Managing allegations

In September 2016 the Board reviewed the arrangements for the effectiveness and outcomes of allegations management in Central Bedfordshire from April 2015 to March 2016.

The Allegations Managers continue to provide a single point of contact for allegations and concerns to be discussed and where necessary taken forward. An accessible, robust and consistent service is provided within Central Bedfordshire which contributes to safe practice in the workplace in respect of employees and volunteers and the prevention of people who pose a risk from working with children and young people.

The advisory role of the Allegations Manager in relation to lower-level issues is an aspect of the service and this reporting year has seen a decrease of 17% in total contacts in comparison to last year, but an increase in the reporting periods prior to this:

Year	Contacts
2015/16	Total Contacts – 151 111 concerns/consultations 40 allegations proceeding to a JEM

2014/15	Total Contacts – 182 104 concerns/consultations 78 allegations proceeding to a JEM
2013/14	Total contacts - 136 73 concerns / consultations 63 allegations proceeding to a JEM
2012/13	Total Contacts – 121 72 concerns / consultations 49 allegations proceeding to a JEM

The figures above show a decreased referral rate but the majority of contacts that is 74% continue to be managed through the provision of advice, demonstrating that cases are being considered at an early stage using proportionality, judgement and expertise. This reporting year allegations proceeding to a Joint Evaluation Meeting (JEM) represent 26% of all contacts. The JEM is a meeting involving relevant sectors as and when appropriate including, the Police, Children’s social work services, employers and regulatory bodies.

It is not possible to identify the reason behind the reduction of referrals other than to reiterate that JEMs are only considered where this is deemed appropriate, that is where one or more of the criteria is met. It does however indicate a continued awareness of the service and the ongoing need to understand the importance of the effective management of allegations.

The following tables provide a breakdown of the referrals received during 2015-16.

Referral Information:

Figure 1. Source of Referrals dealt with through Consultation / Advice

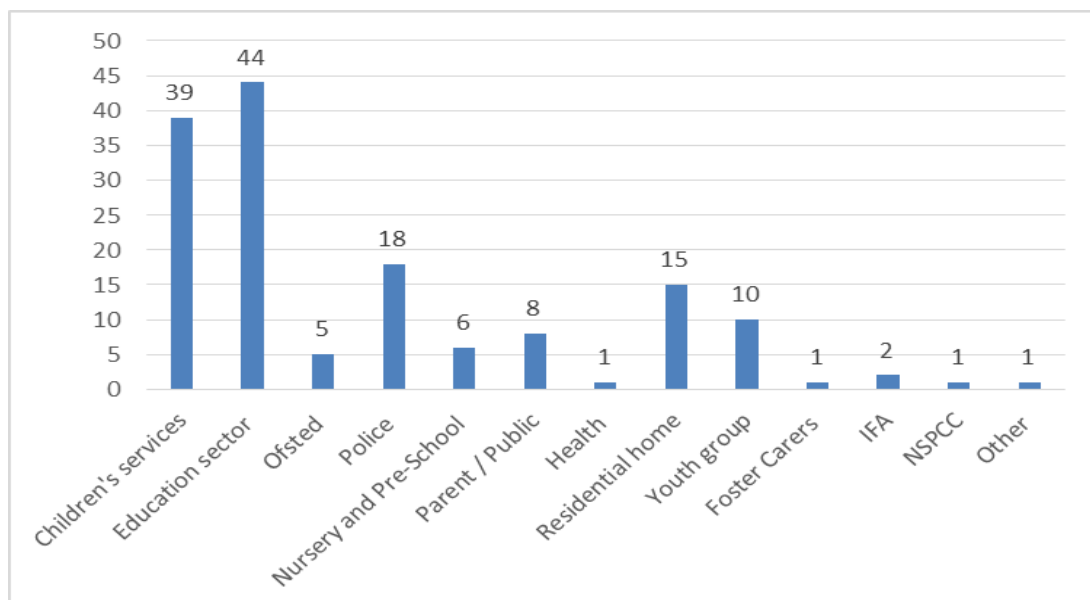
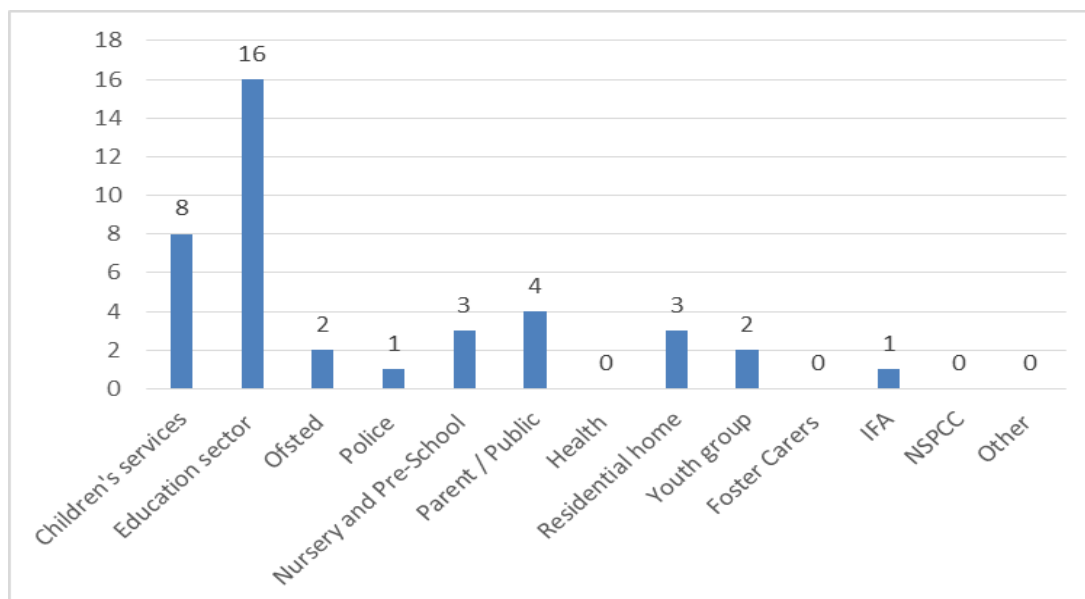


Figure 2. Referral Source of Allegations

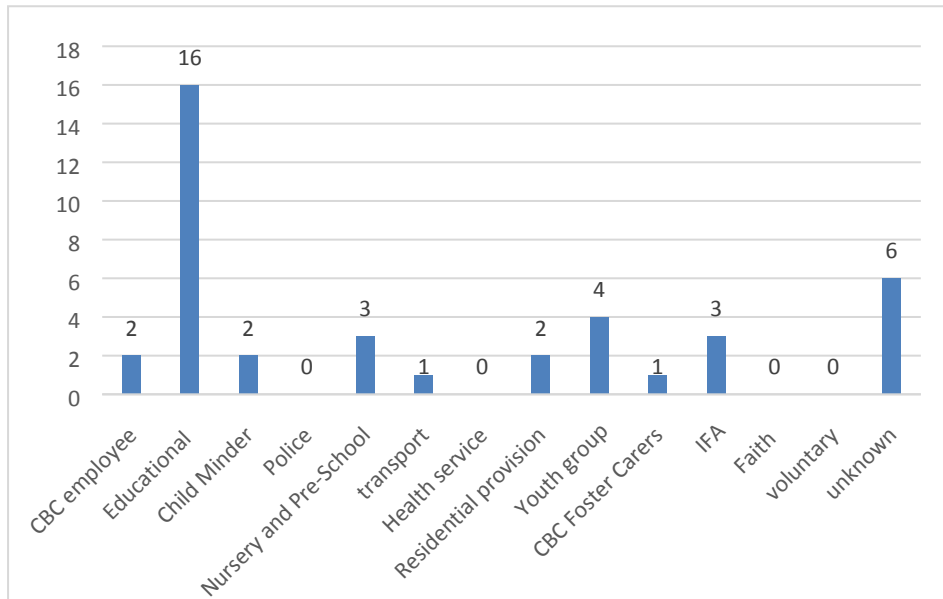


The referral organisation is the source of the original referral to the Allegations Manager. The Education Sector (schools, special schools, colleges and independent / alternative provision) represents 40% and Children's Services 20% and it is these settings that continue to be the main source of referrals. 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 an accepted point of initial contact.

In addition to allegations made against adults in their role as a professional or a volunteer with children, allegations may also be made about an adult concerning their conduct outside the work place e.g. domestic violence; association with risky individuals; substance misuse and or concerns regarding their own children of a safeguarding nature. Where domestic abuse is the primary concern the employer is notified to ensure adequate action and or support is in place allowing for consideration to be given to any impact on their professional role, suitability or the reputation of the service concerned.

The majority of allegations continue to relate to adults working in the education sector, that is 40%. This is consistent with national trends. Where a person may have contact with children and young people in more than one setting, for the purpose of the data the allegation is always counted against their role in the setting in which the incident occurred. However any secondary employer will be involved in the JEM ensuring that appropriate actions are taken within each work setting.

Figure 3. Employment sector of the adult concerned



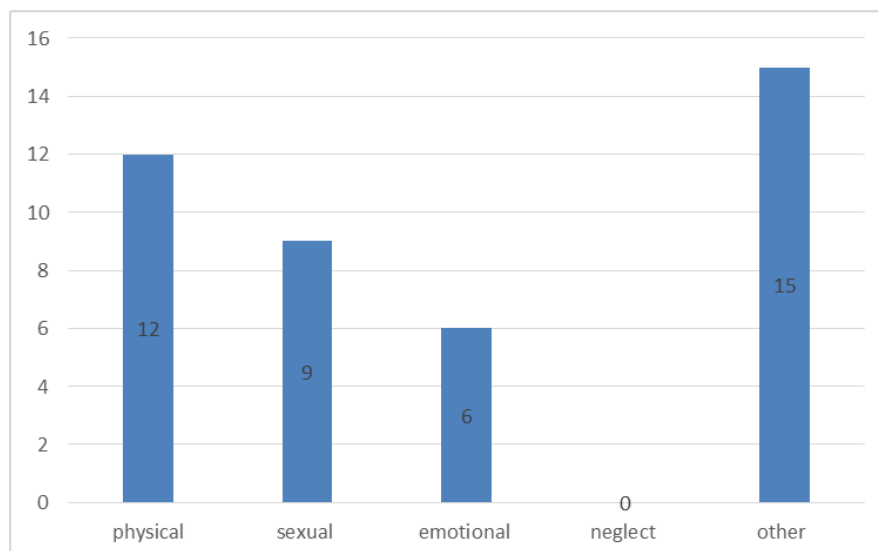
The breakdowns of allegations within the education sector are as follows:

- 6 Upper Schools
- 11 Middle
- 18 Lower
- 8 Special Schools
- Of the above 7 are Academies

Nationally and locally referrals are rarely made by the Health Sector and last year there were no referrals relating to health professionals. It is also interesting to note that there were no referrals that lead to a JEM from the voluntary sector and faith settings.

Category of Concern Information:

Figure 4. Category of Concern



Those cases categorised as 'other' have included a variety of concerns where the behaviour of the adult has not directly placed a child at risk of harm or are an issue of conduct outside the work place and so may indicate unsuitability.

Examples of this include:

- An adult who was dismissed from their previous employment as being assessed as having mental health issues and is now seeking employment with children in a care home
- An adult working in a school was referred as identified due to their gambling behaviour.
- A teaching assistant in school was allegedly taking class A drugs.
- Inappropriate use of IT and or social media, and
- Injury to own child.

Where the foster carer is resident in Central Bedfordshire and the allegation is regarding an incident within the foster placement but the child in placement is the responsibility of another Local Authority, the Central Bedfordshire Allegations Manager will lead on the allegation but liaise with Allegations Manager and or allocated Social Worker in the area holding the responsibility for the child concerned.

Number of LAC Children subject of an allegation	
Total Looked After	7
CBC	1
Other Local Authority Child	6

From April 2014 Social Workers within Corporate Parenting were asked to notify CBC Allegations managers of any allegations made by a CBC Looked After Child placed out of county that were progressed to a JEM. No cases have been reported.

Outcomes from the LADO Process:

The first consideration by the employer is whether the adult remaining on site presents a risk. Precautionary suspension is a neutral act and is only considered where the person remaining on site may impede an investigation, present a risk to children or where the allegation may constitute gross misconduct and so if substantiated there would be grounds for dismissal. Some safeguarding issues can be resolved by implementing a restriction of duties and this may include not working with a particular child or not working alone. The decision to suspend or place an individual on restricted duties remains the responsibility of the employer who when making this decision is advised to conduct a risk assessment and consult with their HR provider.

Subject Suspended / Restricted Duties	
Suspended	12
Restricted	2

Following an Initial JEM the majority of cases are passed back to the employer, as they do not reach the criminal threshold and require an investigation by the Police. The responsibility lies with the setting to ensure

cases are always fully investigated. The majority result in some internal action for the organisation to take forward with the adult concerned. Where the outcome is dismissal as a result of a safeguarding matter a referral is made to the Disclosure and Barring Service by the employer.

Cases that fall within the 'No Further Action' category are those cases where the allegation was deemed to be false or malicious and represents 20% of the allegations made.

Outcome of initial JEM	
NFA	8
Advice Given	2
Police investigation	5
Refer Back to Employer	22
Joint Investigation	3

All allegations are shared with police but they will only be involved in JEMs where information may indicate a crime has been committed. Of those investigated by police this year one resulted in a referral to CPS for consideration.

Outcome of Police Investigation	
NFA and Referred back to employer	8
Referred to CPS	1
Not yet concluded	7

Of those cases the employment of the professional following the outcome of the investigation was concluded, as follows:

Employers Action	
Advice/Support/Training	8
Dismissal	6
Not yet concluded	5
Resigned	4
No Further Action	9
Final Written Warning	0
Reinstated	8

As outlined the majority result in 'no further action' and 20% are managed through either 'training, advice and or support', and 20% are 're-instated'. However, on 6 occasions the result was considered gross misconduct, and the outcome was dismissal so these cases are referred to the Disclosure and Barring Service. The Allegations Managers provide JEM minutes to DBS to support and assist with decision making. Where an individual resigns and the allegation is considered to be gross misconduct employers are required to conclude internal investigations and disciplinary proceedings and if the final outcome would have been dismissal then a referral is made to DBS.

Conclusion of LADO Process:

For this reporting year there have been four categories for final outcomes:

Unsubstantiated – insufficient evidence to support the allegation but concerns remain that something has happened and some form of action required

Substantiated – evidence supports the allegation

Malicious – there is evidence to support an allegation is made through malicious intent

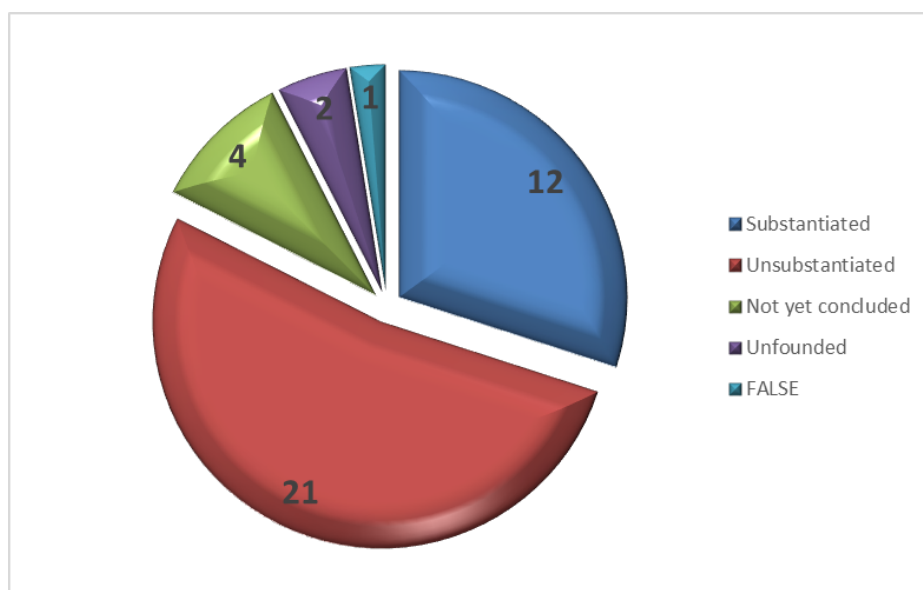
False – relates to situations where untrue information has been passed on without any intent to cause the adult harm.

In March 2014 the category 'Unfounded' was removed and replaced by FALSE within DfE Statutory Guidance 'Keeping Children Safe in Education'. As a result of this it was agreed that this category would not be used in CBC, due to an agreement that allegations in all settings should be treated equally, therefore this category has not been used in this reporting year. In March 2015 this guidance was re-issued and in addition to the above categories it added that:

'schools may wish to use the additional definition of 'unfounded' to reflect those cases where there is no evidence or proper basis which supports the allegation being made'.

Therefore CBC re-introduced this category, where appropriate, for the 2015/2016.

Figure 5. Conclusion of LADO Process



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 2016/17 the following procedures were produced as new chapters or updated:

- Fabricated and Induced Illness
- Neglect
- People Posing a Risk to Children
- Responding to Abuse and Neglect
- Child Protection Enquiries
- Child Protection Conferences
- Children Missing from Education
- Agencies Roles and Responsibilities
- Gang Related Activity
- Children who Move Across Boundaries
- E-Safety
- Radicalisation
- Central Bedfordshire PREVENT Protocol
- Central Bedfordshire Threshold Framework

5. LSCB Challenge and Impact

Issue/Challenge	Action	Evidence of Impact/Outcome
<p>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>	<p>The Board challenged this level of performance so an audit was completed for the timeliness of ICPC's and found that:</p> <p>Change in staff 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>Actions completed: 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>Performance improved throughout the year and by quarter 4 2015/16 was at 100%. (The overall performance rate for 2015/16 was 82% due the lower performance earlier in the year).</p> <p>The Board continues to monitor this performance and at the end of 2016/17 performance was 96.6% which is considerably higher than the previous year's performance.</p> <p>Which indicates a lack of drift and delays in the Child Protection process, therefore keeping children safer.</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 standalone 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>The percentage of care leavers in education, employment or training was 50% at the end of Quarter 1 – 2015/2016 which was below the target of 65%</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 leaver activity – The Board has continued to monitor and scrutinise this indicator to ensure the improved performance is maintained.</p>	<p>Performance continued to improve throughout the year and by Quarter 4 2015-16 70% of care leavers were in education, employment or training.</p> <p>Continued monitoring shows that the improved performance has been maintained and at the end of 2016/17 was 70.2%. Performance is consistently above the 65% target.</p>

<p>The LSCB agreed to review its Threshold document 2016 to ensure it was fit for purpose</p>	<p>A multi-agency working group reviewed and amended the Threshold document as necessary.</p>	<p>At the end of March 2016 performance in relation to referrals leading to a provision of a Social Care Service was at 85.9% and at the end of March 2017 it was 93.2% evidencing that professionals know when to refer children for help and are making appropriate referrals.</p>
<p>Initial health assessments for looked after children should be completed within 20 days, however only 16% were being completed in the correct 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 of 2015/16, 32 young people came into care. Two young people had no appointment recorded as one was out of area and one was in prison. Twenty-five young people's 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). This performance was challenged by the Board, so the Head of the Corporate Parenting Service addressed the issues with colleagues through the monthly</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). This has continued to be monitored by the board and the end of year performance for 2016 was 79.3%</p> <p>This is a significant improvement ensuring that Looked After Children receive the appropriate care and support in a timely manner.</p>

	<p>meeting with the LAC Health team.</p> <p>The performance in relation to this indicator has continued to be scrutinised by the board and has improved further.</p>	
<p>Children missing from education</p> <p>The Board challenged the process for following up the whereabouts of children missing from education as it felt it was not clear at what stage the decision to formally report children as missing to the police occurred.</p>	<p>The policy and procedure for children missing from education was reviewed and amended to offer assurance that each child who is missing from education is appropriately tracked and referred through the safeguarding processes when necessary.</p>	<p>Following challenge from the Board the policy and procedure for children missing from education was reviewed and amended to ensure each child is appropriately tracked. An additional member of staff was recruited to further support this area of work.</p>
<p>Raising awareness of child sexual exploitation with children, young people and their carers.</p>	<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 was rolled out in several lower schools earlier in the year and more recently a production called 'In the net).</p> <p>As part of an ongoing communications campaign leaflets were distributed and</p>	<p>Over 6500 young people have accessed Chelsea's Choice and are now more aware of what child sexual exploitation is. Some feedback from young people following the performances:</p> <p>"I found it very emotional; it helped to show the reality. It was really clear. It covered different problems"</p> <p>"It makes you realise it could happen to anyone at any time. It was powerful. Had</p>

articles were placed in the council's community and residents magazines.

Facebook campaigns completed – Oct/Nov 2016

an impacting effect on me”

“It has made me think about being safe. It was inspiring. It brings out a really good and important message”

The three Facebook adverts have been viewed by 19,000 individual people aged between 13 and 17 with the total number of views 28,000.

In total 1,281 unique people visited the website (again between 13 and 17). Of these 80% of people hadn't visited the website before.

We reached slightly more girls than boys (54%/48%) but the link clicks was split 50/50.

The Chair challenged the SCR Sub-Group of the need to commission a Serious Case Review in relation to Child Z when there was a reluctance to do so. There was also a further challenge for agencies to review the immediate welfare of Child Z who was potentially at risk of child sexual abuse and neglect within the family home.

As a result of this challenge a Serious Case Review was commissioned which subsequently highlighted some significant learning across the partnership. An Action Plan was created and was monitored by the Board

Following a meeting of professionals regarding Child Z, such was the concern surrounding her, that care proceedings were instigated. Child Z was subsequently taken into care and is said to be progressing well.

6. Challenges ahead and priorities for 2017-2018

The Board has agreed the following overarching objectives for 2017- 2018.

- 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:

Sitting underneath these objectives, the Board has agreed to focus its work on the following for key priority areas:

- Neglect
- Child Sexual Exploitation
- Children's Mental Health and Wellbeing
- Domestic Abuse

The Board will also continue to take forward the following key challenges:

- 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

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

Key Messages for the children and adult's workforce:

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

8. 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 2016 -2017 continued to be in accordance with the 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 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.

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 A 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 2016-2017.

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.

These arrangements were reviewed as part of the Board's Development Day in December 2016, Partners were satisfied that the new arrangements were working effectively.

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	66,566.72
Bedfordshire Clinical Commissioning Group	44,490.28
Bedford Hospital	
Luton and Dunstable Hospital	
NHS England	
SEPT	
Bedfordshire Police	16,221.68
Bedfordshire Probation Partners	1362.61
CAFCASS (nationally agreed contribution)	446.28
Central Bedfordshire Council (Additional funding)	22,163.28

Total Income	151,250.86
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Business Management Function Expenditure:

Expenditure Description	Amount
Staffing - Business Manager and Administrator	100,534.85
Travel and Subsistence (Permanent Staff)	857.40
Independent Chair - Board	25,660.40
Independent Chair – Case Review Group	4,200.00
Subscriptions – Chronolator (tool for managing case reviews)	4,499.00
Venue Hire	139.20
Printing and Postage	1,530.15
Website Hosting	2,317.95
Training	185.00
Conference expenses	235.00
Private Contractors (historical credit)	- 870.00
Total Expenditure	139,288.95

Training and Development Function Income:

Income Source	Amount
Bedfordshire Police	3,769.93
CAFCASS	103.72
NHS Bedfordshire	10,339.56
Probation Partners	316.67
Central Bedfordshire Council	15,470.13
Non formula funding from CBC	1,559.87
Bedford Borough Council	30,000.00
Luton Borough Council	30,000.00
Course sales and contributions	145,506.00
Recharged income	15,044.00
CBC Contribution – 2016/17 Training Places	11,130.00
Total Income	263,239.87

Training and Development Function Expenditure:

Expenditure Description	Amount
Staffing - Training Commissioning Manager and Administrator	103,043.59
Travel and Subsistence	596.48
Venue Hire and Catering Supplies	25,253.03
Trainers	48,484.01
E-Learning Licences	8,340.00
Training Supplies	2,890.71
Total Expenditure	188,607.82

Serious Case Reviews

The cost of carrying out Serious Case Reviews during 2016/17 totalled £10,079.43. This cost was covered by the remaining £11,961.91 within the

LSCB Business Management Function. The total surplus from the LSCB Business Management Function for 2016/17 was £1,882.48.

Child Death Overview Process (CDOP)

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

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

9. Conclusion

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.

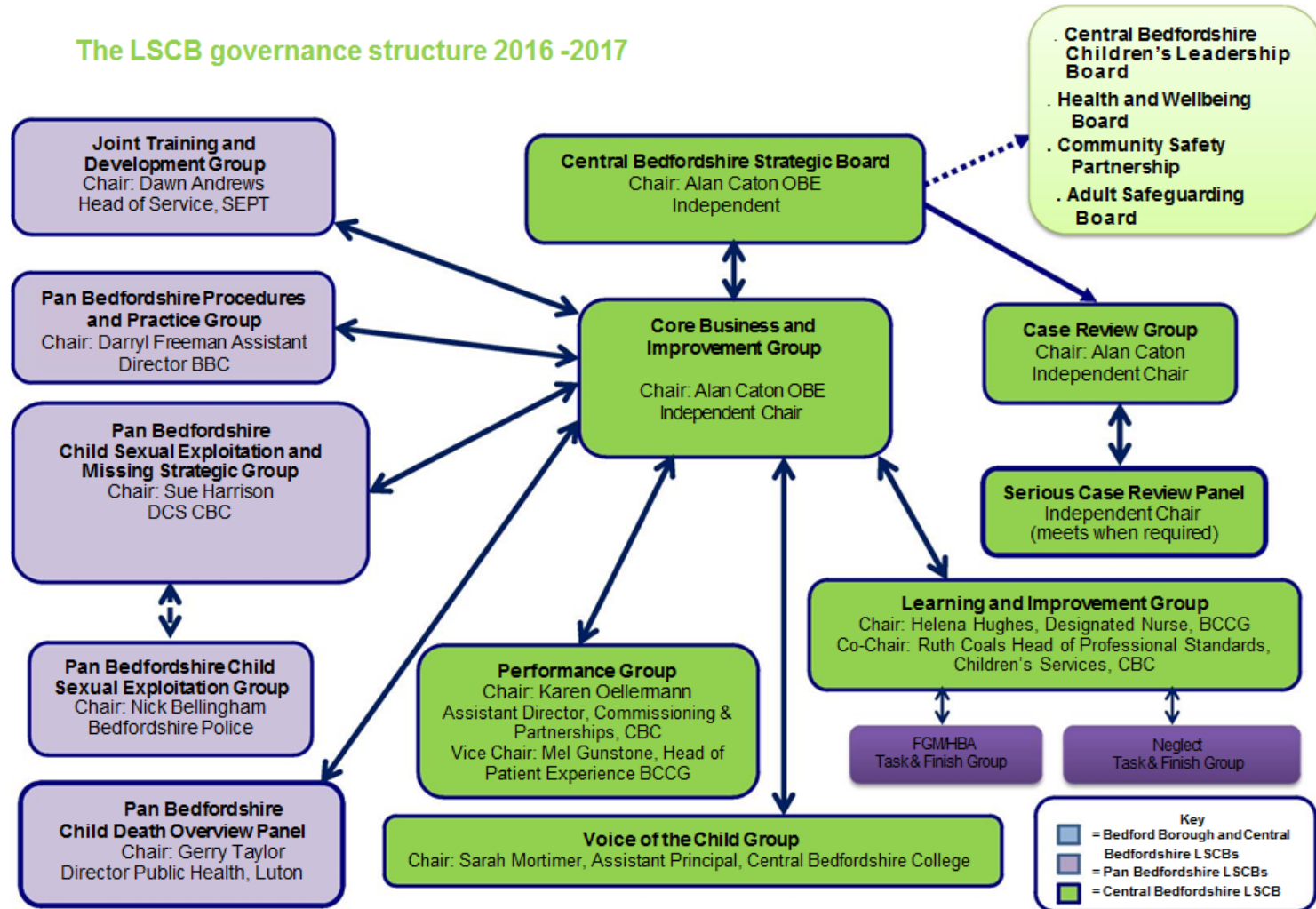
Appendix A

MEMBERS	TITLE:
Alison Harding (AH)	Head of Bedfordshire LDU, National Probation Service
Alan Caton OBE (AC)	Independent Chair of CBSCB
Anne Murray (AM)	Director of Nursing, Bedfordshire CCG
Barbara Rooney (BR)	Head of Public Health, Central Bedfordshire Council
Brian Storey (BS)	Head Teacher, Church End Lower School
Cllr Carole Hegley (CH)	Executive Member for Children's Services, CBC
Carol Pennington (CP)	Senior Service Manager, CAFCASS
Doug De St Aubin (DDA)	Operational Director for BeNCH
Elaine Taylor (ET)	Associate Director of Safeguarding, EPUT
Gemma Williamson (GW)	VOCypf Officer, Voluntary Sector Representative
Gerard Jones (GJ)	Deputy Director – Safeguarding and Early Help, Children's Services, CBC
Jan Pearson (JP)	Associate Director for Safeguarding Children, East London NHS Foundation Trust
Jackie Sebire (JS)	Assistant Chief Constable, Bedfordshire Police
Helena Hughes (HH)	Designated Nurse for Safeguarding Children and Young People in Bedfordshire, Bedfordshire CCG
Linda Johnson (LJ)	Chief Executive Officer, Voluntary Sector / Home-Start, Central Bedfordshire
Linda Bulled (LB)	Lay Member
Lindsey Johnson (LJo)	Lay Member
Liz Clarke (LC)	Senior Service Manager - Bedfordshire Youth Offending Service
Nick Bellingham (NB)	Detective Superintendent, Public Protection Unit, Bedfordshire Police
Sheran Oke (SO)	Acting Director of Nursing, Luton & Dunstable Hospital
Phillipa Scott (PS)	Strategic Safeguarding Partnership Manager, Children's Services, CBC
Rachel Mason (RM)	Deputy Head Teacher – Queensbury Academy
Ruth Coals (RC)	Head of Professional Standards and Principal Social Worker, Children's Services, CBC
Sarah Wilson (SW)	Operations Director, East London NHS Foundation Trust

MEMBERS	TITLE:
Sarah Mortimer (SM)	Vice Principal; Strategic Partnerships and Professional Services, Central Bedfordshire College
Stuart Mitchelmore (SM)	Assistant Director - Adult Social Care, Central Bedfordshire Council
Sue Harrison (SHa)	Director of Children's Services, Central Bedfordshire Council
Sue Howley MBE (SHo)	Lay Member
Tracey Brigstock (TB)	Acting Deputy Director of Nursing & Patient Services, Bedford Hospital

Appendix B

The LSCB governance structure 2016 -2017





Contact us...

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

by telephone: 0300 300 6455

by email: LSCB@centralbedfordshire.gov.uk

on the web: www.centralbedfordshirelscb.org.uk

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

