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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Children's Services Overview and Scrutiny Committee to be held on Wednesday, 14 March 2018 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT	INDEPENDENT
D Smith M Pollard	Engel Mullaney Peart Shaheen Tait	Ward	Sajawal

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Rickard Riaz	Akhtar Bacon Abid Hussain Thirkill Sharp	J Sunderland

VOTING CO-OPTED MEMBERS:

Sidiq Ali	Parent Governor Representative
Claire Parr	Church Representative (RC)
Joyce Simpson	Church Representative (CE)
Gull Hussain	Parent Governor Representative

NON VOTING CO-OPTED MEMBERS

Kerr Kennedy	Voluntary Sector Representative
Tom Bright	Teachers Secondary School Representative
Irene Docherty	Teachers Special School Representative

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:
Michael Bowness
Interim City Solicitor
Agenda Contact: Jill Bell
Phone: 01274 434580
E-Mail: jill.bell@bradford.gov.uk

To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

(1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

(3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.

(4) Officers must disclose interests in accordance with Council Standing Order 44.

3. MINUTES

Recommended –

That the minutes of the meeting held on 17 January 2018 be signed as a correct record (previously circulated).

(Jill Bell – 01274 4580)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Jill Bell - 01274 434580)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

To receive referrals have been made to this Committee.

The Committee is asked to note the referrals and decide how it wishes to proceed, for example by incorporating the item into the work programme, requesting that it be subject to more detailed examination, or refer it to an appropriate Working Group/Committee.

B. OVERVIEW AND SCRUTINY ACTIVITIES

6. UPDATED INFORMATION FOR MEMBERS ON THE WORKLOADS OF CHILDREN'S SOCIAL CARE SERVICES

1 - 20

The report of the Strategic Director of Children's Services (**Document "AH"**) presents the most recent information on the workload of Children's Social Work Teams and updates Members on key pressures on the service. The workload analysis is based on activity up to 31st December 2017.

There has been a slight rise to the overall workloads of social workers, and pressures upon the service since the last report was presented. The report demonstrates that Social Work Services for Children & Young People in the District remain strong, robust and well managed.

Recommended -

That the Committee consider further reports in the 2017-18 work programme to ensure the continuation of safe workloads and practice into the future given the current financial climate.

(Di Drury – 01274 437077)

7. ANNUAL REPORT OF THE SAFEGUARDING CHILDREN BOARD FOR 2016/17 21 - 94

The report of the Strategic Director of Children's Services (**Document "AI"**) provides a summary of the Annual Report of the Safeguarding Children Board to accompany the full report which is provided as an appendix. The report provides a summary of priorities and achievements of the Board in 2016/17, as well as the annual summary of the Child Death Overview Panel.

Recommended –

The Committee is asked to consider the annual report of the Bradford Safeguarding Children Board, and comment as appropriate.

(Mark Griffin – 01274 434361)

8. ARRANGEMENTS BY THE COUNCIL AND ITS PARTNERS TO TACKLE NEGLECT 95 - 108

The report of the Strategic Director of Children's Services (**Document "AJ"**) provides a briefing to the Children's Services Overview and Scrutiny Committee regarding the issue of Neglect and it includes how the Bradford Safeguarding Children Board and partners are working together to drive improvements across the District's safeguarding partnership and to hold agencies to account for their work in their area.

Recommended -

That the Committee is invited to note the comments of Document "AJ" and shall receive a further update on the progress of the response to Neglect in 12 month's time.

(Mark Griffin – 01274 434361)

9. CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2017-18 109 - 112

The report of the Chair of the Children's Services Overview & Scrutiny Committee (**Document "AK"**) presents the Committee's Work Programme 2017-18.

Recommended -

That the Work Programme continues to be regularly reviewed during the year.

(Licia Woodhead – 01274 432119)

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Children's Services to the meeting of the Children's Services Overview & Scrutiny Committee to be held on 14th March 2018

Subject: **AH**

UPDATED INFORMATION FOR MEMBERS ON THE WORKLOADS OF CHILDREN'S SOCIAL CARE SERVICES

Summary statement:

The report presents the most recent information on the workload of Children's Social Work Teams and updates Members on key pressures on the service. The workload analysis is based on activity up to 31st December 2017.

There has been a slight rise to the overall workloads of social workers, and pressures upon the service since the last report was presented. The report demonstrates that Social Work Services for Children & Young People in the District remain strong, robust and well managed.

Report Contacts:

Di Drury, Head of Service Social Work

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Portfolio:
Health and Wellbeing

Overview & Scrutiny Area:
Children's Services

1. SUMMARY

This report presents information on the workload of Children's Social Work Teams and updates Members on key pressures on the service. The workload analysis is based on activity up to 31st December 2017. Earlier reports presented to committee have confirmed strong, robust and well managed Social Work Services for Children & Young People in the District. Information within this report therefore examines any changes in workload and demand on resources since that date.

2. BACKGROUND

2.1 Since Lord Laming's Report in 2003 into the death of Victoria Climbié there has been a clear expectation from Government for Elected Members to be routinely and regularly informed of the workloads for Children's Social Care Services. The Government requires that information as set out in this report be regularly presented to Members to ensure that the Council is fulfilling its statutory duties.

2.2 The second Laming Report (2009) set out wide ranging recommendations following the death of Peter Connelly ("Baby P"). The impact of this case and subsequent child deaths in Doncaster and Birmingham resulted in increased demand for social care services in Bradford and nationally.

2.3 The Laming Report acknowledged that across the country there were serious pressures and demands on social workers, with some case loads being unmanageable and thus potentially putting the safety and welfare of children at risk.

2.4 Lord Laming also made clear that practitioners, teams and individuals should all have a mixed case-load of both child protection and children in need work. No social worker should handle only the more complex and emotionally demanding child protection cases. This report provides information to elected members that this recommendation has been put into practice in Bradford.

2.5 The most recent inspection of services for children in need, looked after children and care leavers within Bradford was conducted by Ofsted in February/March 2014. The outcome of this inspection was broadly positive with a small number of areas requiring improvement.

2.6 Information provided in this report is produced from information held on the Social Care Records System (LCS). Internal and external audits confirm that elected members can have a high level of confidence in the accuracy of information produced for this report. There are minor adjustments to historical values presented to Committee in previous reports, as a result of delayed data entry within LCS; where there are significant variations, these are noted within the body of the report.

3. REPORT

3.1 Workforce/Workload Issues

3.1.1 The first section of this report presents workforce and workload information for care management services. This includes Social Workers and Community Resource Workers in the Multi Agency Screening Team (MASH), assessment teams, children young people and family teams, specialist teams working with children with complex health and disabilities, teams working with looked after young people and the statutory work of the Through Care Team. The workload analysis does not include agency staff except where stated.

3.1.2 There are 180 Social Workers (169 full time equivalents) in Children's Social Care directly employed by the Council. Within the front line assessment teams, MASH and long term child and family teams, approximately 33% of the social workers are newly qualified (AYSE) 33% are between 1 year and 2 years qualified and 33% are our "experienced workers" who are qualified for 2.5years or more.

3.1.3 At 31st December 2017 there were 12 agency Social Workers and 1 agency CRW being utilised within the social work services. The length of time agency Social Workers have been in post is as follows:

5 - under 3 months
3 - 4 to 6 months
1 - 7 to 12 months
3 - over 12 months

Bradford overall has 42% of Social Workers (including agency workers) who are experienced social workers with high levels of experience and training. This percentage is slightly lower than in December 2016 when it was 46%. There is a concern that our turnover rate in children's social care has increased over the last year and that we have lost more of our experienced staff. These staff have left for various reasons but some have left to go to other authorities with better pay and conditions for social workers. Children's SW turnover for Sept 16 to Sept 17 works out at approx 17.7% (this is purely for Children's employees with "social worker" in the post title).

The last turnover figures for comparison are (all July 16 to June 17):

- Children's Dept as a whole is 15.1%
- Children's Social Care is 13.5%
- the Council as a whole is 12.0%

3.1.4 The average caseload per full time equivalent (FTE) Social Worker is 18.8 cases, an increase from 16.18 in December 2016. Within the long term Social Work teams this figure is 19.3 cases per FTE (compared to 17.6 in December 2016). Social Workers take on a mixed caseload of child protection and children in need work. The average caseload per full time equivalent Community Resource Worker is 11.3 (compared to 12.4 at December 2016). The most recent published figures from the DfE (2015-16) showed a national average of 16.1 cases per FTE social worker and a regional average of 15.6 cases. Caseloads have increased over the past 12 months due to the increased volume of referrals and assessments required in children's social care. This pressure is felt particularly in our front line assessment and long term child and family teams, rather than other areas of the service. The caseloads are frequently monitored to ensure that social workers are not holding too much work. Currently (as of 28th February 2018) out of 90 qualified social workers in our long term child and family teams, 23 hold caseloads which are 25 cases or more, though some of these will be cases that are being co-worked with less experienced workers. All of our AYSE staff have appropriate caseloads and are supported with co working. We do want to reduce the caseload size in the long term teams and are working hard to achieve this as part of our service improvement plan.

3.1.5 We have developed a caseload weighting system to support social workers and their managers, which arose as a recommendation from the Health Check for social workers completed in 2016. The Principal Social worker has supported this development has been implemented across the social work teams to support managers and social workers. This is currently being adapted to report straight from our LCS (case records) system for easier monitoring and comparison between teams. The weighting system does reveal pressure particularly in the long term child and family teams where caseloads are the highest. This is due to the increased activity during 2017, with a higher rate of referrals and assessments and work throughout the system.

3.1.6 53% of looked after child cases are held by an experienced social worker. The average number of LAC cases held by each FTE worker is 7.7, rising to 14.5 cases for the dedicated Through Care Teams. This is an increase from December 2016 when the average number of cases held was 6.6.

3.1.7 37% of cases where a child has a child protection plan are allocated to an experienced social worker, a figure which has fallen from 41% in December 2016. Social Workers in the Children and Family Teams involved with Children with a Child Protection Plan hold on average 6.5 such cases, a similar figure to December 2016 when it was 6.7.

3.1.8 48% of Public Law proceedings cases are allocated to an experienced social worker, a reduction from 52% in December 2016. The average number of Public Law cases per FTE Social Worker is 3.0, higher than the December 2016 figure of 2.4.

3.1.9 In summary, there has been increasing demand across much of Social Care over the past 12 months. This includes an increase in referrals, assessments (data in 3.4) and an increase in the number of care proceedings. Applications to Court for

an order in care proceedings increased in 2016/17 to 261 children in Bradford, compared to 205 children for the previous year 2015/2016. An analysis of children becoming Looked After in 2016 indicated that 1 in 6 were from CEE backgrounds. A snapshot of children becoming Looked After in February 2017 demonstrated that half were not born in Bradford (either newly arrived communities of families that had relocated to Bradford for a variety of reasons).

(Refer to Appendix 1 – a) Workforce and b) Case Load analysis)

3.2 Child Protection

3.2.1 The overall trend in the numbers of children who are the subject of a child protection plan has been rising over the last two years but has seen a fall in the last six months; there were 532 at 31st December 2017 compared to 576 at 31st May 2017 and 525 in December 2016. The numbers of children who became the subject of a plan has seen a similar pattern over the same period, with 609 plans starting in the year to December 2017 compared to 660 in the year to July 2017. The numbers of children's plans ending has been gradually rising, with 598 plans closed in the year to December 2017 compared to 558 in the year to December 2016.

3.2.2 The proportions of children subject to plans under each category at 31st December 2017 are: Physical abuse 10%; sexual abuse 6%; emotional abuse 51%; neglect 33%. The proportions are similar to those in December 2016. Quality assurance through 'challenge panels' indicates that reasons for a child requiring a child protection plan are accurately and consistently recorded.

3.2.3 The numbers of children subject to child protection plans within Bradford is slightly lower than regional and national averages. The current rate of children subject to a child protection plan is 37.7 per 10,000 child population (at 31st December 2017) whereas the most recent published national rate is 43.3 per 10,000 and the regional average is 43.0 per 10,000 (at 31st March 2017). The recent reduction in children being made subject to Child Protection plans may be attributable to the introduction of Signs of Safety approach which is becoming embedded within the service is supporting the better management of risk and more positive work with families in the child protection process. This will be carefully monitored in coming months but is it hoped that this trend will continue.

3.2.4 During the year to 31st December 2017, 8.2% of children had become subject to a plan for a second time within 2 years, a deterioration compared to the previous year when it was 6.2%. Ofsted considers the percentage of children becoming subject to a Child Protection Plan for a second or subsequent time to be an important indication of the appropriateness of earlier interventions. A high rate is viewed as indicative of unsatisfactory outcomes to earlier plans.

3.2.5 The percentage of Child Protection Plans lasting for 2 years has decreased slightly over the last year, with 2.6% in the year to 31st December 2017; this compares to 3.4% in the year to 31st December 2016. This low figure is positive and is evidence that the vast majority of children subject to Child Protection plans have their cases progressed and either stepped down to Child in Need or stepped up to legal processes as appropriate, without drift and delay.

3.2.6 All children who are subject to a Child Protection Plan have an allocated Social Worker.

(Refer to Appendices 2.1 – 2.4)

3.2.7 As at 31st December 2017 there were 298 children and young people identified as being at risk of child sexual exploitation (CSE). This includes children assessed as low, medium and high risk. These children and young people are reviewed daily by our multi agency CSE Hub team and their risk assessments are regularly reviewed. The numbers change daily but at 26th October as a snap shot 34 young people were risk assessed at high risk of CSE, 101 at medium risk and 141 at low risk. All high and medium risk cases have a qualified allocated social worker and input from the CSE Hub.

3.3 Looked After Children

3.3.1 The number of looked after children has seen a sharp rise in the last 18 months. The number of children being looked after is 978 at 31st December 2017 – significantly higher than the figure of 927 in December 2016. This equates to 69.3 children being looked after per 10,000 child population; this is higher than the national rate of 62 per 10,000 but lower than our statistical neighbour average of 82 per 10,000 (at 31st March 2017) (appendix – 2.5).

3.3.2 Strong permanence arrangements are a contributing factor towards reducing the upward trend of LAC, alongside closely monitored care proceedings cases and discharges of care order. There were 32 adoptions and 23 Special Guardianship Orders (SGOs) in the year to December 2017, compared to 47 adoptions and 37 SGOs in the year to December 2016. 245 Looked After Children are in Family & Friends foster placements, similar to the 243 in September 2016; there are ongoing Allowances being paid to families for 319 children on an SGO who were previously Looked After.

3.3.3 A permanence panel is now in place which will track the permanence decisions for all looked after children, this weekly panel will ensure there is no drift on decision making, it will monitor long term fostering matches, review of placement with parents arrangements over 12 months, friends and family placements over 12 months and ratify care plans and discharge care orders. We expect this panel to have an impact on the number of children who are looked after.

3.3.4 The long term stability of Looked After Children has remained steady in the last year. 69.2% of children who had been looked after for two and a half years or more had been in the same placement for at least 2 years (compared to 70.0% the previous year). This is slightly better than the most recently published national average of 68% (March 2016).

3.3.4 There has been a sharp fall in our use of external residential care. Between December 2016 and December 2017, use of external residential placements fell by 22% with internal residential reducing by 13%. The reduction in internal residential is a direct result of closing one home whilst we await the opening of a new home

later in the year. This is all part of our strategy to reduce the use of expensive external residential provision and to ensure children are placed in family settings where possible we have increased our use of IFAs by 71% over the same period. This strategy is forecast to achieve a saving of £256K in the financial year 2017/18. There are currently two young people placed in a secure setting with a weekly cost of £12K; at this time this is the right setting for these two young people. The specialist home at Hollybank Road will open on the 8th March 2018, two young people in external placements have been identified to return to this home.

3.3.5 The Fostering recruitment and assessment process in Bradford has been changed significantly. As a result we have approved a further 67 fostering households in Bradford since April 2017 with 2 households ceasing to foster. This is made up of 14 mainstream, 50 connected persons, 3 early permanence placements. We are currently assessing a number of households who have expressed an interest in fostering for Bradford. Internal fostering remains close to capacity. We have launched two Mockingbird fostering hubs within the city, one will target mainstream carers the other connected persons.

3.3.6 All Looked After Children have an allocated worker; most have an experienced Social Worker. Currently only 1 case is allocated to a Community Resource Worker, much of which is work within the Through Care team with young people preparing for moves into independent living.

3.3.7 The number of children subject to Public Law Care Proceedings cases has risen slightly over the past 12 months. At 31st December 2017 there were 135 cases in Public Law Care Proceedings (there were 134 at 31st December 2016).

3.3.8 The Through Care After Care service has restructured to 8 teams. Each team will carry an area of specialism for example health, housing, education, participation and unaccompanied asylum seekers. Each team will carry a caseload of young people from first becoming CLA through to young people of leaving care age and post care. This team and hub approach to working strengthens the support to young people and broadens the team's knowledge as a whole.

3.3.9 The arrangements to respond to missing children in Bradford is seen as best practice, there is a dedicated missing coordinator and Police officer, both work to ensure that appropriate reporting strategies are in place and there a strong links with the multi agency safeguarding hub. Return to home interviews are followed up for all young people and regular meetings take place with the managers of both internal and external children's homes to ensure hat the local procedures are being followed. A full report on missing children is coming to O&S later in the year.

3.4 Referrals and Assessments

3.4.1 The number of referrals received by Social Care Services has increased to about 580 per month over the last year, compared to about 520 per month for the year before.

3.4.2 The number of assessments being undertaken by Social Workers is also high. About 930 assessments are carried out each month (this includes assessments in

the long term teams), indicating a continuing high volume of in depth assessment work being undertaken.

3.4.3 The breakdown of Factors of Need associated with assessments carried out in 2015-16 and 2016-17 can be found in Appendix 2.7.

3.5 Children in Need

3.5.1 The total number of children being included within the CIN Census in 2016-17 was 9338, compared to 8518 for the previous 12 months, indicating that an increased number of children are in contact with social care services compared to the previous year. There were 4205 children's cases open as at 31st December 2017.

3.6 The Ofsted Improvement Plan

3.6.1 The child protection and looked after service was inspected as part of a three year rolling programme by Ofsted in February and March 2014. The action (Appendix 4) 4 sets out for the committee the improvement actions taken and progress to date.

3.7 Workforce Development

3.7.1 Our social work recruitment takes place every month. The Principal Social Worker (PSW) is leading on this and has established a more streamlined process. Between September 2016 and August 2017 we have had 53 qualified social workers leave the service and 75 social workers have started in post. Of the new starters, 60 have been Newly Qualified Social Workers (in their first year in practice) 11 have been experienced, level 3 social workers (at least 2.5 years of experience and 4 have been level 2 social workers (between 1 year and 2.5 years experience). There remains a challenge to recruit more experienced social work staff and we are working on initiatives to improve staff retention, which include ensuring manageable caseloads, regular good supervision and team support.

3.7.2 The PSW has also improved the induction process for newly appointed social workers who all now receive a comprehensive induction pack and induction programme. This has been well received by new starters. We also have good attendance at practitioner led forums to share knowledge across the service.

4. NOT FOR PUBLICATION DOCUMENTS

None.

5. OPTIONS

There are no options for consideration.

6. RECOMMENDATIONS

That the Committee consider further reports in the 2017-18 work programme to ensure the continuation of safe workloads and practice into the future given the current financial climate.

7. APPENDICES

Appendix 1 – Workload & Caseload Analysis
Appendix 2 – Workload Pressures
Appendix 3 – Departmental Sickness Monitoring
Appendix 4 – Ofsted Inspection 2014 Improvement Plan

8. BACKGROUND DOCUMENTS

None.

Appendix 1:

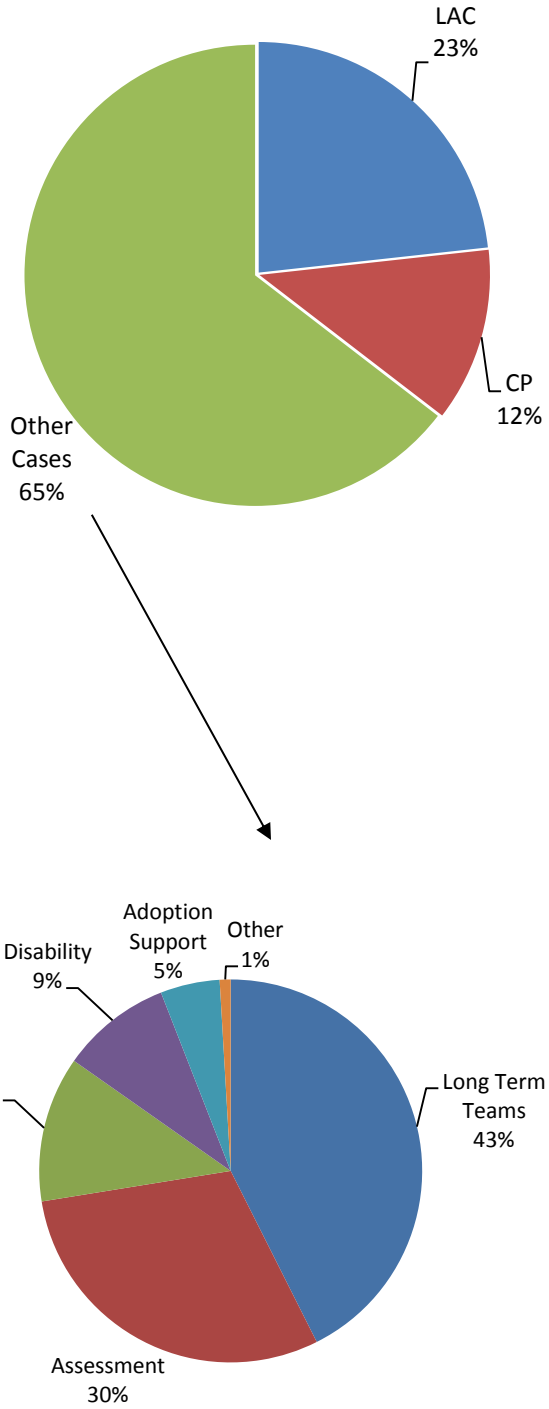
a) Workforce/Workload Analysis

		31st Dec 2016	31st Mar 2017	30th June 2017	30th Sept 2017	31st Dec 2017
Workforce Profile	Total number of directly employed Social Workers in post	186 175 FTEs	187 175 FTEs	189 178 FTEs	182 170 FTEs	180 169 FTEs
	Total number of directly employed Experienced (Level 3) Social Workers	81 75 FTEs	82 76 FTEs	78 72 FTEs	76 71 FTEs	69 65 FTEs
	Agency Social Workers	10 (5.4% of all SWs)	9 (4.9% of all SWs)	6 (3.3% of all SWs)	9 (5.0% of all SWs)	12 (6.6% of all SWs)
	Percentage of SWs who are at Experienced level (including agency)	46%	46%	42%	44%	42%
	Total number of directly employed Community Resource Workers (CRWs) in post	44 40 FTEs	42 39 FTEs	42 39 FTEs	40 36 FTEs	38 34 FTEs
	Agency CRWs	None	None	None	1 (2.7% of all CRWs)	1 (2.9% of all CRWs)
Workload	Average number of cases per FTE Social Worker	16.1 (17.6 in Long Term Teams)	17.6 (17.4 in Long Term Teams)	17.8 (18.7 in Long Term Teams)	17.9 (19.5 in Long Term Teams)	18.8 (19.3 in Long Term Teams)
	Average number of cases per FTE CRW	12.4	11.7	12.5	12.2	11.3
	Average number of LAC cases (including cases in proceedings) per FTE LAC case holding worker	6.6 (14.5 in LAC teams)	7.0 (14.9 in LAC teams)	7.7 (13.0 in Through Care teams)	8.6 (15.3 in Through Care teams)	7.7 (14.5 in Through Care teams)
	Average number of CP cases per FTE CP case holding worker	6.7	6.9	7.6	7.3	6.5
	Average number of cases in Public Law Care Proceedings per FTE PLCP case holding worker	2.4	2.7	2.6	2.9	3.0
Utilisation of Resources	Percentage of LAC cases allocated to an Experienced level Social Worker	48% (421 cases)	50% (434 cases)	50% (467 cases)	53% (479 cases)	53% (478 cases)
	Percentage of cases where a child has a Child Protection Plan allocated to an Experienced level Social Worker	41% (178 cases)	32% (162 cases)	42% (232 cases)	38% (186 cases)	37% (158 cases)
	Percentage of Public Law Proceedings Cases allocated to an Experienced level Social Worker	52% (70 cases)	59% (84 cases)	50% (78 cases)	55% (82 cases)	48% (65 cases)

b) Caseload Analysis

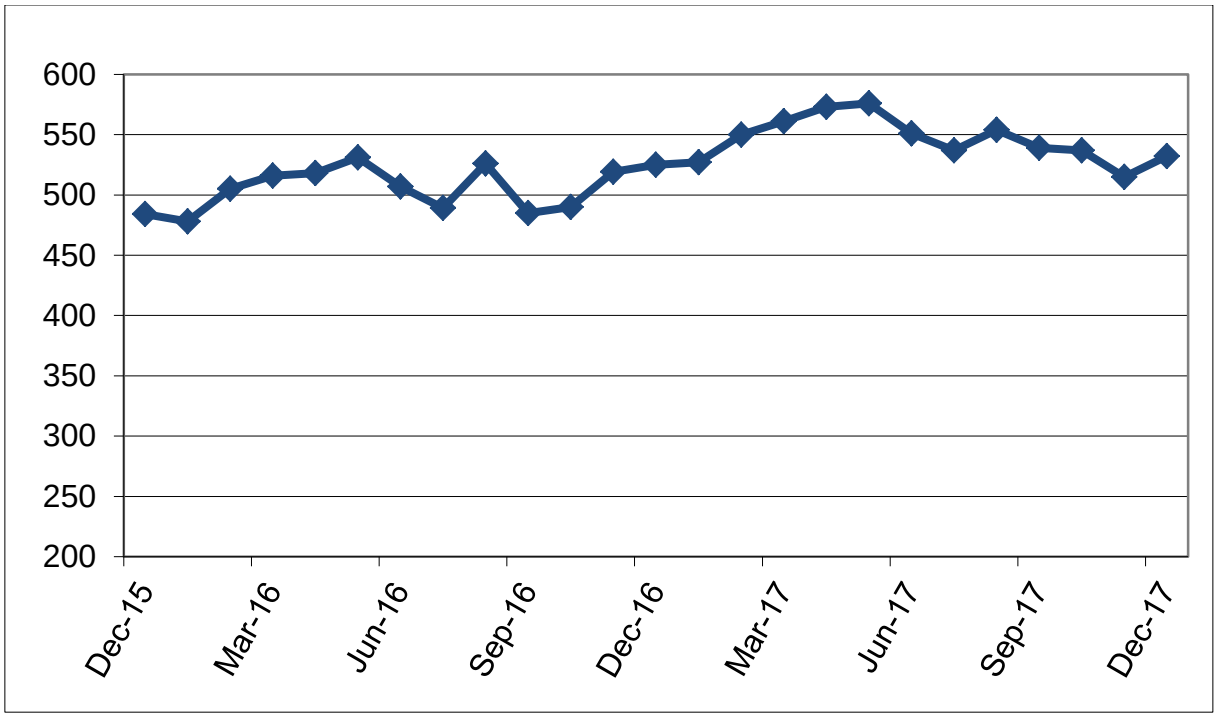
Active cases held by Social Workers and Community Resource Workers working in Care Management Teams at 31st December 2017.

Of the 4205 active cases held by Children's Social Care: 23% were looked after children (978), 12% were children who were the subject of a Child Protection Plan and not also LAC (512) and 65% were other Children in Need, including cases still undergoing assessment.



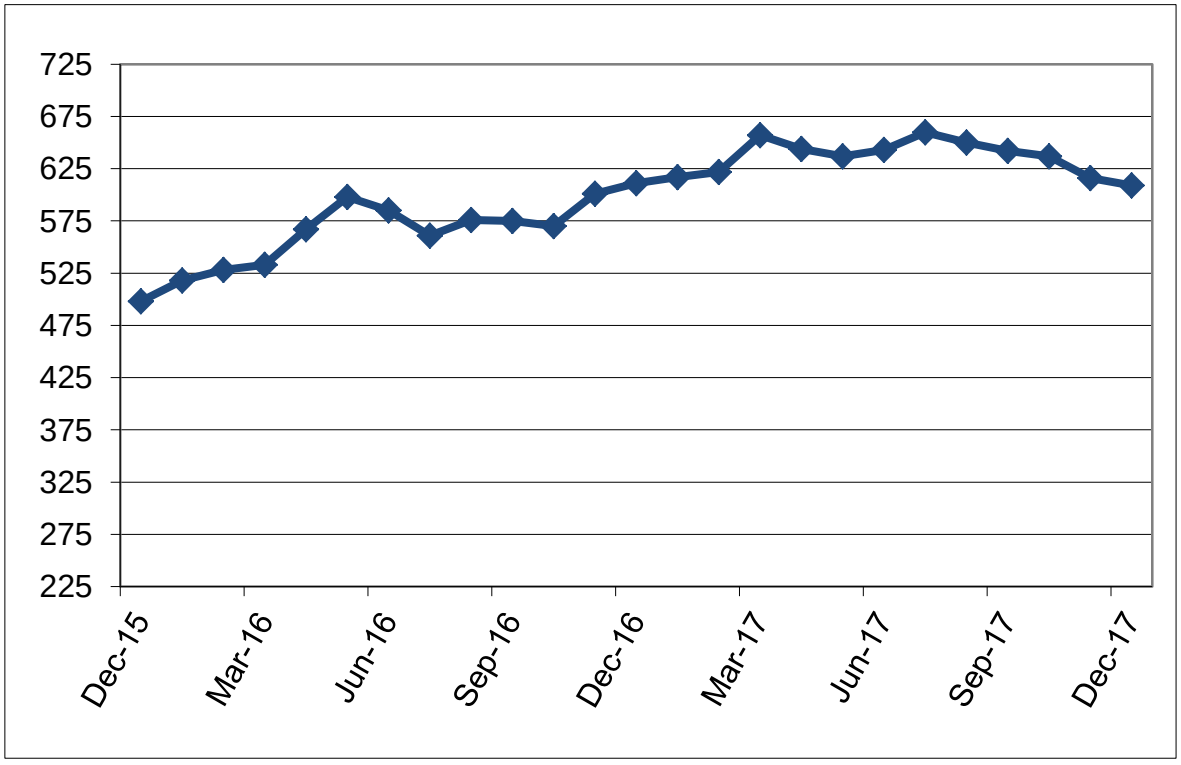
Appendix 2: Workload Pressures

2.1 - Total number of children who are the subject of a Child Protection Plan (December 2015 to December 2017)



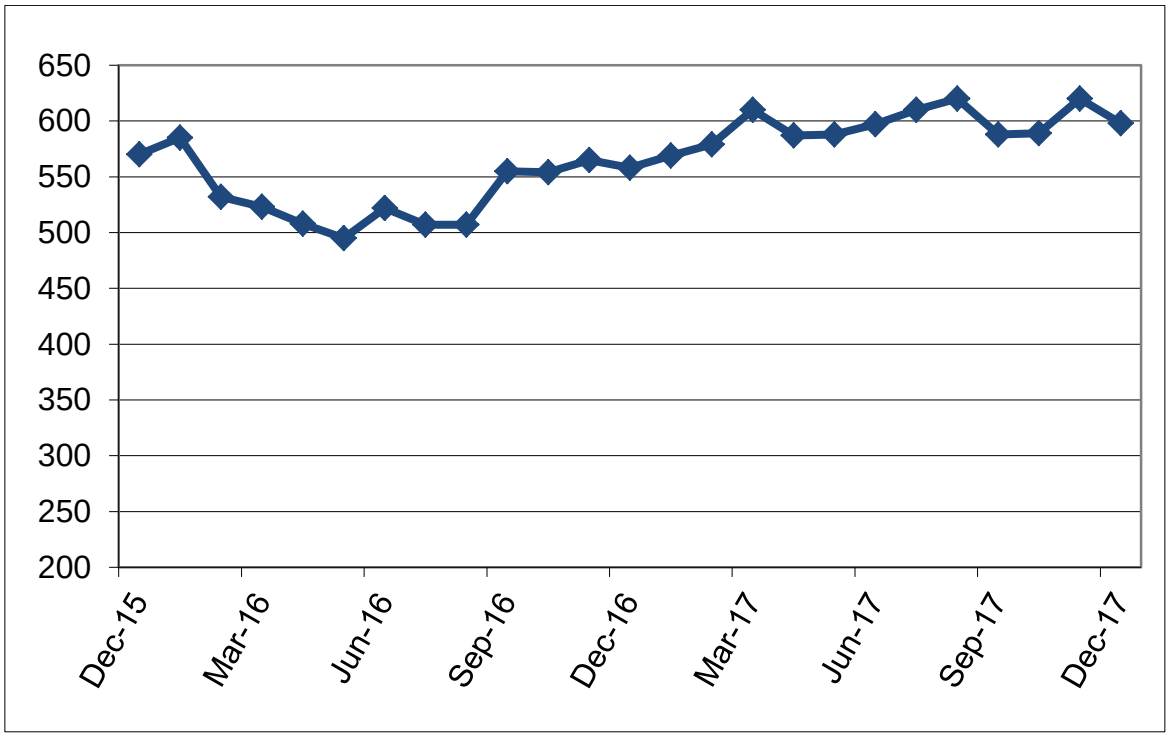
2.1 Total Children subject to a Child Protection Plan

2.2 – Children becoming the subject of a Child Protection Plan (December 2015 to December 2017)



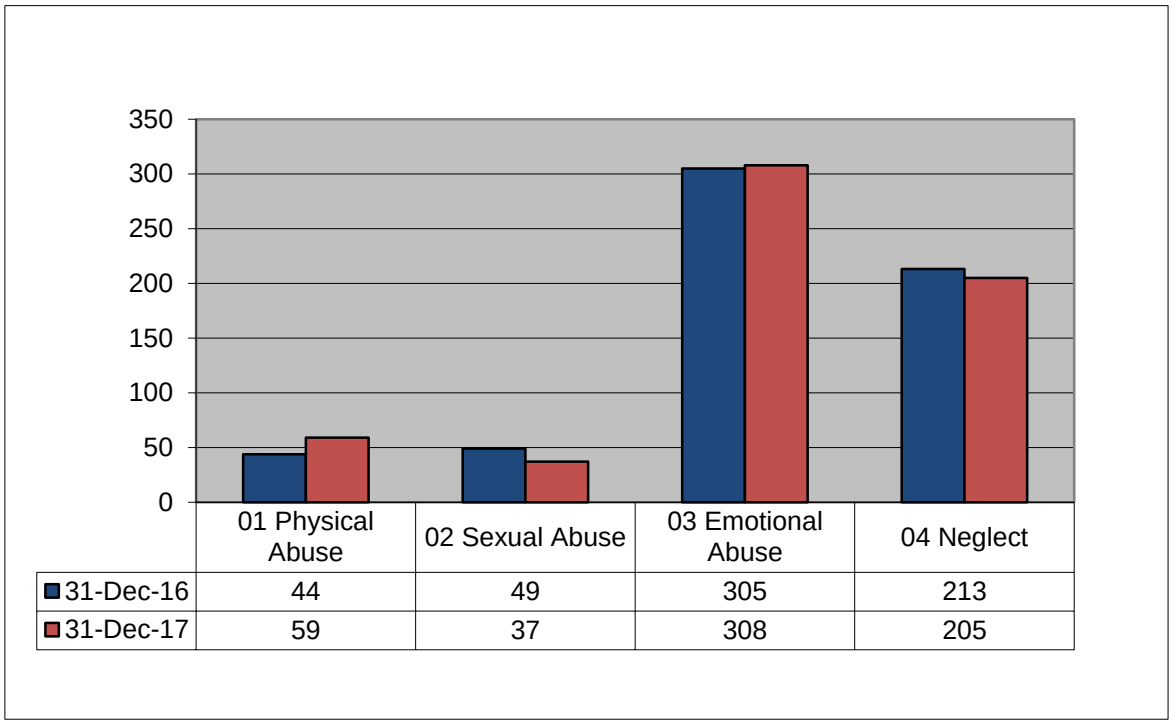
2.2 Children who became the subject of a Child Protection Plan

2.3 – Children ceasing to be the subject of a Child Protection Plan (December 2015 to December 2017)



2.3 Children ceasing to be subject to a Child Protection Plan

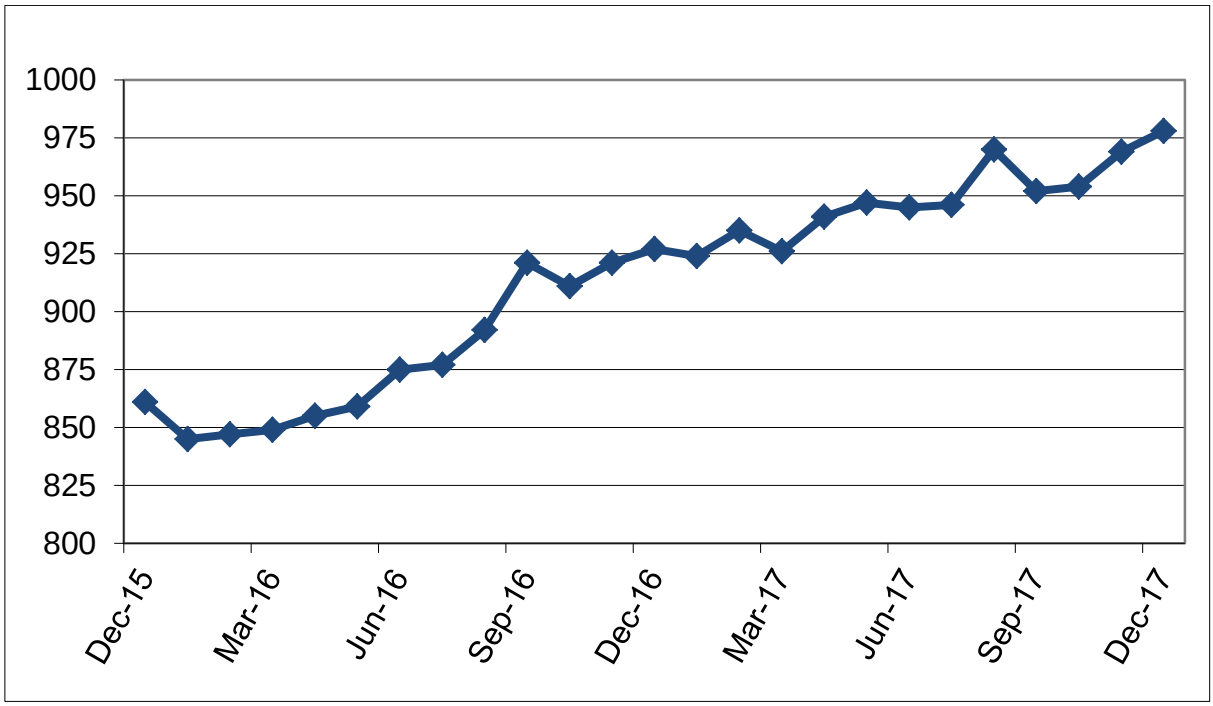
2.4 – Number of children becoming the subject of a Child Protection Plan in the years ending 31st December 2016 and 2017 by category of abuse



	01 Physical Abuse	02 Sexual Abuse	03 Emotional Abuse	04 Neglect
31-Dec-16	44	49	305	213
31-Dec-17	59	37	308	205

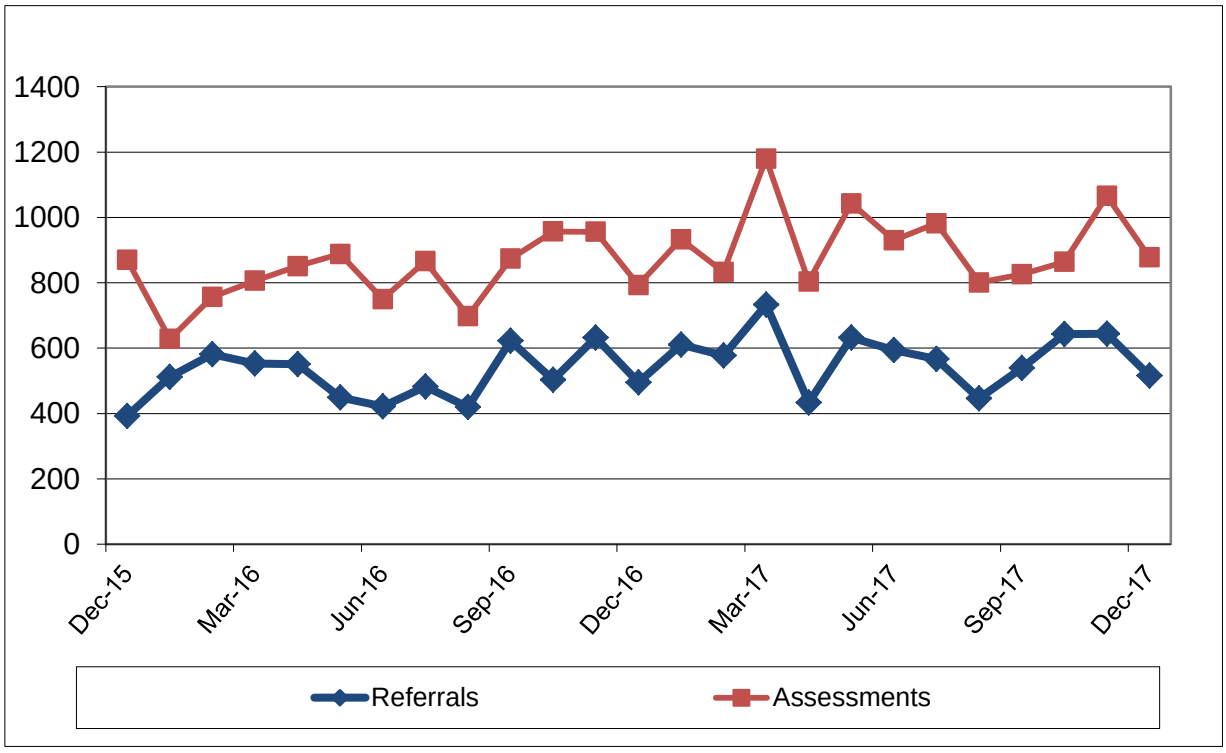
2.4 Children becoming subject to a Child Protection Plan in the year, by category of abuse

2.5 – Number of Looked after Children (December 2015 to December 2017)



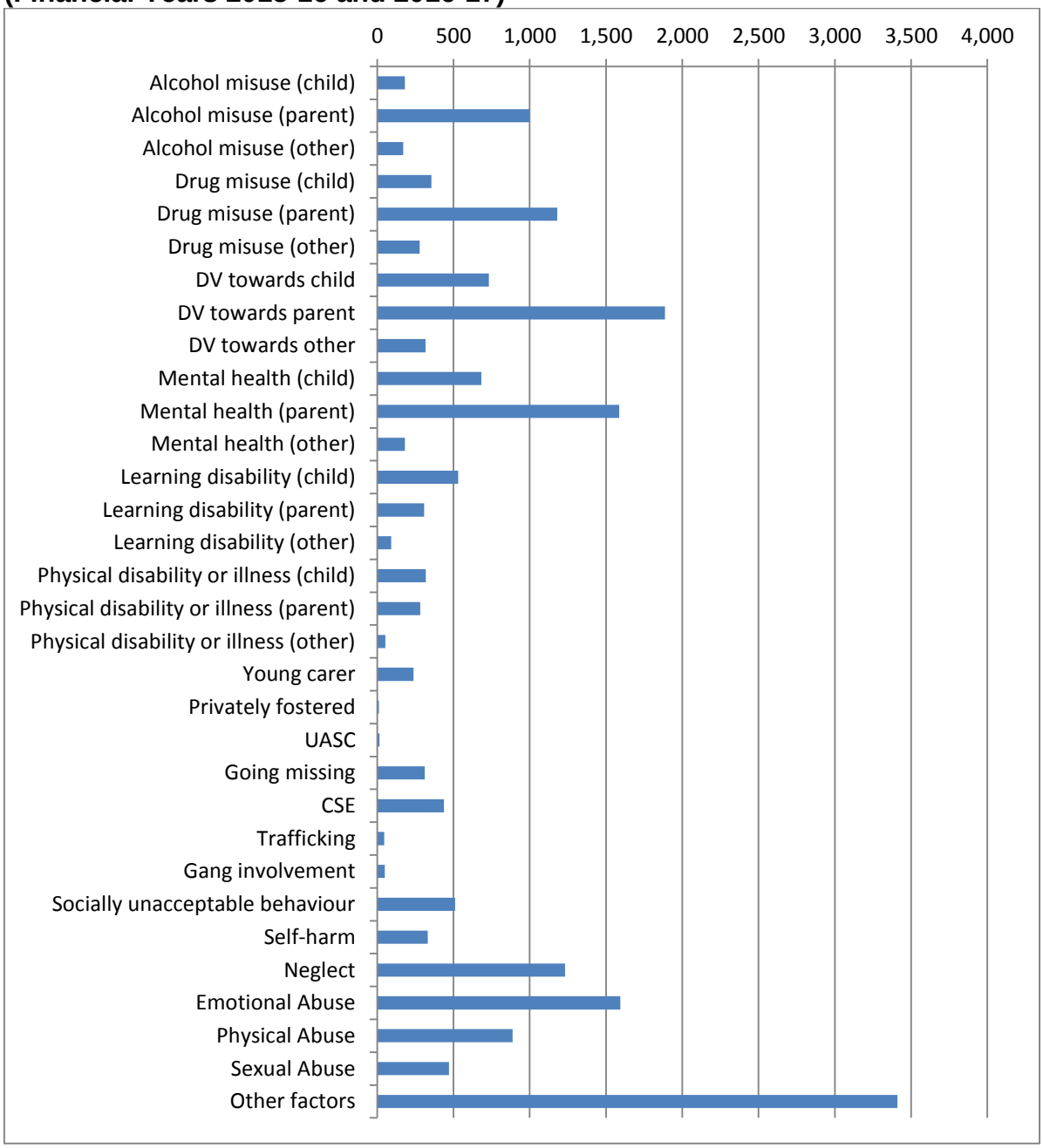
2.5 Number of Looked After Children

2.6 – Referral and Assessment Activity (December 2015 to December 2017)

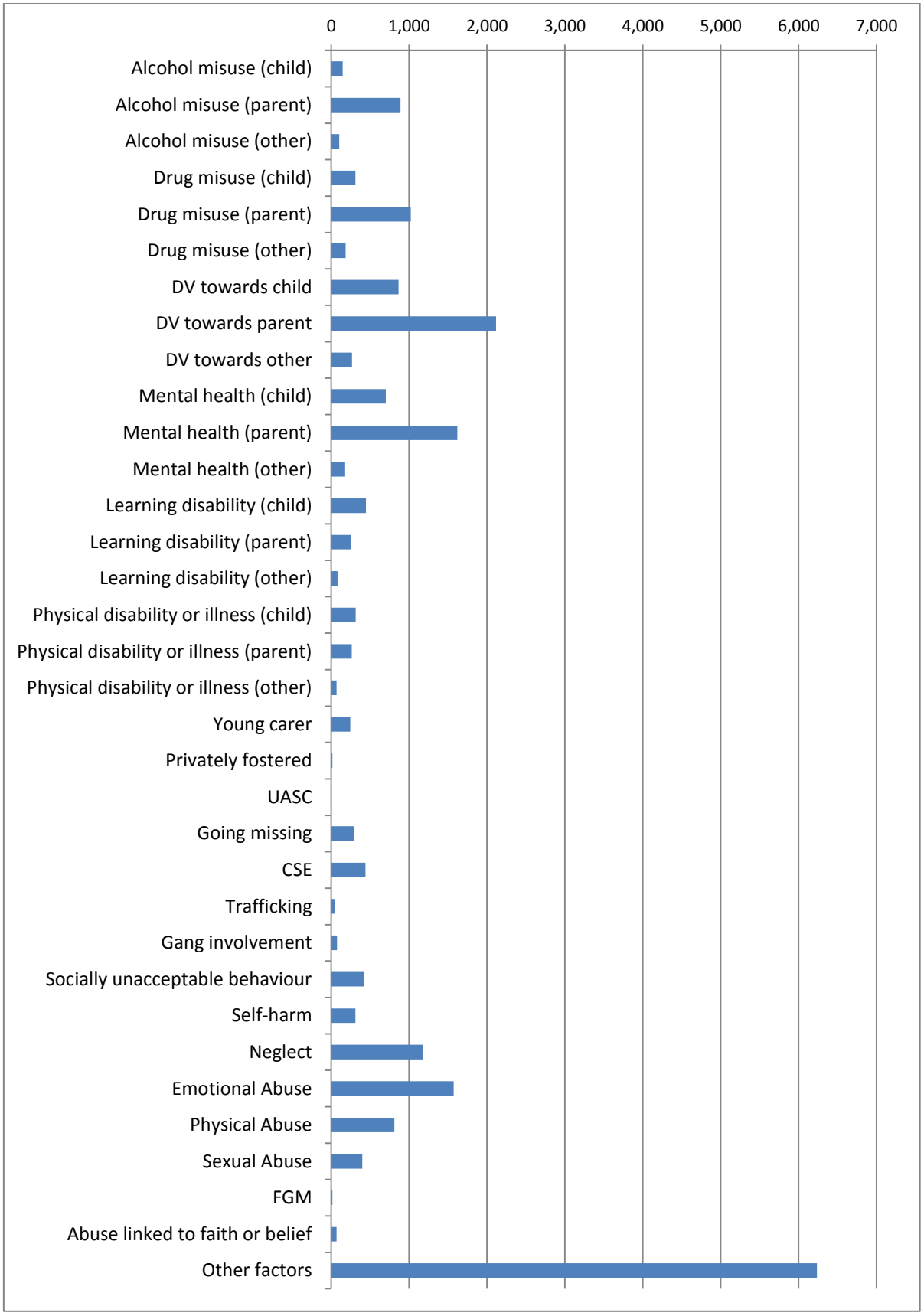


2.6 Numbers of Referrals received and Assessments completed each month

2.7 – Factors of Need Identified by Assessments (Financial Years 2015-16 and 2016-17)



2.7 Factors of Need identified at assessment, 2015-16



2.8 Factors of Need identified at assessment, 2016-17

Appendix 3: Sickness Absence

Dept/ Service	Section	Sub-Section(s)	Number of staff by end of Dec 2016	Average Number of Working days lost 1 Oct 2016 - 31 Dec 2016		Number of staff by end of Dec 2017	Average Number of Working days lost 1 Oct 2017 - 31 Dec 2017	Performance compared with previous year Arrow up = improvement Arrow down = decline
Children's Specialist Services			751.93	5.37		723.24	4.70	↑
	Targeted Early Help	-Early Help District -Early Help Clusters -Families First co-ordination -Youth Offending	171.45	6.92		170.71	4.66	↑
	Prevention & Resources	-Fostering -Children's Homes -Disabilities & Complex Needs -Through Care	390.94	4.63		352.24	4.92	↓
	Social Work Services	-Front Door -Assessment Teams -Child and Family Teams	188.54	2.76		199.29	4.37	↓
Performance, Commissioning & Partnerships	**Child Protection**	-Safeguarding Administration -Reviewing Team	48.15	1.76		32.78	1.15	↓

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Appendix 4. Service improvement plan - Inspection of services for children in need of help and protection, children looked after and care leavers. Inspection date: 18 Feb 2014 – 12 March 2014

Area of Practice	Area for improvement	Ofsted Expectation	Required Outcome	Performance Measure	Lead	Progress points	Timescales
Social Work: Section 47 Strategy discussions	Social workers and their managers do not regularly hold strategy discussions with the police before starting to carry out a child protection investigation. In addition, where the police are not involved, the recording of the discussion is not sufficiently detailed.	Ensure that all strategy discussions include the police as a minimum standard. The outcome of the discussion and agreed actions must be clearly recorded in a child's case file.	Strategy meetings are timely, accurately recorded and always involve both the Police and Social Care.	Selective Case File Audit. Initial Child Protection Case Conference minutes	Susan Tinnion, Service Manager	1. A dedicated Police Officer is allocated to the Integrated Assessment team. 2. Strategy discussions take place before a child protection investigation. 3. Written guidance to staff on the requirement to record this discussion in detail on the file.	(1) Completed 26.3.14 (2) Completed 3.3.14 (3) Completed 3.3.14
Child Protection Unit : Initial Child Protection Case Conferences	In over two thirds of cases, there has been unacceptable delay of up to six weeks in holding initial child protection conferences.	Take actions to increase and sustain sufficient capacity in the child protection conference service to meet service demands. Ensure that initial child protection conferences are held in a timely way that minimises risks to children and meets statutory guidance.	The Safeguarding & Reviewing Unit (S&RU) provide timely case conferencing and reviewing. There is a Business Process Review for S&RU which is completed. This has produced a more efficient streamlined service. The current number of conferences held on time is at 86%.	CS_N15a: ICPC's held within 15 working days of the start of the S47 enquiries. CS_N15b : Average working days between start of S47 enquiries and ICPC. Additional checks are being made to ensure this indicator is being counted in the correct manner.	Frank Hand, Service Manager, Safeguarding & Reviewing Unit	1. Agency staff in place to increase capacity for case conferencing. 2. Recruit two additional minute takers and Conference Chairs. 3. Complete business process review and implement improved minute taking and timetabling. 4. Work with partners through the Safeguarding Board and improved preparation for Case Conferences.	(1) Completed March 2014 (2) Recruitment completed September 2014 (3) Completed Nov 2014 (4) Completed Nov 2014
Social Work: Delay in Initial Child Protection Case Conferences	Where conferences have been delayed, managers decided that children should be visited by their social worker every week to help protect them. This has not happened in every case	Until improved performance in holding timely initial child protection conferences is demonstrated, ensure that all children have a robust plan, monitored by managers to minimise risk, and that they are seen at least weekly by their social worker.	Children whose ICPCC is delayed have a robust plan and are visited at least weekly by their Social Worker.	Selective Case File Audit CS_N15a: ICPC's held within 15 working days of the start of the S47 enquiries. CS_N15b: Average working days between start of S47 enquiries and ICPC.	Di Watherston, Group Service Manager (Social Work)	1. Written practice guidance issued to all staff regarding the requirement. 2. Adherence to weekly visiting quality assured by Team Manager.	Completed April 2014
Child Protection Unit : Allegations against professionals and the role of the LADO	When allegations are made that professionals may have harmed children, cases are not progressed quickly enough on all occasions. There are delays in progress and management oversight in some cases.	Ensure sufficient capacity within the LADO service, so that allegations against professionals progress in a timely way and there is management oversight of all cases.	The Safeguarding & Reviewing Unit provide the LADO interventions and professional checks. Additional staff will increase capacity allowing additional oversight of cases. Processes for LADO work have been reviewed and finalised 28th July 2014.	Selective Case Audit around "Turn Around" time for progessional checks. Timeliness reports via ProBase to bench mark performance. Comparison timeliness against performance of regional partners.	Frank Hand, Service Manager, Safeguarding & Reviewing Unit	1. Agency Staff in place to increase the capacity of the LADO service. 2. Written guidance given to staff on timeliness and management oversight on all case closured. 3. Recruit two additional staff for the child protection unit to undertake LADO work and case conferencing.	(1) Completed March 2014 (2) Completed April 2014 (3) To be Completed September 2014
Social Work: Statutory Assessment	In a very small number of cases social workers did not see children promptly enough.	Ensure all children identified as requiring statutory assessment are visited swiftly following receipt of the referral which identifies the concern.	Children are promptly seen upon statutory assessments commencing received	Local PI measuring time from 'trigger' event to end of assessment. Periodic Case File Audit	Di Watherston, Group Service Manager (Social Work)	Practice Guidance issued to all staff and Assessment Managers	Completed April 2014
Social Work: Children suffering neglect	A very small number of cases demonstrate delays in escalation for children who are experiencing chronic neglect and emotional abuse.	Social workers and their managers must decide to take stronger action more quickly in every case. i.e.: Where plans to reduce the impact of chronic neglect are not progressing sufficiently swiftly, ensure that assertive action is taken to escalate all such cases to a higher level of intervention.	Appropriate action is undertaken in situations of chronic neglect	Selective Case File Audit. CP Co-ordinators to quality assure PLO process by 3rd CPCC(10 month point)	Di Watherston, Group Service Manager (Social Work)	1. Practice guidance issued to all staff. 2. Family Justice Review & revised PLO embedded, with Case Manager appointed to track and quality assure plans and feedback on any undue delay. 3. Neglect refresher training by the BSCB Sept-December 2014	(1) Completed July 2014 (2) In place (3) Completed December 2014
Management: Supervision of practice	However, some staff in assessment teams report supervision is not always regular. The overall quality of supervision records need to better reflect challenge and to evidence reflective discussions.	Ensure that social workers and workers across all teams, particularly referral and assessment teams, receive regular supervision to support the complex work they are undertaking.	Supervision is appropriately challenging, recorded and audited on a regular basis.	Selective Case File Audit	Di Watherston, Group Service Manager (Social Work) & David Byrom, Group Service Manager (Resources)	1.Mandatory refresher Reflective Supervision Training delivered for all Child Protection Team Managers. 2. The Departments Supervision Policy is revised setting clear practice standards.	(1) Completed Sept-December 2014 (2) Completed July 2014

Bradford Safeguarding Children Board Improvement Plan							
Private Fostering	There has been no formal oversight of private fostering (PF) arrangements or of children living out of area during this period.	Implement routine oversight of arrangements for safeguarding and promoting the welfare of privately fostered children, including work aimed at raising professional and public awareness of chldren who may be privately fostered.	BSCB is incorporating information regarding private fostering into its routine data set. A challenge panel focusing on children living apart from their parents will include a sample of private fostering cases. Promotional materials for professionals and the wider community regarding Private Fostering will be reviewed, revised and disseminated.	Data set : PF notifications, PF assessment, PF arrangements in place. Selective Challenge Panel completed and outcomes presented to Performance Sub-Group	Kate Leahy Service Manager. Paul Hill, LSCB Manager	1.Revised data set, including PF data approved by sub group 2.Regular reporting to inform BSCB challenge. 3.Challenge Panel to test inter-agency practice. 4.Revised promotional materials disseminated.	Completed; (1) Sept 2014 (2) Jan 2015 (3) To be completed April 2015 (4) To be completed April 2015
Multi-agency Data Set	Not all data and performance are monitored systematically and routinely. This means that BSCB is not always able to respond as quickly as it otherwise could. The development of a multi agency data set is ongoing	The BSCB should accelerate development of multi-agency data set and clearly record any challenge to areas of poor performance and the impact of the this challenge.	Revised multi-agency data set to be developed by Sept 2014. Working with other Y&H LSCB to explore the option of regional data set to assist benchmarking. Monitoring of challenge and impact to be better incorporated into BSCB minutes and reports.	Regular board scrutiny of data set and other performance information, challenge partners based on data set and follow through to impact	Saheed Khan, LSCB Performance	1. Revised data set agreed by BSCB performance sub group. 2.Data set populated and reported to sub group & full Board 3.Demonstrate and record impact of challenge based on performance data	Completed by: (1) Nov 2014 (2) Jan 2015 (3) To complete July 2015
Education Representation on Safeguarding Board	The absence of Head Teacher and FE College representation on the Board means that schools and colleges do not have sufficient opportunity to contribute to and influence the partnership at this level.	The BSCB should review the engagement of schools and FE colleges to ensure that they are fully represented on the Board.	Bradford Partnership currently seeking Head Teacher representation for full Board. Seeking single FE representative for Bradford, Shipley and Park Lane (Keighley) Colleges.	Representatives in place by October 2014 meeting of BSCB. More evidence of engagement of schools and FE colleges in safeguarding agenda.	Paul Hill, LSCB Manager	1.Agree representatives with primary & secondary partnerships and FE Colleges. 2. Agree mechanisms for dissemination & feedback	Completed October 2014
Learning & Improvement Framework	The local learning and improvement framework is under-developed, and ongoing work will strengthen capacity to improve the co-ordination of this work.	The BSCB should complete the implementation of a comprehensive local learning and improvement framework.	New comprehensive Learning & Improvement Framework to be agreed and implemented.	New Learning & Improvement Framework (LIF) accepted by BSCB in June 2014. Implementation monitored via learning & Development Sub-Group. LIF to be reviewed by December 2015.	Paul Hill, LSCB Manager	1. New LIF agreed by BSCB 2. Full implementation and Review of LIF.	(1) Completed June 2014 (2) Completed December 2015
Multi-Agency Training	Multi-agency training in the protection and care of children is effective and evaluated regularly for impact.	The BSCB should evaluate the impact of safeguarding training on the quality of frontline practice and outcomes for children as part of a comprehensive training needs analysis.	Revised Learning & Development Strategy to include mechanisms and measures for training evaluation. Use of on-line evaluation tool to be piloted.	Participants evaluation of training. Evidence of impact of learning from challenge panels.	Paul Hill, LSCB Manager	1.Publish new Learning & Development Strategy. 2.Pilot on line evaluation tool. 3.Report to Learning & Development Sub group on new impact measures	Completed March 2015

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Children's Services to the meeting of Children's Services Overview and Scrutiny Committee to be held on 14th March 2018.

Subject: **AI**

Annual Report of the Safeguarding Children Board for 2016/17

Summary statement:

This report provides a summary of the Annual Report of the Safeguarding Children Board to accompany the full report which is provided as an appendix. The report provides a summary of priorities and achievements of the Board in 2016/17, as well as the annual summary of the Child Death Overview Panel.

Michael Jameson
Strategic Director for Children

Report Contact: Mark Griffin
Phone: (01274) 434361
E-mail: mark.griffin@bradford.gov.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Children's O&S

1. SUMMARY

The Bradford Safeguarding Children Board (BSCB) provides the procedural framework for all partnership work to keep children safe within Bradford and fulfils its statutory responsibility around quality assurance and training. The role of the Board:

- sets the procedural framework for all partnership work to keep children safe within Bradford
- fulfils its statutory responsibility for ensuring that staff receive multi-agency training to support them in their work
- ensures that agencies are held to account for their work and that there is a learning and improvement framework in place to ensure that serious case reviews and other challenge and learning processes are effective.
- conducts a multi-agency review of every child death in the District, carried out by the Child Death Overview Panel.
- In addition, BSCB plays a role in supporting and planning innovative partnership responses to safeguarding children challenges, such as the establishment of the multi-agency CSE Hub.

The Board is required to produce and publish an annual report (found at Appendix 1).. This report summarises the annual report and draws the committees attention to the highlights of the activity this year.

2. BACKGROUND

The work of the of the Board

The annual report summarises the work of the main Board and the sub groups. In 2016/17 theses were:

- The Business Planning Sub Group- Chair David Niven
- The Case Review Sub Group- Chair Dr Kate Ward
- CSE Missing Group- Chair Damien Miller
- Learning and Development Sub Group- Chair Sue Thompson Designated Nurse for Safeguarding
- Performance and Audit Sub Group – Chair Jenny Cryer
- JTAI group – Chair Jenny Cryer
- Safeguarding and Professional Practice Sub Group- Chair Jim Hopkinson
- Child Death Overview Panel- Chair Dr Shirley Brierley
- Education Safeguarding Group – Chair Lyndsey Brown
- VCS Safeguarding Steering Group- Chair Janice Hawkes
- Safeguarding in Health Group- Chair Dr Ruth Skelton

Priorities of the BSCB

The BSCB is committed to improving the welfare and protection of all children and young people in the Bradford District and has agreed to deliver these priorities through its Business Plan. The plan reflects the complexity of safeguarding in Bradford. The plan focuses on the three key areas of responsibility that drive the ‘core business’ of the partnership. The plan acknowledges that while a substantial number of children are

safeguarded by the core activity of partners, some children have an elevated vulnerability to harm through a range of high risk issues. The aim of the plan is to provide strong and effective safeguarding arrangements to ensure that all children receive the highest quality service at the right time and at the right level thereby promoting their welfare and reducing harm. In 2016/17 the priorities for the Board were to:

1. Ensure the care a protection of children remains the highest priority
2. Improving outcomes and reducing risk for children
3. Reducing risk for vulnerable and marginalised children

Summary of the Board Achievements

Board achievements are covered within the report but highlights include:

JTAI: In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspectors that Bradford's partnership was sighted on domestic abuse. "There are very effective multi-agency arrangements within the MASH, particularly between the police and children's social care, with a dedicated domestic violence hub." https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/609891/Joint_targeted_area_inspection_of_the_multi-agency_response_to_abuse_and_neglect_in_Bradford.pdf

Bradford Police officer Matt Catlow has been highlighted as national best practice and has led to two National Awards being received, The Lord Ferrers and the National Working Group Unsung Hero Awards. This work will continue in order to help safeguard the vulnerable working with key partners around CSE activity.

The successful delivery of the educative drama "Someone's Sister, Someone's Daughter" has continued throughout the District. More than 4500 students saw this play which was aimed at year 10 students. "Mr Shapeshifter" is currently being delivered across the Bradford district with an aim of reaching 45 Bradford primary schools. Some of these schools will host other primary schools at their performances, which is intended to increase the reach to over 60 schools. Over 4500 Year 6 pupils will potentially be reached over the life time of this project.

The Barnardo's NightWatch initiative, raised awareness of child sexual exploitation by offering advice, guidance, support and training to businesses, services and the general public. The programme has been delivered across Bradford and included those working in fast-food outlets, hotels and bed and breakfast accommodation, accident and emergency services, and security service roles (such as, door staff). The implementation of Nightwatch, has resulted in increased confidence and awareness amongst NTE workers around the issue of CSE and how to identify it as well as through examples of children and young people having been safeguarded from exploitation and abuse.

Bradford Council and Collingwood Learning have developed innovative training and awareness events called Real Safeguarding Stories. These were nationally recognised through Local Government Body as "Effective partnership working" good for Bradford MDC and BSCB. Further details can be found at : http://realsafeguardingstories.com/index.php/child-safeguarding/

Bradford was the first District to undertake a Safeguarding Week, and each year has grown the programme, widening topics to all Safeguarding matters. In 2016 there were

over 2000 attendees at 60 events

Child Death Overview Panel (CDOP)

Included within the annual report, and as a stand alone document, the Child Death Overview Panel provides its own annual report.

The work of CDOP:

In summary, CDOP undertakes a comprehensive and multidisciplinary review of every child death under 18 years in the District. Its aim is to better understand how and why children die across the Bradford district and use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children in the area. The CDOP meets its function as set out in Chapter 5 of Working Together to Safeguard Children (2015). It identifies potentially modifiable cause of death and seeks assurance from partners and agencies that appropriate actions have been taken to reduce the risk of similar deaths in the future. The Wood Review (2016) recommended CDOP should move from the Department of Education to Department of Health, it should to continue with a similar remit and be a joint responsibility between Clinical Commissioning Groups (CCGs) and Local Authority. Following national consultation on all aspects of Local Safeguarding Children's Boards, including CDOP, further guidance will be published in May 2018.

CDOP held 8 meetings over 2016/17 and reviewed 63 deaths during this time. An away day was held in May 2016 to look at all the key data and understanding from these reviews and informed the published CDOP report for 2016/17. This annual report highlights key recommendations from all deaths including modifiable deaths and also key themes since 2008 when CDOP began. CDOP has a detailed Modifiable Action Plan and Issues Log which are updated and monitored each meeting. This ensures effective learning from CDOP is disseminated to all key partners and key actions to reduce the risk of child deaths are taken in a timely manner. The group takes an active part in training events and safeguarding week.

In 2016/17, the group undertook a detailed suicide audit of child deaths and fed the findings directly into the Suicide Prevention Action Plan for the district. Also, CDOP has continued to raise awareness around the risk factors associated with Sudden Infant Death Syndrome (SIDS) and co-sleeping deaths. In addition, CDOP continues to monitor the over representation of South Asian children in overall number of child deaths especially in category 7 (genetic conditions) and the work undertaken across the district to raise awareness in this area. CDOP is also currently undertaking further analysis around causes of death in White British children.

Summary of the CDOP report.

Overall, infant and child mortality rates are reducing over time but remain above national and regional rates. Key areas of focus for recommendations arising from modifiable deaths are the following risk factors; smoking in pregnancy (most common risk factor), obesity in pregnancy and consanguinity which all increase the risk of child death. In addition deaths due to SIDS and co-sleeping, with risk factors present such as smoking, continue to occur. Hence, CDOP continues to seek assurance from organisations regarding their actions around these key areas and to raise awareness. In addition, for SCRs and specific clinical incidents CDOP seeks assurance that all key actions have been

undertaken and also for road traffic collisions that all road safety recommended actions have taken place to reduce the risk of similar deaths in the future. CDOP works closely with Born in Bradford and Better Start Bradford to ensure all the learning from research and audit across the district is shared and informs work of key groups. These groups include the Every Baby Matters group, Integrated Early Years Strategy group, Suicide Prevention group and other key groups and networks. CDOP continues to monitor reported and reviewed child deaths closely to identify any new issues that are emerging at an early stage.

The CDOP Annual Report 2016-17 can be accessed at Appendix 2.

3. OTHER CONSIDERATIONS

In April 2018 the statutory nature of the Board will be changing, replaced by a requirement to have tri partite partnership arrangements in place with the Council, Police and Health. Bradford is committed to continuing robust partnership arrangements around safeguarding, but the way in which this is delivered and in particular linkages with the Adult safeguarding Board and the Community safety Partnership are being explored at present.

4. FINANCIAL & RESOURCE APPRAISAL

The BSCB staffing and operational funding is provided by a pooled budget totalling £337,400, which is reduction of £51,440. A small income is generated by charging commercial organisations for safeguarding training. The contributors to this pooled budget are:

Income £337,400

- Bradford Council Children's Services £166,260
- Health £148,350
- Police £17,550
- National Probation £2,345
- Community Rehabilitation Company £2,345
- Cafcass £550

Total expenditure £565,409

The BSCB has recognised and responded to the financial challenges moving into the following year. Financial planning and staff restructuring has enabled savings to be achieved in line with new budgets. This has been achieved through rationalising of administration posts, a decision not to progress the proposed deputy Board managers post and withdrawal of the Safeguarding advisor for faith settings, which is now overseen by the Local Authority.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

No issues identified

6. LEGAL APPRAISAL

No issues identified

7. OTHER IMPLICATIONS

None

7.1 EQUALITY & DIVERSITY

No issues identified.

7.2 SUSTAINABILITY IMPLICATIONS

No sustainability issues identified.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

No issues identified..

7.5 HUMAN RIGHTS ACT

No issues identified.

7.6 TRADE UNION

No issues identified.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. RECOMMENDATIONS

9.1 The committee are asked to consider the annual report of the Bradford Safeguarding Children Board, and comment as appropriate.

10. APPENDICES

10.1 The Annual report of the Bradford Safeguarding Children Board for 2016/17

10.2 The Child Death Overview Panel Annual Report 2016/17

Bradford BSCB Safeguarding Children Board

Annual Report 2016 - 2017

Contents

Introduction from the Independent Chair of the Board - David Niven

This has been a year of great challenges and I've been extremely pleased to be involved in a partnership that has coped with them in a professional and dedicated way.

David Niven
Independent Chair

The Bradford Safeguarding Children Board has to respond to local and national demands and address them in the best way for Bradford. We are constantly aware of our responsibilities in improving the care and protection of Bradford's children. Our work includes evaluating how agencies perform and encouraging improvement where necessary.

A key role of the independent chair is to be constructive in challenging and supportive where good work is done.

Being aware of the recent Children and Social Work Bill's impact on how we structure the service and making sure that we are working together with other Boards are crucial factors in the year ahead.

How we communicate with professional colleagues and the general public is extremely important in building confidence and showing what we do. Therefore our website and our methods of sharing information in a speedy and efficient manner is crucial to the Board's effectiveness.

A significant example of good partnership working was demonstrated when Ofsted initiated a Joint Targeted Area Inspection (JTAI) on our work in tackling domestic abuse. Much preparation and consultation had already been done on this and when the inspection happened the result was positive and the JTAI readiness board, chaired by the Director of Children's Services, should be congratulated.

We had to conduct Serious Case Reviews during the last year and those produced considerable learning opportunities and actions that we have to implement in the year ahead.

What we learned from these help add to our significant training programme as well as providing the necessity to scrutinise agencies' response to the Review's findings.

One thing that I constantly look to improve is how we listen to and engage young people in our work and plans. How we communicate, involve and demonstrate what we do with those we are committed to protect is vital and necessary. We can always improve this task.

The Board's manager for many years, Paul Hill, moved on. His contribution and skill will be greatly missed. Luckily, we have a new replacement in Mark Griffin and feel that the Board will remain in good hands.

The Children and Social Work Bill 2017 has received royal assent and I expect guidance from the Department for Education this year in the form of a revised version of 'Working Together'. This will help steer the Board to a new structure that will reflect changes to serious case reviews and child death overview panels and give an opportunity to realise better arrangements for all of Bradford's Safeguarding responsibilities.

I have to praise the work of the Chairs and all the members of our sub-groups. They get through an enormous volume of work and put the main Board's strategic thinking into practice. Combined with the dedicated staff team of the Board they provide an excellent example of partnership working.

Chapter 1: Local Demographics

534,300
people living in the Bradford District (Mid 2016 population estimates)

141,200
children 0-17 yrs (Mid 2016 population estimates)

7,930
births in 2016 (public health birth figures)

35,045
children 0-16 yrs living in low income family (snapshot as at 31 Aug 2014 – this is the latest data and was published 30 Sept 16)

32,500
children 0-3 yrs (Mid 2016 population estimates)

15,206
Lone parent households with dependent children (2011 Census)

20%
South Asian people (Pakistani) (2011 Census)

64%
White British people (2011 Census)

- Numbers of Children on roll in the Bradford District (taken from May 2017 school census)

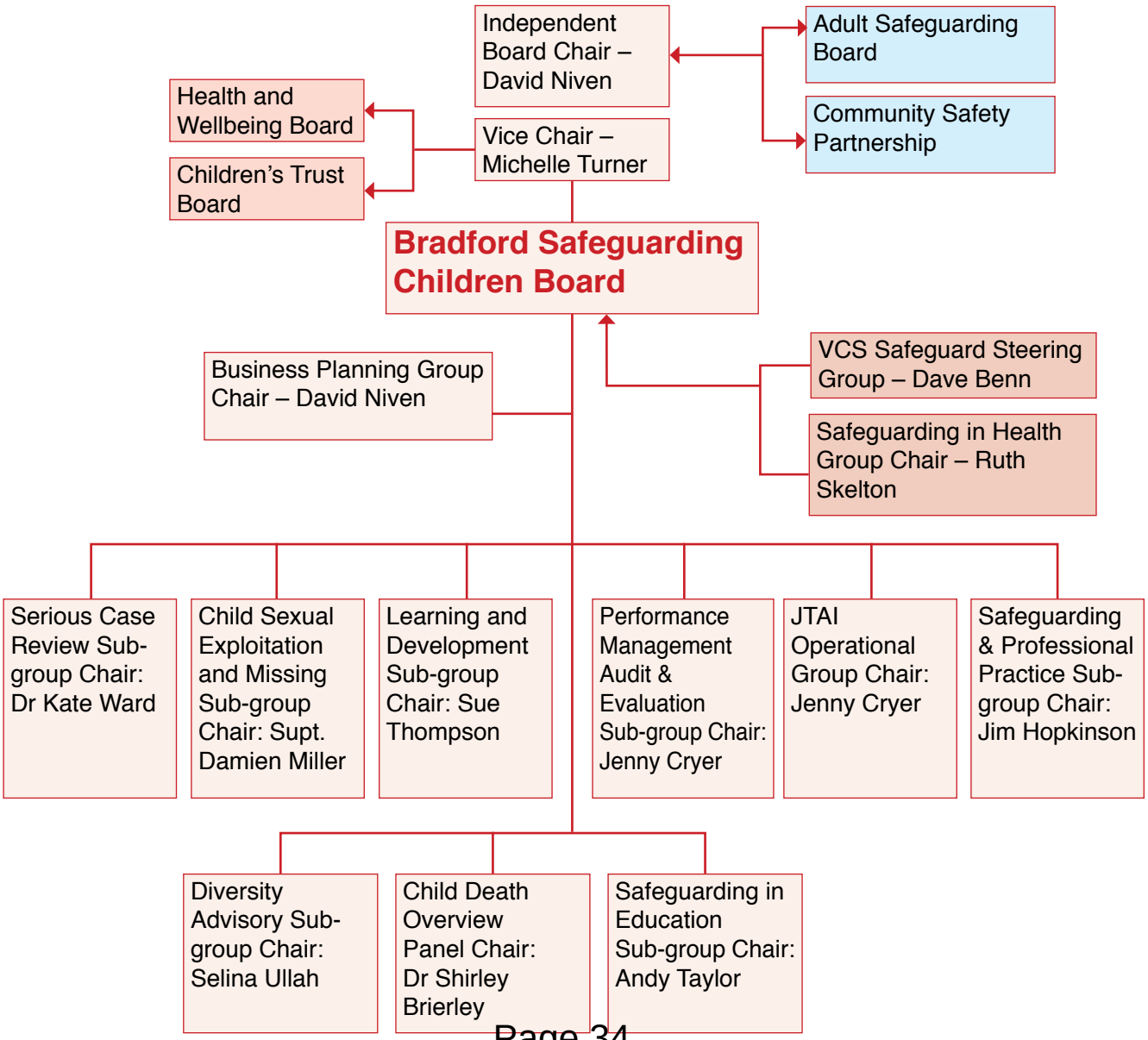
Year	Academy	Free School	LA Maintained	Total
2016/17	45,814	3,667	51,255	100,736

Chapter 2 - Governance, Accountability and Budget

The Bradford Safeguarding Children Board (BSCB) continues to provide the procedural framework for all partnership work to keep children safe within Bradford and fulfils its statutory responsibility around quality assurance and training.
The role of the Board:

- sets the procedural framework for all partnership work to keep children safe within Bradford
- fulfils its statutory responsibility for ensuring that staff receive multi-agency training to support them in their work
- ensures that agencies are held to account for their work and that there is a learning and improvement framework in place to ensure that serious case reviews and other challenge and learning processes are effective.
- conducts a multi-agency review of every child death in the District, carried out by the Child Death Overview Panel.
- In addition, BSCB plays a role in supporting and planning innovative partnership responses to safeguarding children challenges, such as the establishment of the multi-agency CSE Hub.

Structure of the Board



Budget

The BSCB staffing and operational funding is provided by a pooled budget totalling £337,400, which is reduction of £51,440. A small income is generated by charging commercial organisations for safeguarding training.

The contributors to this pooled budget are:

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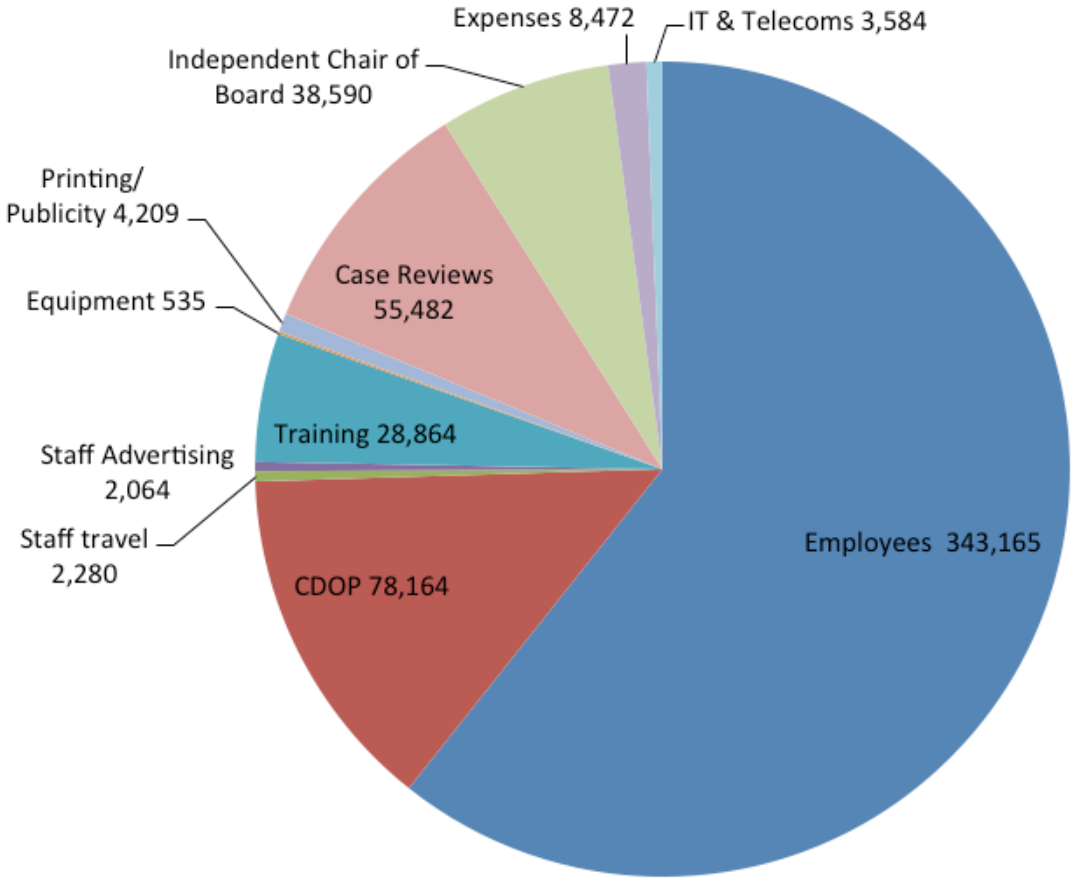
Total Income Received	£337,400

Total expenditure	**£565,409**

The BSCB has recognised and responded to the financial challenges moving into the following year. Financial planning and staff restructuring has enabled savings to be achieved in line with new budgets.

This has been achieved through rationalising of administration posts, a decision not to progress the proposed deputy Board managers post and withdrawal of the Safeguarding advisor for faith settings, which is now overseen by the Local Authority.



Chapter 3 - Priorities for 2016/2018

The BSCB is committed to improving the welfare and protection of all children and young people in the Bradford District and has agreed to deliver these priorities through its Business Plan. The plan reflects the complexity of safeguarding in Bradford.

The plan focuses on the three key areas of responsibility that drive the 'core business' of the partnership. The plan acknowledges that while a substantial number of children are safeguarded by the core activity of partners, some children have an elevated vulnerability to harm through a range of high risk issues.

The aim of the plan is to provide strong and effective safeguarding arrangements to ensure that all children receive the highest quality service at the right time and at the right level thereby promoting their welfare and reducing harm.

Priorities of the Bradford Safeguarding Children Board 2016-2018

Strong and Effective Safeguarding Arrangements

Ensure that the care and protection of all children in the Bradford District remains the highest priority while delivering the improvement programme:

- Scrutinise, challenge and evalueate the use and impact of the Threshold Document on decision making in Bradford.
- Evaluate and challenge multi-agency safeguarding performance on neglect.
- Ensure that safeguarding practice meets the needs of children living in homes where there is domestic abuse.
- Ensure that the theraputic needs of children who have suffered abuse or neglect are met through a range of services.

By ensuring we have strong and effective safeguarding arrangements and a collective accountability across the system the Board will improve outcomes and reduce the harm to children in the district:

- Demonstrate that decisions are informed by the wishes and feelings of the children of Bradford.
- Develop a communications strategy.
- Develop a culture of constructive challenge and openness within the accountability framework.
- Ensure that learning from challenge, audit and case reviews is disseminated effectively across the partnership.
- Work with communities and children to raise awareness of safeguarding risks and seek their engagement in identifying effective responses.

The high level risks experienced by marginalised and/or highly vulnerable children are understood and targeted through intelligence led problem solving, and receive a proportionate multi-agency response:

- Online safety - grooming, sexting and cyber bullying.
- Grooming and exploitation of children through gangs, radicalisation, sexual abuse and trafficking.
- Prevention and disruption strategies to address the perpetration of abuse and exploitation.
- Motivation of children who go missing.
- Misuse of substances
- Female genital mutilation
- Forced marriage
- Disabled children

Chapter 4 - Safeguarding Snapshot

141,000 young people under 18

26% of total population

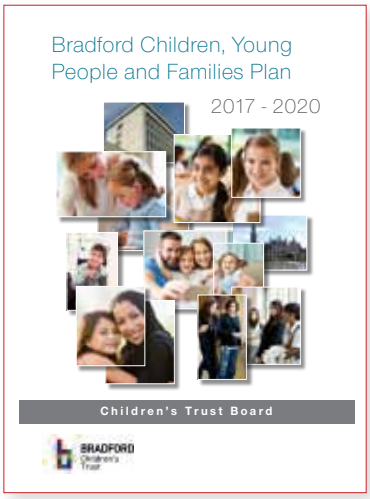
29% of children living in poverty

304 children & young people at risk of CSE were open cases to the CSE Hub (end March 2017). **11%** were considered to be at High Risk, **29%** were considered Medium Risk and **60%** were Low Risk

791 children missing from home / **1409** episodes of children going missing from home

141 children missing from care / **1312** episodes of children going missing from care

44,336 contacts to Bradford Children's Social Care Front Door



6,474 referrals (**17%** higher than last year)

97.0% of referrals went on to further action (**96.3%** last year)

15.49% re-referrals (**14.68%** last year)

10,221 assessments completed by Bradford Children's Social Care (**27%** rise on last year)

94.8% of assessments were authorised within 45 working days of their referral days

20.7% of assessments identified Domestic Violence towards the parent as the most common factor followed by Mental Health of parent (**15.8%**) and Emotional Abuse (**15.4%**)

3,202 child protection investigations (**37%** higher than last year)

20.3% of child protection investigations went to an Initial Child Protection Case Conference (lower than **23.0%** last year)

Bradford Safeguarding Snapshot 2016 – 2017

649 Initial Child Protection Case Conferences

559 children on a Child Protection Plan as of March 2017 (**511** as of 31 March 2016)

3,975 open Children in Need cases as of March 2017

9.6% of children in need with a disability

927 children & young people looked after as of March 2017

210 allegations against staff working with children and young people

Chapter 5 - Achievements and Progress

In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspectors that Bradford's partnership was sighted on domestic abuse.

"There are very effective multi-agency arrangements within the MASH, particularly between the police and children's social care, with a dedicated domestic violence hub."

21 April 2017

Michael Jameson, Strategic Director of Children's Services, Bradford local authority
Sue Thompson Designated Nurse for NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCGs
Ms Helen Hirst – Chief Officer/Accountable Officer for NHS Bradford City CCG and NHS Bradford Districts CCG and NHS Airedale, Wharfdale and Craven CCG
Mark Burns-Williamson OBE, Police and Crime Commissioner for West Yorkshire
Dee Collins QPM, Chief Constable of West Yorkshire police force
Charlie Jones, Manager, Youth Offending Team
Martin Davies, CEO, Community Rehabilitation Company
Lynda Mangnall, CEO, National Probation Service
David Niven, Chair of Bradford LSCB
Neville Hall Assistant Director CAFCASS

Dear local partnership

Joint targeted area inspection of the multi-agency response to abuse and neglect in Bradford Metropolitan District Council

Between 27 February and 3 March 2017, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Prob) undertook a joint inspection of the multi-agency response to abuse and neglect in Bradford.[1] This inspection included a 'deep dive' focus on the response to children living with domestic abuse.

This letter to all the service leaders in the area outlines our findings about the effectiveness of partnership working and of the work of individual agencies in Bradford.

The inspectorates recognise the complexities for agencies in intervening in families where there is more than one victim and where, as a consequence, risk assessment and decision making has a number of complexities and challenges, not least that the impact on the child is sometimes not immediately apparent. A multi-agency inspection of this area of practice is more likely to highlight some of the significant challenges to partnerships in improving practice. We anticipate that each of these joint targeted area inspections (JTAIs) will identify learning for all agencies and will contribute to the debate about what 'good practice' looks like in relation to children living with domestic abuse. In a significant proportion of cases seen by inspectors,

[1] This joint inspection was conducted under section 20 of the Children Act 2004.

1

Joint targeted area inspection of the multi-agency response to abuse and neglect in Bradford

Bradford Police officer Matt Catlow has been highlighted as national best practice and has led to two National Awards being received, The Lord Ferrers and the National Working Group Unsung Hero Awards. This work will continue in order to help safeguard the vulnerable working with key partners around CSE activity.

The successful delivery of the educative drama "Someone's Sister, Someone's Daughter" has continued throughout the District. More than 4500 students saw this play which was aimed at year 10 students.

"Mr Shapeshifter" is currently being delivered across the Bradford district with an aim of reaching 45 Bradford primary schools. Some of these schools will host other primary schools at their performances, which is intended to increase the reach to over 60 schools. Over 4500 Year 6 pupils will potentially be reached over the life time of this project.

The Barnardo's NightWatch initiative, raised awareness of child sexual exploitation by offering advice, guidance, support and training to businesses, services and the general public. The programme has been delivered across Bradford and included those working in fast-food outlets, hotels and bed and breakfast accommodation, accident and emergency services, and security service roles (such as door staff). The implementation of Nightwatch, has resulted in increased confidence and awareness amongst NTE workers around the issue of CSE and how to identify it as well as through examples of children and young people having been safeguarded from exploitation and abuse.

Bradford Council and Collingwood Learning have developed innovative training and awareness events called Real Safeguarding Stories. These were nationally recognised through Local Government Body as "Effective partnership working" good for Bradford MDC and BSCB. Further details can be found at http://realsafeguardingstories.com/index.php/child-safeguarding/

Bradford was the first District to undertake a Safeguarding Week, and each year has grown the programme, widening topics to all Safeguarding matters. In 2016 there were over 2000 attendees at 60 events

Training and Development

The BCSB continues to provide a comprehensive multi-agency training programme, working closely with colleagues from the Safeguarding Adult Board and Safer and Stronger Communities Partnership Board (CSP).

The multi - agency annual training programme included a total of **1687** people attending:

1143 participants attended the annual training plan courses;

316 participants attended other learning and development events; including practice forum, local and regional events. This included a successful West Yorkshire master class was on – "Disguised Compliance" with inputs from an academic from Huddersfield University – a researcher in lie detection, a professional Magician and a children services manager

Course Developments

The BSCB Introduced a new CSE course, "Child Sexual Exploitation - A Resilience Approach for Families", reintroduced a course on "Understanding the effects of Sexual Abuse" and reviewed the neglect training –"Neglect Can you recognise it, what should you do?" The team also delivered sessions - "Young Carers Recognition and support" in partnership with Barnardo's Young carers project which had been identified as a training need.

E learning proved as ever to be a popular method of learning.

A total of 5062 learners registered for e-learning courses. Some of the most popular ones were:

Basic level training –

- An Introduction to Safeguarding Children **1154**
- Awareness of Child Abuse and Neglect **1686**
- Awareness of Domestic Violence and Abuse including the Impact on Children, Young People and Adults at Risk **345**

Specialist I topics

- Safeguarding Children from Abuse by Sexual Exploitation in Bradford **618**
- Safeguarding Children Refresher Training **453**, this is a new course for this year
- The Connected Baby Series **302**

Safeguarding Week

In 2016 for the first time all five West Yorkshire LSCB's held a Safeguarding Week at the same time. Bradford significantly contributed with over 2000 attendees at 60 events.

A total 228 participants attended BSCB hosted events covering the following :-

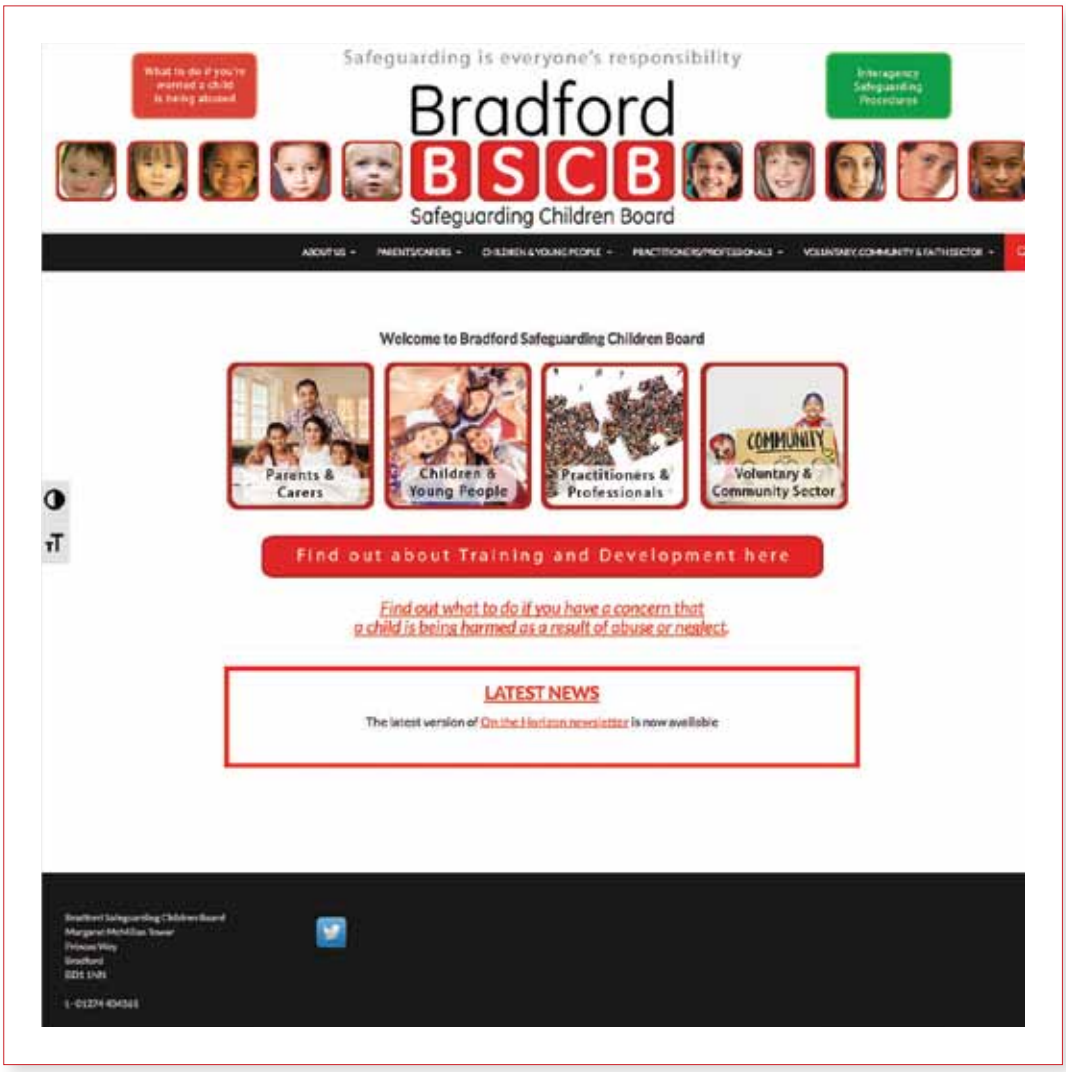
- Looked after Children,
- Relationship between poverty and child protection ,
- Born in Bradford – Magical power of play / Magical power of nature

This year was a celebration of the fifth anniversary of Safeguarding Week in Bradford. Partners had a celebration event “Reflections and Going Forward” hosted by Bradford College, with performances by students and a keynote presentation from Nazir Afzhal– Chief Executive, Police & Crime Commissioners for England & Wales who spoke on “Leadership in Safeguarding”.

Other activity

Working in partnership with the local authority and Virtual College the BCSB continues to develop a Young Persons App to be launched in 2017.

Finally, the BSCB website has been refreshed and the course directory given a new look. http://bradfordscb.org.uk/



Chapter 6 - Effectiveness of local services

a. Children's Social Care (CSC)

Bradford Children's Social Care dealt with 59,432 enquiries relating to children in 2016/17 resulting in 3,202 section 47 assessments and 10,221 child and family or early help assessments. (Figures will include some children being referred on multiple occasions).

The volume of work undertaken through the Multi Agency Safeguarding Hub has increased and it was reassuring that through the JTAI, OFSTED complimented the clarity of thresholds and robustness of most decision making. Over the year CSC have experienced a significant increase in the number of children who have become looked after and an increase in child protection plans.

Substantial developments have occurred in the development of Early Help across 2016/17 including the establishment of Targeted Early Help teams across the entire district through reorganising family centre, families first, and others including some YOT staff. CSC has worked with partners to revise referral systems and improve a response time which has included revisions to Early Help Gateway. Early Help referral paperwork has been revised and an early help module is now in test mode on the LCS database (CSC IT system). Early Help has contributed to a reduction in the overall numbers of children assessed as Child In Need and a reduction in the duration of child in need episodes.

More than 2,000 staff across the district has been trained in Signs of Safety with an additional 50 undertaking advance practice training. This has been a key focus of our staff development, alongside embedding learning from Serious Case Reviews (SCRs) and lessons learned activities.

Child Protection conferences are now run on a Signs of Safety basis and this has received positive feedback from parents and other professionals

Efforts to recruit social workers have been rewarded by a substantial reduction in the use of agency social workers and CSC are doing more to retain experienced social workers by reframing their workforce development offer.

Bradford Children's services maintain a commitment to quality assurance through multi-agency challenge panels and regular audits. These include generic audits, and themed audits which have included domestic abuse, child sexual exploitation and neglect. The internal audit tool has been reworked to reflect our Signs of Safety framework

Local Authority Designated Officer (L.A.D.O.)

The designated manager for allegations management is a requirement under Working Together 2015, (para4, p54). The function of the Local Authority Designated Officer (L.A.D.O.) has been based in the Children's Safeguarding and Reviewing Unit since 2006. The work is shared between the Service Manager and the Child Protection Coordinators. In the financial year 2016/17 the LADO service dealt with 210 referrals which represent a modest fall in comparison to the 239 in the previous year. The pattern for the development of this work has been for overall growth in numbers over the past 5 years. Education Department has continued to be the largest referring agency which is to be expected the size of the organisation and the numbers of children and staff coming into contact.

The most prevalent category for referral is physical abuse with 145 referrals in the past year 145 which is 69% of the total. The next highest category is sexual abuse with 36 referrals or 17.1% of the total. There have been falls across most categories of abuse barring emotional abuse which has risen to 14 referrals 6.7% of the total.

Bradford LADO has engaged with regional and national bodies to ensure consistency of practice. Bradford LADO is assisting with the organisation of the national conference in March 2018 where national standards for LADO work will be discussed.

b. Bradford Teaching Hospital NHS Foundation Trust (BTHFT)

"Our mission is to provide safe healthcare, of the highest quality, at all times."

There has been an increase (37%) in the number of referrals to the children's safeguarding team.

Sex	2016-17	Percentage Split	2015-16	Percentage Split
Female	721	52.98%	473	54.49%
Male	640	47.02%	394	45.39%
Unborn	0	0%	1	0.12%
Total	1361		868	

This includes a sharp increase (by 63%) of cases relating to adult parents or carers with safeguarding concerns; identifying "hidden" children behind adults who present to the organisation with safeguarding worries themselves (drug and alcohol, mental health and domestic abuse concerns).

Key areas of achievement

Education and Training

- Update of the training strategy in line with national requirements (Intercollegiate document 2014) and all staff levelled according to their roles and responsibilities within the Trust (including Midwifery).
- New E-Learning level 2 safeguarding children package written and produced.
- Safeguarding team has worked with the Yorkshire and Humber Deanery to develop region wide level 2 training package for all trainee doctors (Live May 2017).

BTHFT have updates policies for Safeguarding Children's and Safeguarding Supervision and created new policies for

- Bruises, Burns and Scalds policy
- Contribution to domestic abuse policy: "ask the question" on return to work interviews.
- Expansion of the safeguarding children's website to hold all policy and procedure together.

Supervision remain a key focus for the BTHFT with

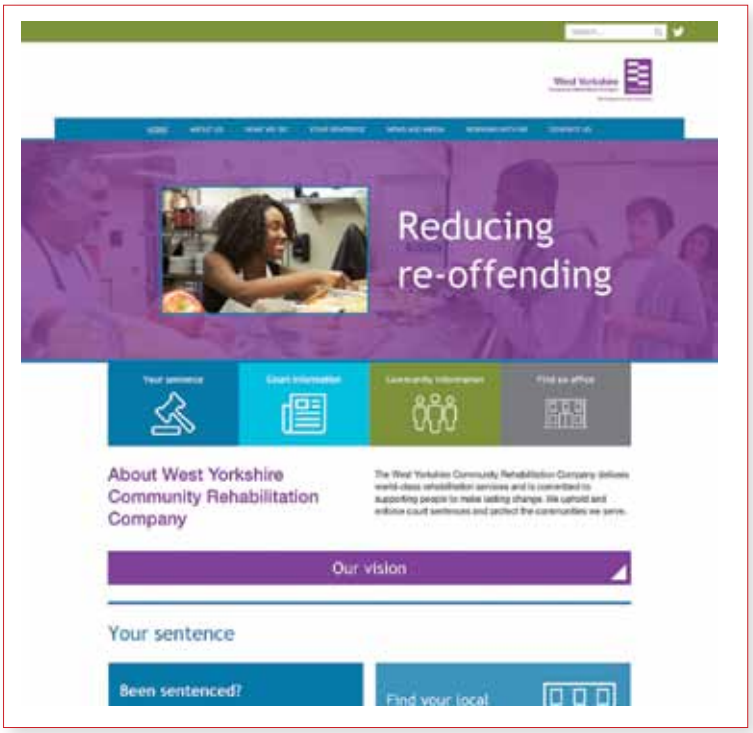
- New monthly Emergency Department Team safeguarding supervision provided.
- Roll out of safeguarding supervision throughout the Trust to all staff continued.
- Peer review for all paediatric consultants as recommended by the Royal College of Paediatrics and Child Health (2016).

Management oversight also remains a priority with

- Audit strategy and work plan written/implemented for 2017.
- Improvement of online incident report form (Datix) from a safeguarding children and risk perspective.
- Design of EPR (electronic patient records) to ensure it meets safeguarding requirements.
- Implemented “signs of safety” model

c. The National Probation Service (NPS) & West Yorkshire Community Rehabilitation Company (WY CRC)

The National Probation Service (NPS) is a relatively new organisation, formed in 2014 when probation trusts were reorganised into the National Probation Service (NPS) and Community Rehabilitation Companies (CRCs). The NPS provides pre-sentence assessments to Courts and manages offenders who are assessed as posing a high risk of serious harm.



As an agency who works with the highest risk adult offenders, the NPS has worked hard to sustain a focus on statutory safeguarding responsibilities, while introducing a new NPS operating model. The NPS has embedded a safeguarding approach throughout its work and ensured all staff are clear about their roles and responsibilities. Probation Offender Managers make safeguarding checks at their first point of contact with offenders, usually at Court; they make appropriate referrals and follow them through.

The NPS are committed to working effectively with partner organisations and have made sure staff access Signs of Safety training, recognising that the model provides a framework and common language for sharing information, understanding risk assessments across the NPS and Children’s Social Care and working collaboratively to safeguard children.

The NPS is still in a period of adjustment to its new national operating model, with on-going recruitment and training. The organisation will maintain its focus on safeguarding and continue to prioritise a contribution to multi-agency working.

The NPS continues to develop its effectiveness in working with individuals and their families. Within Bradford the NPS has established strong partnerships and lines of communication, allowing opportunities to continuously improve into the next financial year.

West Yorkshire Community Rehabilitation Company continues to be a key statutory partner of BSCB. WY CRC has implemented an action and development plan resulting from the February 2017 Joint Targeted Area Inspection. This plan gives greater clarity to front line CRC staff regarding referrals and multi-agency working.

The WY CRC presence at Central Hall, Keighley is a positive and on-going development, demonstrating a commitment to community outreach. WY CRC has staff at Central Hall on a weekly basis.

On-going quality assurance of operational practice and the further involvement of Probation Officers highlights WY CRC’s commitment to continuing professional development; key learning from such work will be shared with BSCB and partners.

d. Bradford District Care NHS Foundation Trust (BDCFT)

"Safeguarding vulnerable Adults and Children is a key priority for Bradford District Care Foundation NHS Trust, with people who use services remaining at the heart of what we do. Safeguarding means protecting people's health, well-being and human rights, and enabling them to live free from harm, abuse and neglect. We believe it's fundamental in providing high quality health and social care."

The Bradford District Care NHS Foundation Trust (BDCFT) Safeguarding Team has continued to provide a high, quality evidence based service supporting, supervising and training staff from across the organisation. The team works closely with the local authority, police, education and our other health partners in order to improve outcomes and life chances for the most vulnerable.

The Journey to Excellence is a work project being led by the Local Authority that includes a number of different work streams including Signs of Safety

BDCFT has now established its own Signs of Safety steering group and an implementation plan has been devised to ensure BDCFT adopts and implements this model in practice

Key Strengths identified in the recent JTAI inspection.

- Good access to health services especially health visitors and school nursing.
- Health leaders make a significant contribution to partnership working across Bradford to identify, support and protect children living with domestic abuse.
- Training increasingly includes domestic abuse components such as BDCFT's recently delivered "Coercive Control "training.
- Good awareness of cultural diversity within the city population
- Operational managers in the BDCFT, including those in adult services, understand the cohorts of children in need and child protection cases and the prevalence of domestic abuse within caseloads.
- Health visitors are linked to specific to community projects in order to 'bring health' to the community to promote the healthy child programme and raise awareness of how to access support including the promoting the domestic abuse 'freedom programme'.
- Good use is made of local interpreters to ensure that health professionals can communicate properly, including with very vulnerable parents.
- Health visitor's records show good observation of children in homes including consideration of the impact on non-verbal children or those who may not be able to vocalise their feelings.

e. Clinical Commissioning Groups (CCGs)

The Clinical Commissioning Groups (CCGs) are responsible for commissioning safe and effective health care for the population of Bradford, Airedale, Wharfedale and Craven. This includes ensuring that the principles and duties of safeguarding children are consistently and conscientiously applied by all service providers. This is achieved by

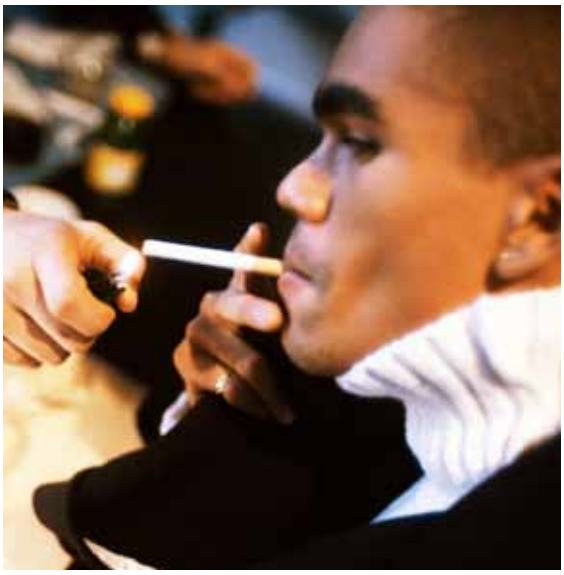
- Seeking assurance from providers against commissioning safeguarding standards
- Providing leadership and support for health organisations via the cross-health safeguarding children group
- Designing and delivering training for CCG staff which specifically highlights the safeguarding aspects of commissioning, contract management and service development.
- Designing and delivering safeguarding children training and support for GPs across the district

The recent Joint Targeted Area Inspection gave very positive feedback about the CCGs' role in leading and quality assuring safeguarding children practice within the district's health organisations.

During 2016-17, the CCGs safeguarding children team expanded to include a Specialist Health Practitioner (Child Sexual Exploitation) who works as part of the co-located multi-agency team within the CSE Hub. Feedback received from partner agencies as part of a review of the role was overwhelmingly positive, citing improved information-sharing and contextualising of the health contribution to assessment of risk. Plans are now in place to recruit a Specialist Health Practitioner to work in the Multi-Agency Safeguarding Hub, at the 'front door' of children's specialist services.

f. Public Health

The Public Health department is now part of the Health and Wellbeing department in the Council as of Sept 2016**.** Public Health has a responsibility to significantly improve health and wellbeing of local populations and reduce health inequalities, carry out health protection and health improvement, some delegated functions and provision of population healthcare advice. It has to provide specific mandatory services which include these prescribed services; sexual health services, health protection, provide advice to NHS commissioners, National Child Measurement Programme, NHS Health Checks and 5 health checks conducted by Health Visiting services for 0-5 year olds .



In addition, there are Public Health functions which include 0-19 years public health programmes for children, reducing obesity and increasing physical activity, public mental health, sexual health services promotion and prevention, smoking and tobacco and prevention and treatment of substance misuse (alcohol and drug misuse).

A senior lead in Public Health is the identified safeguarding lead and a member of BSCB and ensures staff is fully aware of current safeguarding training required and key updates. Public Health chair and provide analytical support for the Child Death Overview Panel. In addition, safeguarding is embedded within all our commissioned contracts and is included in performance reporting.

Public Health commission a wide range of services including health visiting, school nursing and oral health improvement services for children 0-19 years, sexual health services, substance misuse and alcohol services, smoking cessation services and a range of other health improvement services from a variety of providers .

They also ensure expertise and leadership is provided for evidence reviews, needs assessments and a range of Public Health analytical work which informs commissioning and planning to ensure services for children and families are developed to meet local need and are based on what works. An example of this is the Family Needs assessment which informed the key Prevention and Early Intervention transformation work for children 0-19 across the district which is being led by Children's services.

As for the whole Council and our partners, there will be significant budget reductions over the next few years and they are working hard to ensure that commissioning and the delivery services for children and families meet their needs , demonstrate value for money, are effective and improve outcomes and reduce inequalities for children. Public Health's overall priority continues to be to ensure improvement in the health and wellbeing of the whole population, and especially for those most at risk of poor outcomes and inequalities.

g. Education

Michael Jameson, Strategic Director of Children's Services, said:

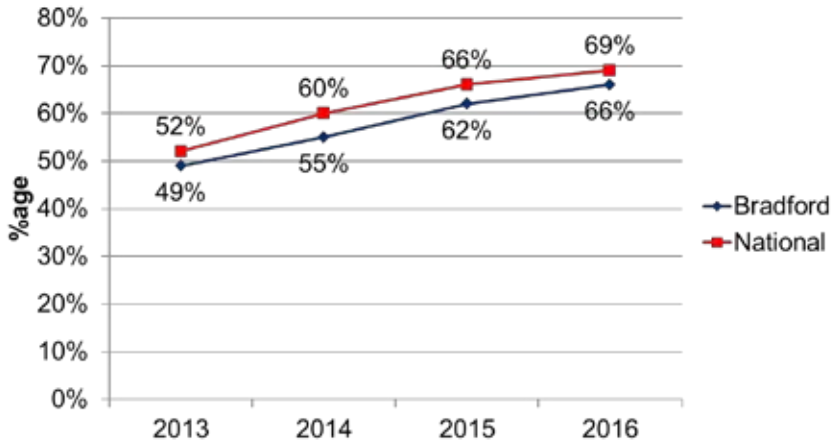
"We want all young people in our district to be able to access the best possible education at every stage of their development and the latest provisional results for key stage four and five show we are heading in the right direction.

"In addition to the improving results we have attracted some very high quality academy sponsors into the district to run a number of our schools and have one of the highest performing home grown Multi Academy Trusts in the country. This all builds upon our existing great schools across the district."

Early Years Foundation Stage Profile

Outcomes in Early Years have improved over recent years and at a faster rate than national.

Chart: EYFSP % pupils achieving the Good Level of Development (GLD)

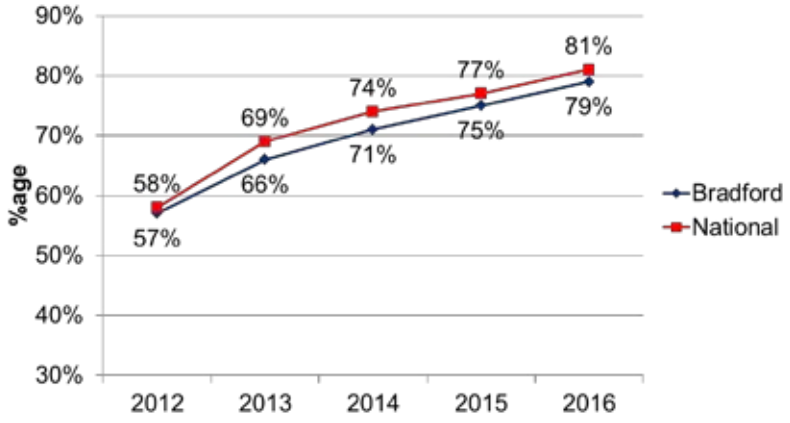


% Good Level of Development	2014	2015	2016
Bradford	55	62	66
National	60	66	69
Gap:	-5	-4	-3

Phonics

The percentage of Year 1 pupils achieving the required standard in phonics continued to improve in 2016.

Chart: % of Year 1 pupils achieving Phonics standard

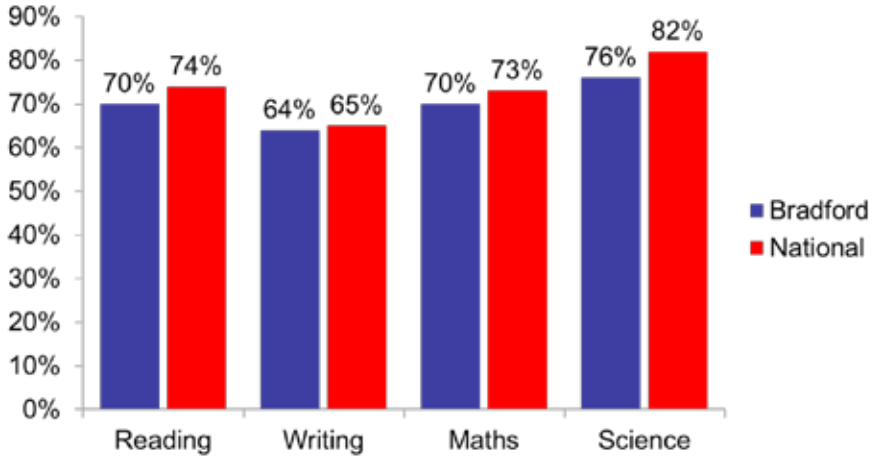


Phonics		2014	2015	2016
Achieving Phonics Standard by the end of Year 1	Bradford	71	75	79
	National	74	77	81
Achieving Phonics Standard by the end of Year 2	Bradford	86	87	90
	National	88	90	91

Key Stage 1

In 2016, Bradford's Key Stage 1 (KS1) pupils have performed slightly below national in reading, writing and mathematics on the new expected standard performance measures.

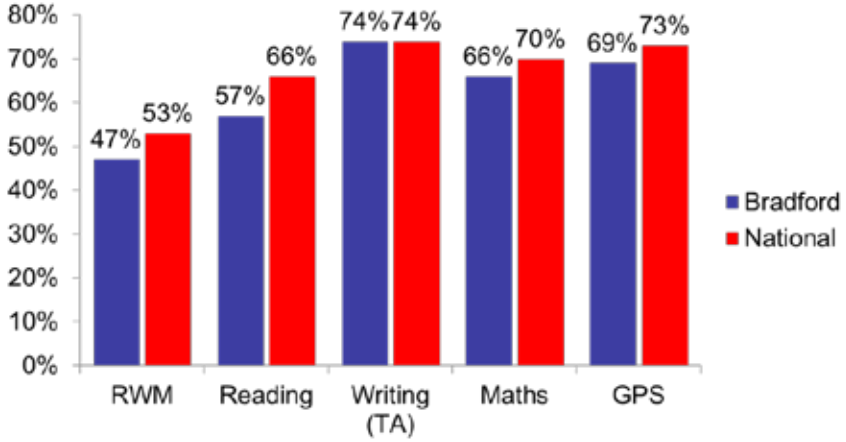
Chart: % of KS1 pupils achieving the Expected Standard in all subjects



Key Stage 2

At the end of Key Stage 2 (KS2) in Bradford, pupils' results are below the national averages on the new expected standard for reading, writing and mathematics (RWM) combined and separately.

Chart: % of KS2 pupils achieving the Expected Standard in all subjects



Bradford's KS2 pupils made above average progress in writing and maths in 2016 but were below average in reading.

Value Added Progress

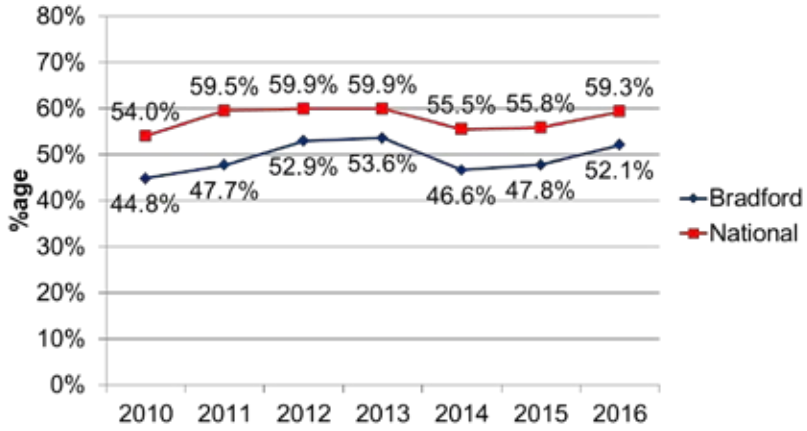
	Reading	Writing	Mathematics
Bradford	-0.7	+1.0	+0.3
National Average	0	0	0
National Floor Standard Threshold	-5	-7	-5

Key Stage 4

Bradford's 2016 performance on the new measures is as follows: Attainment 8 (average grade attained by students) score is 45.7, compared with 48.5 nationally. Bradford's Progress 8 is below average, at -0.15.

In 2016 Bradford's percentage of students achieving A*-C in English and maths (Basics) is 52.1%. This represents an improvement of 4.3 percentage points on Bradford's 2015 validated result of 47.8%.

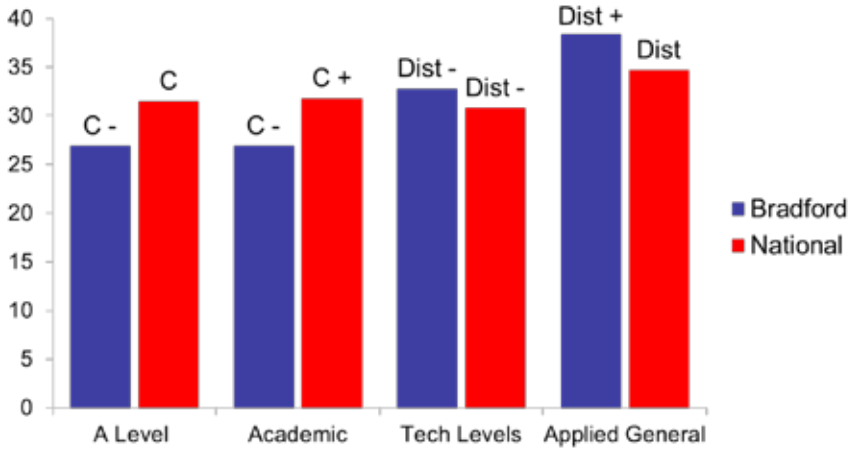
Chart: KS4 "Basics" (% attaining A*-C in English and mathematics)



Key Stage 5

Outcomes at Key Stage 5 in Bradford schools in 2016 have been maintained in line with 2015.

Chart: KS5 all measures



h. West Yorkshire Police (WYP)

Bradford District Police continues to be a committed partner within the Multi-Agency response to preventing and investigating incidents of Child Sexual Exploitation (CSE) as well as reducing the numbers of missing people within the District. During this period they have committed further investment of resources into the Hub, embedding within this a CSE Investigations Team. This team is made up of from specialist trained Detectives, who work closely with Children Social Care, to ensure that investigations are conducted expeditiously, but working in partnership to help support the victim through the Court process.

They have continued with targeting the 'Night Time Economy' enabling for the partnership to raise the profile of CSE and encouraging people to report suspicious behaviour. This has seen Bradford District Police working closely with Barnardo's, who have provided joint training for hotels in the District, to make these a hostile environment for CSE perpetrators.

Through the work undertaken by PC Matt Catlow, proactive operations have been conducted to target premises who have failed to engage with preventative work and have led to them being closed down under Anti-Social Behaviour legislation. This approach has been well received by the community and has encouraged other establishments to engage with the Police.

i. Voluntary and Community Sector Organisations (VCS)

The voluntary sector in Bradford comprising of over 300 organisations that work with children and young people continues to be active in supporting safeguarding in a wide variety of scenarios:

- Ensuring safe provision of recreational, social and educational activities
- Specialist provision to address specific safeguarding issues: CSE, mental health, domestic violence,
- Tailored support to individuals in crisis or in need of support
- Delivery of Families First
- Signposting to other sources of support

Each individual agency has its own organisational priorities but all will look to keep children and young people safe and support young people to have their voices heard

Challenges will also vary between organisations, but increasing demand against diminishing resources is a challenge for many organisations.

j. Airedale NHS Foundation Trust

In July 2016 Airedale NHS Foundation Trust received the report from the Care Quality Commission's inspection of hospitals. Both safeguarding children and safeguarding adults received positive feedback.

In February 2017, Airedale NHS Foundation Trust underwent inspection as part of both the North Yorkshire Care Quality Commission Safeguarding Children and Looked After Services (CLAS) Inspection and the Bradford Joint Targeted Area Inspection (JTAI). Focusing on services to children these inspectors visited the Children's Unit as well as the Emergency Department and Maternity Services. These inspections demonstrated areas of strength, particular in the emergency department regarding recognition of the impact of an adult's ill-health on the child, as well as highlighting areas for development which included embedding a think family approach in maternity services and increasing uptake for safeguarding children supervision.

Airedale NHS Foundation Trust participated in Section 11 Audit peer challenge process

Signs of Safety continues to be rolled out in line with wider partnership commitment to this assessment and planning framework.

Airedale NHS Foundation Trust established a Youth Forum with a group of young people who have been able to actively review areas of the hospital and services provided.

Chapter 7 - Effectiveness of BCSB Sub-groups

a. Business Planning Group

The Business Planning Group brings together the chairs of each of the BSCB sub-groups to form the core membership of the Group, together with the Chair and Manager of the BSCB. This allows a detailed knowledge of each group and ensures that the contributions of the sub groups and the Board core functions are integrated and coordinated.

The group oversees the Annual Report and Business Planning cycle, including monitoring progress of the Business Plan. Meetings are held between the main Board meetings, allowing opportunities to recognise time critical demands and allocate accordingly.

The group coordinated the completion of 2 serious case reviews (Jack and Autumn), including the publications and subsequent communications and media challenges.

b. Case Review

The Sub Group has been proactive in reviewing the terms of reference of the Group and to reflect the wide remit of the Group in conducting Learning Lessons Reviews and themed reviews in addition to Serious Case Reviews (SCRs).

This resulted in the re-naming of the Sub Group to reflect that role. A local model for learning lessons has been developed and the relationship between the Case Review Sub Group and other sub-groups such as the Leaning and Development and CDOP has been strengthened.

During the year, two Serious Case Reviews have been completed involving the cases "Autumn" and "Jack". Awareness of these cases has been communicated amongst professionals and also to the general public. These cases produced recommendations and subsequent action plans. The Case Review sub-group retains oversight of these actions plans and good progress has been made in undertaking necessary improvements. A Challenge Panel on non- accidental head injury followed a themed review on relevant cases. A single agency review was presented to the Sub Group by Airedale NHF Foundation Trust regarding a case of non-accidental head injury.

A working group has been established around Pre-Birth Assessment and the Threshold Guidance Documents are relevant in addressing issues identified in themed reviews of cases subject to pre-birth assessment or child protection plans.

A local learning event took place in relation to two cases reviewed by independent experts Kim Holt and Sue Woolmore.

Work has taken place to produce a database of all action plans from SCRs / LLIs and themed reviews to facilitate and improve monitoring and overview of cases.

The Sub Group will continue to work with other sub groups and agencies to improve and disseminate learning from reviews.

c. Child Sexual Exploitation and Missing

Over the last twelve months the CSE and Missing Sub-group has continued to work in partnership to improve its responses to CSE & missing referrals, adopting national best practice. Referrals continue to increase, as awareness is raised in line with local and national CSE & Missing Campaigns, therefore the partnerships response needs to adapt to ensure it meets the changing demand.

This work has been greatly assisted through the CSE Specialist Data Analyst, who has worked on a Bradford CSE Local Problem profile, which has helped the Sub-group to concentrate on certain key areas of CSE & Missing. This has led to key pieces of work around the night time economy, to raise awareness and reduce opportunities for people to become victims of CSE. This work has been conducted in conjunction with Barnardo's and West Yorkshire Police.

The Sub-group has been involved in the publication of two Serious Case Reviews; these being Autumn & Jack and a number of recommendations have been made. These have been incorporated into the CSE Hub Action plan and are being addressed across the partnership, to ensure that the learning helps to shape the future response of the sub-group.

The Sub-group welcomed the findings of the Joint Targeted Area Inspection and the review work which was undertaken in the Multi-Agency Safeguarding Hub. This highlighted the journey which all partners have been on and more importantly the current position. This showed the structures, processes and investment of resources which have been successfully embedded within the Hub.

The sub-group has progressed a number of work streams

- Partnership review of missing structure for children in care. Better reporting processes and accountability to help reduce incidents of missing from care homes
- Further investment of West Yorkshire Police resources into the Hub, creating a CSE Investigations Team
- CSE Audit Challenge Panel. Multi-agency review of 74 cases to identify best practice and learning
- Contribution towards the JTAI inspection
- Mapping of national & Local Therapeutic services mapped out for use by partners
- Research & creation of CSE Local Problem Profile
- Work around the night-time economy with Barnardo's and WYP

The sub-group will continue to work towards

- CSE & Learning Disabilities task & finish group, following report of Unprotected, Overprotected
- Autumn & Jack SCR and action plans
- Missing LAC circulated weekly, tightening up processes and management of risk

d. Learning and Development

The group has responsibility for the development and coordination of a multi-agency training programme in safeguarding children. This is based on training needs analysis and aims to complement the training delivered within each partner agency of BSCB, with the emphasis on how agencies work together and share responsibility for safeguarding children. Quality and consistency of single-agency training is monitored via the Section 11 audit, against a set of training standards.

Key areas of work during 2016/17 included

- Review of evaluation of training, and embedding of the Paper Data system.
- On-going review of and further work on embedding the Learning and Improvement Framework for the district. This has included the design of templates for dissemination of diverse learning materials.
- Design and initiation of a district-wide training needs analysis, which will inform the multi-agency training programme for 2018-19.
- On-going discussion of evaluation reports from multi-agency training courses presented by the Learning and Development Coordinator, which will inform future commissioning of training.
- Design of a principles-based framework for local 'learning lessons' reviews.

Impact - An embedded and practice-linked evaluation of learning opportunities. This, along with the training needs analysis will enable local evidence-based design and commissioning of training and learning events for 2018/19.

The use of templates, along with the revised website, allows for timely dissemination of learning material from diverse sources.

Priorities for 2017/18

- Completion of training needs analysis
- Presentation of proposed Local Learning Lessons framework to BSCB
- Increased liaison with other sub-groups to ensure a fully embedded learning and improvement cycle is in place and effective Performance Management Audit and Evaluation (PMAE)

During 206/17 the Performance Management Audit and Evaluation (PMAE) Sub Group appointed a new Chair, Jenny Cryer Assistant Director Performance, Partnership and Commissioning at Bradford Council, with Jill Asbury as Vice Chair.

The group developed and agreed a BSCB multi agency data set, and set down a forward plan for looking at specific areas at each meeting for challenge and assurance. The data set was agreed by the BSCB on the recommendation of the PMAE group. The Sub Group reissued the Section 11 audit to key agencies for a refresh, and also agreed the shorter tool for small VCS organisations. This audit requires that all organisations who work with children and young people should ensure that they have effective arrangements in place to safeguard and promote their welfare A peer challenge event was led by the group to seek assurance around the completed Section 11 audits from agencies.

The PMAE Group has also commissioned a Section 175 Audit to be undertaken with schools in early September 2017 to provide the Board with reassurance about safeguarding arrangements within schools.

The PMAE Group looked in detail at the data relating to Domestic Abuse as part of the JTAI deep dive preparation, and have started an exercise to look at neglect data as part of the current improvement work of the JTAI sub group. The PMAE Group also agreed the dates and format for the multi agency challenge panels including the one on neglect and discussed the feedback from the panels at meetings, ensuring that the learning is fed back to the appropriate sub groups.

e. Joint Targeted Area Inspection (JTAI)

JTAI Report

The BSCB has now formed an additional sub-group to deal with JTAI work. This group evolved from preparatory work for the possible CSE inspection in 2016. The group undertook a self assessment exercise, and developed and oversaw an action plan. This methodology enabled the Board to seek assurance, and to drive partnership improvement in a specific theme. This methodology is now applied to further themes, in lines with JTAI criteria to allow continuous improvement. In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspection team that Bradford's partnership was sighted on domestic abuse.

The CSE JTAI action plan was moved to the CSE Sub Group and the JTAI group moved on to look at the next theme of Domestic Abuse. This started with a multi agency event to undertake a self assessment, which resulted in a seven area action plan which the group took forward. This identified training; threshold review; Domestic Homicide Reviews; mapping the gaps; schools notification and voice of the child as key areas for development. These areas were owned by the JTAI group.

In February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspectors that Bradford's partnership was sighted on domestic abuse.

"The partnership in Bradford is well established and committed to driving improvement across services in responses to domestic abuse. There are many clear examples where joint working at a strategic and operational level is resulting in timely and effective responses to tackle domestic abuse. This provision of timely and good quality support to children and their families is reducing the risk of harm to many children."

f. Safeguarding in Professional Practice

The Safeguarding and Professional Practice Subgroup (previously Pro-active and Responsive Sub-group) has continued to meet bi- monthly and is now chaired by Jim Hopkinson, Deputy Director, and Children's Social Care.

This group reviews policies and procedures which are scheduled for a refresh or as required. This has included work on the Neglect Strategy, Multi-Agency Bruising Protocol for Children not Independently Mobile Policy the Resolving Professional Disagreement and Escalation Policy.

Following a lessons learned review a task and finish group has been set up to refresh multi-agency Pre-Birth Assessment procedures. The restructuring of the Targeted Early Help offer in Bradford has been shared with the sub- group, including the revised signs of safety styled Common Referral Form and revisions of points of entry to Targeted Early Help through the restructured Early Help Gateway.

Attendance amongst sub-group members has been strong and the membership of the sub-group is kept continually under review with a need to establish education and voluntary sector representation following retirements are currently being addressed.

This group links to the West Yorkshire Consortium Policy and Procedures to allow the opportunity for sharing learning and developing best practice and consistency of approach across West Yorkshire.

g. Safeguarding in Education

The education sub group welcomed a new chair and the group has 're-focussed' this year on its priorities around:

Early Help

- Look at potential collaborative community work
- Continue to push the Signs of Safety continuous personal development for education staff
- The group to inform Early years of named person 'contact' within their school to improve service

Safeguarding;

- An induction pack to be developed with regard to issues of agency staff / temp staff employed in education. This will link to training for agencies and potentially universities with regard to addressing safeguarding.
- This is to include the 'Agency Checklist'

Voice of the child;

- 2 Priority topics agreed following 'mini audit' – Bullying (including Cyber Bullying) and Friendships / loneliness and similar issues
- Survey / Questionnaire to be developed with a view to a wider survey in education establishments being undertaken
- Plan potential 'outreach' work with community regarding online safety/ safeguarding/keeping students safe within education settings
- Development of a 'student' Education Sub Group

Bullying;

- The planning of anti-bullying conference in the new academic year

Mental Health Concerns;

- Recognising and responding to mental health concerns, linking with projects undertaken by the new steering group

The group will also look into concerns around students educated at home and potential 'gaps' in their support

h. Child Death Overview Panel (CDOP)

CDOP undertakes a comprehensive and multidisciplinary review of every child death under 18 years in the District.

Its aim is to better understand how and why children die across the Bradford district and use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children in the area. The CDOP meets its function as set out in Chapter 5 of Working Together to Safeguard Children (2015). It identifies potentially modifiable cause of death and seeks assurance from partners and agencies that appropriate actions have been taken to reduce the risk of similar deaths in the future.

CDOP held 8 meetings over 2016/17 and reviewed 63 deaths during this time. An away day was held in May 2016 to look at all the key data and understanding from these reviews and informed the published CDOP report for 2015/16. The away day held in May 2017 will inform the CDOP annual report for 2016/17 due to be published in September 2017. This annual report highlights key recommendations from all deaths including modifiable deaths and also key themes since 2008 when CDOP began. CDOP has a detailed Modifiable Action Plan and Issues Log which are updated and monitored each meeting. This ensures effective learning from CDOP is disseminated to all key partners and key actions to reduce the risk of child deaths are taken in a timely manner. The group takes an active part in training events and safeguarding week.

The group undertook a detailed suicide audit of child deaths and fed the findings directly into the Suicide Prevention Action Plan for the district. Also, CDOP has continued to raise awareness around the risk factors associated with Sudden Infant Death Syndrome (SIDS) and co-sleeping deaths. In addition, CDOP continues to monitor the over representation of South Asian children in overall number of child deaths especially in category 7 (genetic conditions) and the work undertaken across the district to raise awareness in this area. CDOP is also currently undertaking further analysis around causes of death in White British children.

Overall infant and child mortality rates are reducing but remain above national and regional rates. Key areas of focus for recommendations arising from modifiable deaths are the following risk factors; smoking in pregnancy (most common risk factor), obesity in pregnancy and consanguinity which all increase the risk of child death. In addition deaths due to SIDS and co-sleeping, with risk factors present such as smoking, continue to occur. Hence, CDOP continues to seek assurance from organisations regarding their actions around these key areas and to raise awareness . In addition, for SCRs and specific clinical incidents CDOP seeks assurance that all key actions have been undertaken and also for road traffic collisions that all road safety recommended actions have taken place to reduce the risk of similar deaths in the future. CDOP continues to monitor reported and review child deaths closely to identify any new issues at an early stage.

The CDOP Annual Report 2016-17 can be accessed at the following page: http://bradfordscb.org.uk/?page_id=104

i. Diversity and Inclusion Advisory

The Diversity and Inclusion Advisory Group ensures that the organisation and work of BSCB takes proper account of the specific safeguarding needs of minority and disadvantaged groups. Its remit is to advise the BSCB on issues concerning diversity and inclusion matters. This group is the youngest of the sub-groups and is in the process of undertaking pieces of work to understand specific issues which impact on communities of interest or specific issues of concern identified by either the sub-group or BSCB. The group has identified the following areas as its focus for the coming year.

1. Membership and governance, Bradford is a diverse place with high levels of need; the group will work to establish an effective process for engagement with specific priority groups.
2. Training and development of community workers, is an area identified by the group as a critical area and a means for engaging diverse communities through people they trust.
3. Understanding Eastern European communities and safeguarding. Group members have identified this area as a priority through their experience of community work, working with schools and faith communities who have expressed the challenges in working with the new communities with different cultural and social expectations of children and safeguarding.
4. Support the work on consanguinity and genetically inherited disorders.

The sub-group aims to take a pragmatic approach which is inclusive of communities through engagement and listening is a positive step forward and will in time create a critical mass of ambassadors who can challenge poor practice and facilitate positive change.

j. Voluntary and Community Sector Safeguarding Steering Group

The VCS safeguarding steering group acts as an advisory body to the Voluntary and Community Sector (VCS) and to share information and promote good Safeguarding practice for children and young people within the sector. In 2016/17 the group:

- Cascaded information and learning on key safeguarding issues including Early Help, Signs of Safety, CSE, bullying,
- Began developing improved resources for VCS organisations
- Promoted BSCB training to the sector and ensured that VCS specific training was available through Bradford CVS' training team.
- Cascaded learning and safeguarding developments to the sector
- Contributed voluntary and community sector experience, views and knowledge to Safeguarding Board and sub groups
- Ensured that organisations that work intensively with families accessed Signs of Safety training and raised basic awareness of Signs of Safety with the wider sector
- Disseminated and promoted the safeguarding audit tool

Information reaches 300 organisations and safeguarding news features amongst the most read items within the voluntary and community sector.

In 2017/18 the focus will be on reaching out to organisations that are less experienced with implementing safeguarding and helping them to develop appropriate good practice and procedures.

Sixty individuals attended training and briefings on safeguarding and over eighty on Signs of Safety.

Feedback was very positive

> **"I now feel up to date and able to play my role more effectively".**
>
> **"I have taken a lot from the safeguarding officer training – what's working well and what we are worried about."**

k. Safeguarding in Health Group

This group brings together lead professionals for safeguarding children from all areas of health. This includes the core NHS agencies; CCGs and the three provider Trusts and other smaller / independent organisations such as Local Care Direct, Locala and Mountain Healthcare.

The terms of reference for the group were reviewed. The group's aim is to play a key role in supporting and overseeing the Bradford and Airedale health services' statutory responsibility for safeguarding children and young people, through promoting, coordinating and monitoring the effectiveness of safeguarding practice delivered across the health economy.

A summary of the minutes with a list of practitioners and organisations is sent to the BSCB, to inform Board members of current activity. The group has promoted its role in coordinating interactions of health with other agencies.

Representation at the BSCB and subgroups has been discussed leading to further understanding of roles / representation. Many documents were reviewed, including dental neglect guidance, the multi-agency threshold document and domestic and sexual assault pathways.

Other areas of work have been discussions regarding the health worker in the MASH, preparation for JTAI, CPIS , introduction of Signs of safety , FGM policies and working practice, obesity, Ashura ceremony, and the Burns Scalds and Bruising protocol, linking procedures with West Yorkshire procedures. Other agencies gave presentations including early help and Signs of Safety.

Sharing current audits has demonstrated the large number and breadth of work.

Cases reviews (Serious Case Reviews, Domestic Homicide reviews etc.) are discussed at each meeting, checking progress of action plans. Examples of good practice are shared and dissemination of information, training and support continued during the year.

Chapter 8 – The View of children and Young People

Local authorities in England have a statutory duty to safeguard and promote the welfare of children. In order to improve the outcomes for children, professionals have often stressed the need for the voice of the child to be heard in the child protection process. Bradford is committed to listening to children to voice of the child to inform planning and designing of services from a strategic perspective. Throughout the year there have been a number of examples of capturing the voice of children:

"Diversity is our strength but also our struggle"

In March 2016 Bradford welcomed the Children's Commissioner visit to explore the experience of growing up in Bradford. A number of children were spoken to and provided informative feedback

"He's like the dad I never had but all the staff are good"

"The relationships and support from adults is very important and one of the best things about Bradford"

"It feels safer in the summer in Bradford"

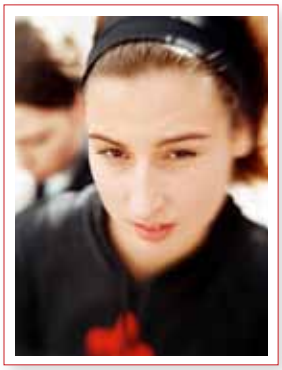
"Community can sometimes feel limited and you felt that they sometimes divided and excluded people"

"If we all mixed up more in all different places doing things together, would be better"

All the young people involved over 16 wanted more opportunities and jobs so that they could feel proud and stay in Bradford.

The views of these children from this visit were shared with strategic leaders as an opportunity to inform future thinking.

The National Probation Service has released national guidance on working with 18-24 year olds. Locally, they are working with our colleagues in the Youth Offending Team to improve the experience of young people transitioning from their service to the NPS (Youths in Transition – YIT process.)



'I now know it's not me who is to blame for what happened to me'

Year 7 student, following a series of sessions held in schools on girls empowerment by the e5 Project.

The BDCFT works towards capturing the voice and participation of the child through:

- Family Nurse Partnership work with families and children up to the age of two and professionals consider the question "If the child could tell you, what would s/he say about how life is for her/him in this family?
- Health Assessment for Looked after children checklist tool asks LAC nurses to offer:
    - Evidence that the child or young person was offered the opportunity to be seen alone.
    - Evidence that the child or young person's concerns/comments have been sought and recorded
- Feedback reports from young people (BDCFT service users) with the sole aim of talking to young people about CSE to ascertain their views.
- Family & Friends Test - monthly reports and feedback from children & young people to the service managers.
- Your future Your Health event held at Bradford City Football Ground captured feedback from young people about health services in the area.
- A short record review was undertaken from MARAC cases determining if the voice of the child was recorded and been considered.

Chapter 9 – Future Challenges

Bradford remains a unique city and the BSCB continues to recognise the emerging threats and challenges that impact upon the safety of children and the delivery of services. These challenges range from financial to demographic and to an increasingly complex world for children to live and learn.

Continuing austerity challenges and budget reductions across the partnership and the impact upon the delivery of services on families and children remains a challenge for Bradford, along with many other cities.

The population in Bradford continues to bring a unique demand as it has emerged as one of the "youngest" cities in the country with an unusually high number of under 25-year-olds, who make up 35% of the population. Up to 6,000 new long-term immigrants arrived in Bradford in 2015 with many children unable to use the English language and less aware of 'cultural and behavioural norms' in Bradford. Within the District just under 27% of the district's population live in some of England's 10% most deprived areas. Here residents are more likely to experience multiple deprivations such as in terms of poorer health, lower educational attainment, lower income and reduced employment prospects, poverty and debt when compared to more neighbourhoods across the district, region and UK.

Child Sexual Exploitation (CSE) has been recognised as a national threat and can manifest in many different ways and has clear links to other forms of abuse and exploitation. Within Bradford, CSE is an issue which Bradford Council and its partners take very seriously. There have been two recent Serious Case Reviews in Bradford which have involved CSE and the scale of the threat is continually reported in the media. Internet safety is significant factor and remains a key challenge for all agencies in understanding and protecting how young people are using the internet, the dangers they face, and the gaps that exist in keeping them safe. The BSCB also recognises emerging linked threats such as Organised Crime and Modern Day Slavery.

Some of the agencies have recognised specific challenges throughout the year. The WY CRC will be ensuring the necessary liaison occurs with Children's Social Care regarding returning prisoners to Bradford where there are safeguarding children concerns and that CRC staff make referrals to Early Help, so that interventions provided tie in to offender rehabilitation. The CRC are also keen to develop stronger links with health, including mental health services. The VCS have recognised future challenges in ensuring all agencies have a consistent approach to safeguarding and all organisations respond to the voice of the child.

Chapter 10 – Conclusion

The BSCB continues to benefit from an experienced and mature partnership, working collectively in protecting children and young people in Bradford. The Board recognises that society's perspective on safeguarding is developing: from the traditional understanding of interfamilial abuse to a more complex spectrum which involves radicalisation, internet safety and public health. The Board has evolved and adapted to reflect the challenges and complexity of Safeguarding in the modern world and will continue to do so in the forthcoming year.

The voice of children is one area that will inform the future delivery of services in Bradford. With 141,200 children between the ages of 0-17, it is one of the youngest cities in the country and this presents an opportunity to use these many voices. The BCSB recognises how important children and young people are in shaping future thinking. The Board will continue to thread their voice through its day to day work around quality assurance, review and audits.

The Board is acutely aware of the value of learning from the past. The two serious case reviews have been considered and the recommendations acted upon and there is a growing confidence that safeguarding arrangements have improved as a result of these tragic events. Training and raising awareness is a key function of the Board and the effective working relationships between the sub-groups enables reviews to be transferred into learning and development and where necessary policy or procedural changes.

Bradford continues to be a vibrant and diverse city with a varied culture. With a £9.2 billion economy, it has a powerful culture of enterprise with 35,500 people self employed. The recent JTAI inspection highlighted many positive aspects from well informed and aspirational leadership to effective multi agency arrangements and Bradford remains proud of its achievements. The Government's Annual Population Survey names Bradford as one of the happiest cities in the United Kingdom and the BSCB remains dedicated to keep children smiling.

Hyperlinks

Performance
http://bradfordscb.org.uk/wp-content/uploads/2017/11/Performance-for-Annual-Report-2016-17.pdf

JTAI
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/609891/Joint_targeted_area_inspection_of_the_multi-agency_response_to_abuse_and_neglect_in_Bradford.pdf

CDOP
http://bradfordscb.org.uk/?page_id=104

BSCB Website
http://bradfordscb.org.uk/

The wording in this publication can be made available in other formats such as large print and Braille.

Please call 01274 434361

Child Death Overview Panel (CDOP)

Annual report 2016-17

Bradford Safeguarding Children Board

CONTENTS

1. Introduction

On 1st April 2008, the Bradford Safeguarding Children Board (BSCB) established the Child Death Overview Panel (CDOP) to accommodate the national guidance and statutory requirement set out in Working Together to Safeguard Children[1]. The aim of the CDOP is to systematically review all child deaths (from birth to 17 years 364 days of age) in order to improve the understanding of how and why children in Bradford die, identify whether there were modifiable factors which may have contributed to each individual death, and use the findings to take action to prevent future such deaths. The panel is multi-agency and brings in expertise from a wide range of partners to ensure the discussions within the meetings are robust and challenging where required (see Appendix 1 and 2 for further details). The CDOP also has a role in categorising a child's death into one of 10 causes of death categories. Definitions around modifiable factors and the cause of death categories are highlighted in Appendix 3.

The Wood Review[2] was published in early 2016. The review had been undertaken to review the role and functions of Local Safeguarding Children Boards, and the government published its response in May 2016 and this included a review of the CDOP process. The government plans to introduce a more flexible, simpler statutory framework but will continue to be focused on engagement of key partners in particular the local authority, health and police with a continued multiagency approach. With regard to CDOPs, the review recommended a consideration of a national-regional model, that CDOPs should be hosted in the NHS and the ownership should move from the Department for Education to the Department of Health whilst ensuring the focus remains on distilling and embedding learning with key partners. Both BSCB and CDOP are currently awaiting further guidance on this[2].

This report details the work of the Child Death Overview Panel (CDOP) during 2016/17. Having been established for nine years Bradford CDOP is able to identify emerging trends and themes in the data, and this enables the panel to make more meaningful recommendations. Hence, this report also details the 6 complete years of reviewed deaths from 2008/09 to 2013/14, and 95% of deaths between 2014/15 and 2015/16 that have been reviewed (see Figure 2: Child deaths reported to and reviewed by CDOP, Section 3).

The CDOP looks for factors contributing to a child's death that could have been modifiable, and where shared learning could reduce the chances of a recurrence of the circumstances around that death. This in turn would lead to a reduction in infant and child mortality rates in the future. Infant mortality rates for Bradford have reduced in recent years especially in deprived areas, but as with child mortality rates, they remain above the regional and national rates (see Appendix 4). The CDOP has a Modifiable Action Plan and Issues Log which it monitors closely to ensure all identified actions are completed. An annual Away Day is also held every May to look at all reviewed deaths for the previous year, areas of interest and overall themes for all reviewed deaths since April 2008.

1 Department for Education (2015). Working Together to Safeguard Children. Available from: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

2 https://www.gov.uk/government/publications/wood-review-of-local-safeguarding-children-boards

2. Child deaths reviewed by CDOP in 2016/17

During the year April 2016 – March 2017 (2016/17), 69 child deaths were reported to the Bradford child death review team. There is a delay from reporting to reviewing whilst data and reports from agencies are collated. However, the majority of child deaths are reviewed within 12 months.

In 2016/17 (1st April 2016 – 31st March 2017) Bradford CDOP reviewed 63 child deaths; these reviews included 32 deaths that occurred in 2016/17, 25 deaths that occurred in 2015/16, and 6 deaths that occurred in previous years. Overall, 84% of deaths were reviewed within 12 months and this compares favourably with national data where 76% of all deaths were reviewed within 12 months[3].

2.1 Demographics (age, gender, ethnicity), 2016/17

Of the 63 cases reviewed[4], **approximately two thirds (68%) of these deaths were in under one year olds and of these most were in the first 28 days. There is also a higher proportion of death in males (56%) then females (44%) which is the same as national data for 2016/17**[5]. **Both South-Asian children and boys overall were over represented compared to the population of the Bradford district:**

- 68% (43) of the deaths reviewed occurring in children under 1 year of age
  - 46% (29) of deaths reviewed occurred in the neonatal period which is from birth to 28 days
  - 22% (14) of deaths reviewed were children aged 28-days–1 year
- 32% (20) of the deaths reviewed were children aged 1-17 years of age
  - 13% (8) of the deaths reviewed were children aged 1-4 years of age
  - 11% (7) of the deaths reviewed were children aged 5-13 years of age
  - 8% (5) of deaths reviewed were children aged 14-17 years of age
- 56% (35) were Male
- 44% (28) were Female
- 59% (37) were children of South-Asian ethnicity
- 24% (15) were children of White British ethnicity
- 17% (11) were children of 'Other'[6] ethnicities

An estimated 534,300 people live in the Bradford District[7], with a large proportion of the population dominated by children and young people. The overall population of Bradford is also ethnically diverse, with just under two-thirds (64%) of the district's population identifying themselves as White British, and around 25% as South-Asian according to the 2011 Census. For under 18's, half of the population (50%) identify themselves as White British, and 37% as South-Asian (2011 Census). This is in contrast to the demographic findings above around ethnicity, where 59% of child deaths reviewed are recorded as being from a South-Asian background. The 2016/17 findings above are also similar to analysis of 2008-2017 data in Section 3.

3 https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2017

4 NB: Due to rounding, some percentage totals may not correspond with the sum of the separate figures.

5 https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2017

6 'Other' ethnicities in this case include African, Eastern European, Mixed, White Other, and Other

7 Latest population figures produced by the Office for National Statistics (ONS) on 22 June 2017

2.2 Causes of death, 2016/17

Of the 63 cases reviewed, where it was possible to classify the cause of death into one of the ten categories[8] used nationally, **79% were due to Category 7 and Category 8 deaths:**

- 31 (49%) deaths were categorised as chromosomal, genetic and congenital anomalies (Category 7)
- 19 (30%) deaths were categorised as perinatal/neonatal events (Category 8)
- 13 (21%) deaths fell into other categories

Compared to nationally, the proportion of Category 7 deaths was above average. This has been the case for many years and is outlined in more detail in the section on all reviewed deaths since 2008 in Section 3. South-Asian children are over-represented particularly in Category 7 deaths (genetic conditions) and this is similar to analysis of the 2008-2017 data in Section 3.

2.3 Expected/Unexpected deaths, 2016/17

Child deaths fall into the two categories of either expected or unexpected. As set out in Working Together to Safeguard Children (2015)[9] an unexpected death is defined as 'the death of an infant or child which was not anticipated as a significant possibility, for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which led to the death'.

Of the 63 cases reviewed, 27% (17 deaths) were unexpected and 73% (46 deaths) were expected.

Between April 2008 – March 2017, the trends between expected and unexpected deaths did not change significantly with 26% of all deaths overall being unexpected (see Figure 3: Trends over time of expected or unexpected child deaths, Section 3).

2.4 Modifiability classification, 2016/17

See Appendix 3 for the definition of modifiable classification current for 2016/17. This was altered in April 2016 to allow more consistent inclusion of significant risk factors such as smoking or obesity in pregnancy and consanguinity with more clearly defined criteria for inclusion.

Of the 63 cases reviewed a total of 18 deaths were considered to have modifiable factors (29%). These modifiable deaths were in the following categories:

- Category 1 (deliberately inflicted injury, abuse or neglect)
- Category 2 (suicide or deliberate self-inflicted harm)
- Category 3 (trauma and other external factors)
- Category 7 (chromosomal, genetic and congenital anomalies)
- Category 8 (perinatal/ neonatal event)
- Category 9 (infection)
- Category 10 (sudden unexpected and unexplained death).

The percentage of reviews with modifiable factors has increased from 10% in 2015/16, reflecting the recent change of the CDOP (such as the inclusion of risk factors around consanguinity, smoking and obesity which are now more often included as outlined in

8 See Appendix 3 for 10 categories for cause of death

9 http://www.workingtogetheronline.co.uk/chapters/chapter_five.html

Appendix 3) which has ensured modifiable factors are now in line with other CDOPs' and national figures. Nationally the percentage of deaths considered to be 'modifiable' increased from 24% in 2015/16 to 27%[10] in 2016/17.

The following recommendations arose from the 18 deaths reviewed in 2016/17 which were identified as having modifiable factors:

- Trauma – Serious Case Review (SCR) recommendations in published report (Diljeet)[11] overseen by SCR sub group of BSCB (1 death)
- Road traffic collisions – specific road safety recommendations, and in one case specific recommendations around risk/vulnerability for Youth Offending Team and School (3 deaths)
- Sudden Infant Death Syndrome (SIDS) with co-sleeping and risk factors including smoking and alcohol– continued awareness raising across the district and assurance from key organisations, staff regarding their approach with families and updated e-training package (2 deaths)
- Premature births linked to smoking in pregnancy – district action to reduce smoking in pregnancy (6 deaths)
- Prematurity linked to Obesity and Type II diabetes – district wide action to reduce obesity and manage obesity and diabetes effectively in pregnancy (1 death)
- Clinical incident in out-of-hours service (NHS 111) – serious incident recommendations and further in depth audit undertaken into deaths in out-of-hours services by CDOP (1 death)
- Genetic condition linked to Clinical incident at BTHFT – fail safes now in place to reduce risk of recurrence (1 death)
- Delay to presentation and safeguarding issues – appropriate support services in place (1 death)
- Accidental drug overdose – awareness raising CDOP newsletter and via specialist services (1 death)
- Genetic condition linked to consanguinity – Every Baby Matters Recommendation 7 group actions increasing genetic inheritance awareness (1 death)

The actions above are monitored within the CDOP Modifiable Action plan to ensure they are all completed in a timely manner.

Further to the recommendations set out above, the panel records an 'issues log' as outlined earlier. The log includes issues which did not cause the death of the child but were identified as a potential risk factor or specific issue. Identifying these risk factors or issues surrounding the child's death enables follow up action to be taken with organisations or lead clinicians to promote good practice. This in turn can potentially impact on the reduction of future child deaths.

In 2016/17, a number of issues were highlighted as potential risk factors or issues. These are set out in the table below (Figure 1: Issues identified by CDOP), together with actions the Panel identified to address them.

10 https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2016

11 http://bradfordscb.org.uk/wp-content/uploads/2017/02/Diljeet-SCR-Overview-Report.pdf

Figure 1: Issues identified by CDOP, 2016/17

Key risk factors/issues identified	Proposed specific action
Smoking, diabetes and obesity in pregnancy	• District wide actions to reduce smoking, diabetes and obesity • Specific actions in place within maternity services to manage diabetes and obesity and support women to stop smoking
Genetic inheritance issues and consanguinity as a risk factor. Genetic diagnosis not always clear	• Genetic counselling offer and ensuring appropriate referrals • Every Baby Matters Recommendation 7 work to increase awareness • Ensuring family members are made aware of genetic risk and appropriate tests undertaken
Non-viable babies e.g. 20-22 weeks	• Ongoing monitoring
Domestic abuse and safeguarding issues	• Ensure flags for future pregnancies where relevant and any follow-up support is in place
Domestic abuse and Mental health issues	
Need to clarify regional compassionate extubation pathway	• Regional compassionate extubation pathway to be implemented
Vulnerable at risk young mothers	• Follow up contacts with Looked After Children (LAC) and/or at risk of Child Sexual Exploitation (CSE) as appropriate
Use of Limitation of Treatment Agreement (LOTA) and advanced care plans – noted to be good practice	• Monitor use of LOTAs and follow up where use identified as not fully compliant
Delays to review	• Red flag system now in place to monitor delays
Variable levels of bereavement support	• Noted if a child is on PICU (Paediatric Intensive Care Unit) robust • Community paediatric nursing not on call 24 hours – to be monitored and discussed with Bereavement services leads
Joint mortality meetings Bradford/Leeds may be beneficial	• Paediatricians BTHFT are following this up
Cause of death judged to be different to Coroner	• Discussions with Coroner planned for Nov 2017
Insufficient details to review children who died abroad	• Ongoing monitoring
Sudden death of a child when parents not prepared	• Ongoing work by Paediatricians to ensure parents are prepared for possible sudden death with congenital heart disease

Key CDOP Activity in 2016/17:

- Total of 8 meetings in the year which included some extended meetings to ensure more cases could be reviewed.
- Annual Away Day held to review all data and understanding for 2016/17 and 3 key areas of special interest presented and discussed; obesity and smoking in pregnancy and audit of deaths in out-of-hours services.
- Updated modifiability definition agreed April 2016 for obesity, smoking and consanguinity (see Appendix 3).
- CDOP database updated and additional fields added.
- Suicide Audit presented at CDOP and findings reported into Suicide Prevention Action plan for the district.
- Awareness raising over the year for SIDS and co-sleeping and risk factors.

- Useful Red flag system established around cases which have taken a long time to reach review or where significant issues have been identified in reported deaths yet to be reviewed – this is to ensure any new areas of concern are identified early and any long delays to review are addressed where possible.
- CDOP members presented at safeguarding week and took part in training events throughout the year.

3. Child deaths reviewed by CDOP between 2008/09 – 2016/17

The following section provides key analysis and highlights changes in themes and trends of deaths in children (see Appendix 5 for full analysis). The following data includes the deaths of children under 18 years of age[12], resident in Bradford District who died between 1st April 2008 and 31st March 2016.

Figure 2: Child deaths reported to and reviewed by CDOP, 2008/09-2016/17

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
Notified	85	108	108	70	67	66	80	61	69	**714**
Reviewed	85	108	108	70	67	63	75	31	32	**670**
% Reviewed	**100%**	**100%**	**100%**	**100%**	**99%**	**94%**	**94%**	**51%**	**46%**	**94%**

Source: Bradford CDOP notifications data – Public Health Analysis Team, City of Bradford Metropolitan District Council

A total of 670 deaths of the 714 notified deaths (94%) have been reviewed since April 2008. Delays due to inquests, and other investigations outside the control of CDOP, can affect the year in which a death is reviewed. There were 44 outstanding deaths to be reviewed at March 2017. In addition, we now have a red flag system in place to ensure we are sighted on cases with a long delay to review or significant issues identified in the reported deaths. This ensures we can speed up the process where required and be fully aware of any emerging new causes of death.

3.1 Demographics (age, gender, ethnicity), 2008/09 – 2016/17

Of the 670 cases reviewed[13], most deaths were in the first year of life (69%), particularly within the first 28 days. Overall, deaths in South-Asian children (59%) are over-represented, compared to the under-18 South-Asian population of the Bradford district (37%). A higher proportion of deaths is noted in males (54%) compared to females (46%) which is similar to national data for 2016/17 (56% of death in males and 44% in females)[14]. In-depth analysis highlighted a higher proportion of deaths in White British boys, as detailed in the following paragraph:

- 69% (462) of the deaths reviewed occurred in children under 1 year of age
  - 43% (288) of deaths reviewed occurred in neonatal period (birth to 28 days)
  - 26% (174) of deaths reviewed were children aged 28-days – 1 year

- 31%(208) of the deaths reviewed were children ages 1-17 years of age
  - 13% (89) of the deaths reviewed were children aged 1-4 years of age
  - 10% (69) of the deaths reviewed were children aged 5-13 years of age
  - 7% (50) of deaths reviewed were children aged 14-17 years of age

12 Up to the 18th birthday and described as 0-17 years

13 NB: Due to rounding, some percentage totals may not correspond with the sum of the separate figures.

14 https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2017

- 54% (361) were Male
- 46% (309) were Female

- 62% (415) were children of South-Asian ethnicity
- 29% (197) were children of White British ethnicity
- 9% (58) were children of 'Other'[15] ethnicities

Further analysis into ethnicity and gender differences, showed South-Asian children are specifically over–represented in Category 7 deaths as has been noted in previous reports. Overall, although the proportion of deaths in White British children is lower (29%) compared to the under-18 White British population in Bradford (50%), detailed analysis of White British deaths by gender demonstrated a higher incidence of deaths in boys (62%) than in girls (38%); this difference is not seen in South-Asian children or other ethnicities. There are more deaths in White British boys in Categories 7, 8 and 10 and these deaths were more likely to be unexpected and modifiable. These findings require further exploration and discussion with other regional and national CDOPs; there is no national child death review analysis published for this specific area so it is not possible to compare with national findings.

3.2 Expected or unexpected deaths, 2008/09 – 2016/17

Deaths are grouped into expected and unexpected. Expected deaths may include cases where a medical condition, known to doctors was the cause of death. Unexpected deaths included cases which could not have been predicted or expected e.g. due to road traffic collision or sudden infant death.

Figure 3: Expected or unexpected child deaths, 2008/09-2016/17

Period 2008-2017	
Expected deaths	74% (493)
Unexpected deaths	26% (172)
Unknown whether death was expected/unexpected	1% (5)
Total	**100% (670)**

Source: Bradford CDOP review data

Of the 670 cases reviewed[16], 26% (172) were unexpected deaths and 74% (493) were expected. A higher proportion of the unexpected deaths are attributable to the following categories:

- Category 3 (trauma and other external factors)
- Category 7 (chromosomal, genetic and congenital anomalies)
- Category 8 (perinatal/ neonatal event)
- Category 9 (infection)
- Category 10 (sudden unexpected and unexplained death).

From the 6 complete years of reviewed deaths from 2008/09 to 2013/14 and near complete reviewed deaths between 2014/15 and 2015/16, the difference between expected and unexpected deaths remains generally unchanged.

15 'Other' ethnicities in this case include African, East Asian, Eastern European, Mixed, White Other, and Other

16 NB: Due to rounding, some percentage totals may not correspond with the sum of the separate figures.

Figure 4: Trends over time of expected or unexpected child deaths

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
Expected	74%	77%	72%	74%	72%	82%	60%	75%	81%	**74%**
Unexpected	25%	21%	27%	26%	27%	18%	40%	25%	19%	**26%**
Not Known	1%	2%	1%	0%	1%	0%	0%	0%	0%	**1%**
Grand Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Bradford CDOP review data

3.3 Causes of death, 2008/09 – 2016/17

Of the 670 deaths reviewed over the last 9 years, where it was possible to classify the cause of death into one of the ten categories used nationally**, the most common causes of death out of all the reviewed cases were chromosomal, genetic and congenital anomalies (Category 7) and perinatal/neonatal events (Category 8), which accounted for 74% of all reviewed deaths:**

- 43% (287) of deaths were categorised as chromosomal, genetic and congenital anomalies (Category 7)
- 31% (207) of deaths were categorised as perinatal/neonatal events (Category 8)
- 26% (176) of deaths fell into other categories

The proportion of deaths attributable to chromosomal, genetic and congenital anomalies (Category 7) is higher in Bradford (43%) than nationally (25%)[17].

Genetic conditions are can occur across all families due to sporadic, autosomal recessive/autosomal dominant or X-linked causes. In addition, some cases are not known as it is not possible to identify the cause. Around one third of all Category 7 deaths in Bradford are autosomal recessive in nature, and this type of condition is twice as likely to occur if the couple are consanguineous than in the whole population[18]. Consanguinity is common in South-Asian families locally and 54% of all South Asian children who died due to Category 7 as a whole are from families who have married their cousin.

Overall numbers and proportions of deaths are reducing except for Category 10 in the under 1 year olds and Category 7 in the 1-17 year olds.

3.4 Modifiable factors, 2008/09 – 2016/17

The panel look at all the factors in the child's life to ascertain if any factors may have affected their health and/or death, which could have been prevented and/or modified.

Of the 670 cases reviewed, a total of 81 deaths were considered to have modifiable factors (12%). This is less than nationally (27% in 2016/17) but it must be noted that the methodology for this has changed since April 2017 and in 2016/17 this has increased to 29% which is more in line with national data.

Key demographics to note of the 81 modifiable deaths:

- 59% (48) were children ages under 1 year of age
- 41% (33) were children ages 1-17 years of age

17 https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2016

18 https://borninbradford.nhs.uk/our-findings/different-findings-in-a-nutshell/babies-born-with-serious-conditions/

- 52% (42) were Male
- 48% (39) were Female

- 49% (40) were children of South-Asian ethnicity
- 40% (32) were children of White British ethnicity
- 11% (9) were children of 'Other'[19] ethnicities

For this 9-year period the following themes for potentially modifiable causes of death which have continued up until 2017:

- Sudden Infant Death in Infancy (SIDS) and Co-sleeping with risk factors
- Specific clinical incidents over a range of causes
- Road traffic collisions
- Risk factors around Consanguinity, Obesity and Smoking in pregnancy
- Serious Case Reviews and safeguarding issues
- Suicides

Less common modifiable causes of death occurring which have not repeated since 2015:

- Drownings in bath and death in fires
- Asthma
- Swine Flu

4. Actions and lessons learned

What has been done to reduce risk of future deaths across the district?

- SIDS and co-sleeping and risk factors awareness and organisational response audited.
- Road traffic collisions – road safety actions in place and specific organisational actions.
- Suicide audit and monitoring fed into Suicide Action Plan for the district.
- Serious Case Review (SCR), Safeguarding issues and Clinical incidents – range of actions by organisations via SCR recommendations and serious incident action plans – CDOP seeks assurance all actions completed.
- Safeguarding – work by all organisations as part of the BSCB Action plan.
- Smoking/obesity/genetic inheritance risk – district wide work as part of Actions plans for Every Baby Matters, Maternity Board, and district wide work to reduce obesity and smoking in pregnancy, and increase genetic inheritance awareness.

19 'Other' ethnicities in this case includes Eastern European, and Mixed.

5. Conclusion

Overall infant and child mortality rates are reducing but remain above national and regional rates. CDOP continues to seek assurance from lead organisations that all actions within the Modifiable Action Plan are being fully implemented by lead organisations across all the recommendation areas.

The current focus for 2017/18 is:

- Continue to monitor new child deaths and any changes in demographic profile or cause of death
- Continue to update and monitor Modifiable Action Plan/Issues Log
- Training and awareness about CDOP and CDOP findings
- Preparation of in depth analysis for next Annual Away Day
- Continue to focus on:
  - SIDS and Co sleeping – awareness and organisational response
  - Suicide monitoring and Suicide Prevention Plan for district
  - Smoking/obesity/consanguinity and genetic risk – district wide actions led via Maternity Board, Every Baby Matters Group and Key partners
  - Serious Case Reviews, Safeguarding issues and Clinical incidents – ensuring all actions taken
  - Road Safety across the district – ensuring actions taken

In this way we continue to understand why children die in Bradford district and seek to ensure all organisations and partners work towards reducing the risk of death for all children and young people in the district and hence reduce infant and child mortality rates in the future.

Report Authors:
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Louise Clarkson – CDOP Manager
Saira Sharif – Public Health Information Analyst

October 2017

APPENDIX 1 (CDOP): Membership of Bradford CDOP

CDOP is composed of a standing core membership as follows:

- Specialist Children's Services
- Health – Primary care
- Education
- Police
- Coroner's Office
- Hospital Chaplain
- Public Health
- Sudden Infant Death in Childhood (SUDIC) paediatricians
- Health – Acute Trusts
- Health – Bradford Teaching Hospitals NHS Foundation Trust and Airedale Hospital NHS Foundation Trust
- Other members as co-opted to specific meetings

Also in attendance is the manager of the Bradford Safeguarding Children Board, as an advisor, and the CDOP Manager.

Figure 1: Membership of the Bradford CDOP

Name	Role	Organisation
CBMDC Public Health	Dr Shirley Brierley	Chair
BSCB	Mark Griffin	Board Manager
BTHFT	Dr Eduardo Moya	Consultant Paediatrician
BTHFT	Dr Catriona McKeating	Consultant Paediatrician
BTHFT	Dr Chakra Vasudevan	Consultant Neonatologist
BTHFT	Sara Keogh	Head of Midwifery
BTHFT	Shaheen Kauser	Muslim Chaplain
BTHFT	Karen Bentley	Named Nurse Safeguarding Children
ANHST	Dr Kate Ward	Consultant Paediatrician
ANHST	Joanne Newman	Named Nurse Safeguarding Children
CCGs	Jude McDonald	Deputy Designated Nurse Vice Chair
West Yorkshire Police	Granville Ward	Serious Case Review Officer
West Yorkshire Police	Joanna Fraser	Serious Case Review Officer
CBMDC	Ashraf Seedat	Senior Educational and Child Psychologist
CBMDC	Kate Leahy	Service Manager Children's Social Care

Deputies
In exceptional circumstances, where a member is unable to attend, another appropriate person may attend in their stead. The Vice-chair may deputise for the Chair.

The Bradford CDOP meets on a monthly basis. Additional members have been co-opted to the panel when relevant, for the cases scheduled to be reviewed. Since the establishment of CDOP in 2008, the panel has consistently strived to increase the number of cases reviewed each month, and additional meetings are held if required to ensure a backlog does not build up. This also allows for modifiable factors and issues to be identified sooner, and changes to practice can be implemented. This year a new database has been set up to allow accurate transfer of information between the CDOP Manager and Public Health to assist with analysis.

Notification of Death
Any professional who becomes aware of a child death is required to notify the Child Death Manager at the Child Death Review office either by completing a notification form or by telephoning the office. The Coroner's Office and the Registrar of Births Deaths and Marriages have a statutory responsibility to engage in the child death review process by notifying the Manager of all deaths reported to them. There can be confidence, therefore, that information on all deaths is captured by the Child Death Review Manager.

Each agency involved with children and families has a nominated individual who takes responsibility for coordinating the information required for the review of each death. The data collection forms (Agency Report Forms – Form B) are distributed via the administrator and copies of the various forms can be found at the Department for Education on the Gov.uk website[20].

20 Child death reviews: forms for reporting child deaths. Available at: https://www.gov.uk/government/publications/child-death-reviews-forms-for-reporting-child-deaths

APPENDIX 2 (CDOP): Terms of Reference of Bradford CDOP

Purpose
The CDOP should undertake a review of all child deaths (excluding stillbirths and planned terminations of pregnancy) up to the age of 18 years in the LSCB area.

Through a comprehensive and multidisciplinary review of the child deaths, the Bradford CDOP aims to better understand how and why children die across the Bradford district and use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children in the area.
The CDOP will meet its function as set out in Chapter 5 of Working Together to Safeguard Children (2015).

Remit
CDOP will collect and analyse multi-agency information about each child with a view to:

- Review each child death (except still births and planned terminations of pregnancy) of children normally resident in the Bradford district
- To evaluate data on the deaths of all children normally resident in the Bradford district identifying lessons to be learnt or issues of concern
- To understand the cause of death and assess whether the death was preventable.
- Collect and analyse information about each child death with a view to identifying any case giving rise to the need for a serious case review
- To collect a minimum data set as required by the DfE and submit this annually for national data collection
- To meet monthly to review and evaluate data on all child deaths
- To learn lessons regarding the death and causes of death in the Bradford district in order to establish if there are any trends/themes
- To learn any lessons about the professional and agency responses to child deaths
- To disseminate lessons and make recommendations to the LSCB and partner agencies on actions to take to prevent child deaths including guidance/protocols or procedures, raising staff awareness and community awareness campaigns
- To use the rapid response process to review unexpected child deaths
- Cases involving a criminal investigation will not be reviewed before the conclusion of proceedings, as with those cases where an Inquest is being conducted
- To produce and publish and annual report that is aggregated and anonymised

Accountability
The Chid Death Overview Panel is responsible, through its chair, to the chair of the Bradford Safeguarding Children Board.
The CDOP Sub Group is accountable to the BSCB. The Sub Group will raise with the Board issues that need resolution beyond the remit of its members.

Membership
The agencies forming the core membership of the Group are:

- CBMDC Children's Social Care
- CBMDC Education Services
- CBMDC Public Health
- Clinical Commissioning Groups
- Bradford Children's Safeguarding Board
- Bradford Teaching Hospital Foundation Trust
- Airedale Hospital Foundation Trust
- West Yorkshire Police

The Group may co-opt additional or specialist members as required for the purposes of specific pieces of work. The current list of named representatives is shown at Appendix 1.

Operational arrangements

- The Board will select its chair and deputy chair. The Chairperson should be a member of BSCB.
- Meetings will be regarded as quorate or otherwise, in the light of material to be considered and decisions to be taken, at the discretion of the Chair.
- Standing meetings of the CDOP will be held monthly and additionally meetings held as and when required.
- Administrative support will be provided by BSCB. Agendas and associated papers will be circulated at least 5 days in advance of the meeting.

Voice of the child

Bradford SCB is committed to listening to the views of children and young people who use services and benefit from our protocols. We will involve them wherever possible in identifying needs and in planning, developing and improving policy and training.

Reporting and Governance Arrangements

Through its chair the Sub Group will:

- Provide a highlight report to each (quarterly) meeting of the BSCB. This will include a scorecard that reports on local and national indicators, benchmarking the partnership against other areas and evidences the effectiveness of the work of each Board partner in relation to safeguarding and promoting the welfare of children.
- Review the business/work plan annually
- Produce an annual report which will be incorporated into the BSCB Annual Report
- Review the Terms of Reference every 3 years (unless appropriate do sooner) and propose amendments to BSCB

Dispute

In the event of a dispute or conflict of interest arising between agencies across or within groups, which cannot be resolved, the Chair will draw this to the attention of the BSCB Chair for appropriate action and the BSCB Escalation Policy for Resolving Professional Disagreements will be invoked.

APPENDIX 3 (CDOP): Definition of Preventable and Modifiable Deaths and 10 Categories for Cause of Death

Definitions Used as cited in Statistical Release for Child Death Reviews: year ending March 2011 Dept for Education July 2011:

1. Preventable/Potentially preventable death: Definition used from April 2008 to March 2010

Preventable - A preventable child death is defined as events, actions or omissions contributing to the death of a child or a sub-standard care of a child who died, and which, by means of national or locally achievable interventions, can be modified.

Potentially preventable - A potentially preventable death with the same definition as above.

2. Modifiable death: Definition changed from April 2010 onwards

A modifiable death is defined as "The Panel have identified one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths".

2.1 CDOP panel agreed from April 2016 to use the following definitions:

To decide if consanguinity is a risk factor and the case is to be deemed modifiable or non-modifiable:

i. If the parents are consanguineous and the child has a genetic condition which is identified for the first time and there is no previous history of similar conditions within the family, the case will be deemed to be NON MODIFIABLE

ii. If the parents are consanguineous, the child has a genetic condition and the same condition has been diagnosed within the family in previous children or close relatives and it is the type of condition associated with consanguinity (autosomal recessive condition) then the case will be deemed MODIFIABLE

To decide if Smoking, Obesity and other lifestyle risk factors are to be deemed modifiable or non-modifiable:

If a lifestyle risk factor such as smoking or obesity is deemed on the evidence presented to have had a significant role in the cause of death in an individual child, then this will be identified as a MODIFIABLE risk factor

10 Categories for Cause of Death

Category 1 – Deliberately inflicted injury, abuse or neglect: this includes suffocation, shaking injury, knifing, shooting, poisoning and other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes sever neglect leading to death

Category 2 – Suicide or deliberate self-inflicted harm: this includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger people.

Category 3 – Trauma and other external factors: this includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis and other extrinsic factors. Excludes deliberately inflicted injury, abuse or neglect (Category 1).

Category 4 – Malignancy; solid tumours, leukaemias and lymphomas and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.

Category 5 – Acute medical or surgical condition; for example Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.

Category 6 – Chronic medical condition; for example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc., includes cerebral palsy with clear post-perinatal cause.

Category 7 – Chromosomal, genetic and congenital anomalies; Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis and other congenital anomalies including cardiac.

Category 8 – Perinatal/neonatal event; Death ultimately related to perinatal events, e.g. sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It includes cerebral pals without evidence of cause, and includes congenital or early-onset bacterial infection (onset in the first postnatal week).

Category 9 – Infection; Any primary infection (i.e. not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.

Category 10 – Sudden unexpected death; where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. Excludes Sudden unexpected death with epilepsy (Category 5).

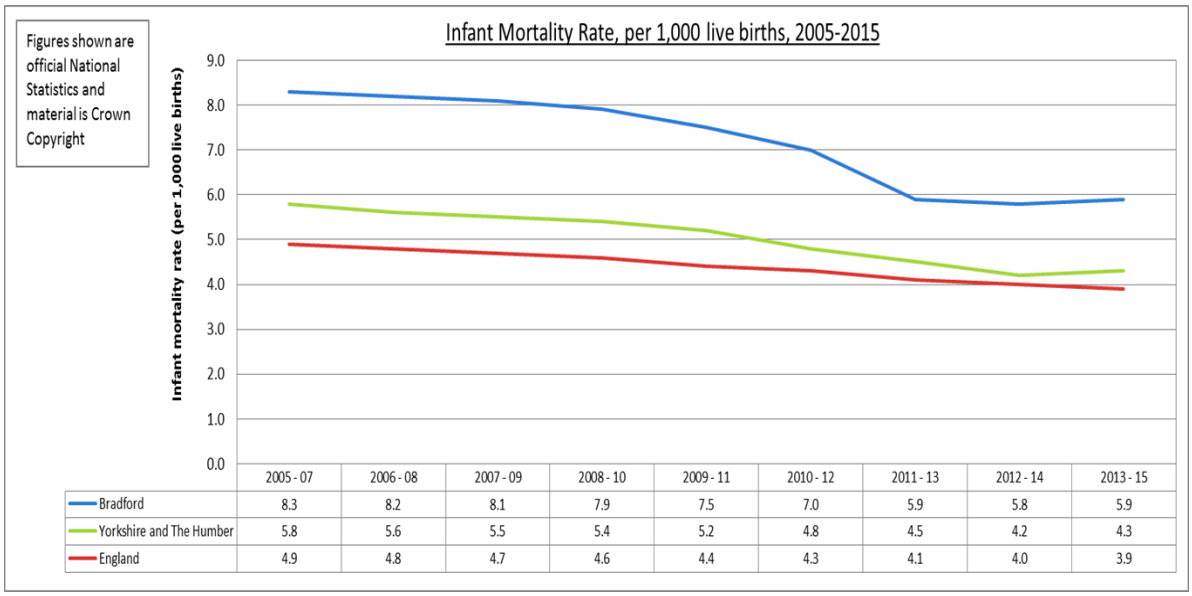
APPENDIX 4 (CDOP): Infant and child mortality rates

Figure 1: Mortality rates, 2013–2015

	Infant (<1 year) mortality rate, per 1,000 live births	Child (1-17 years) mortality rate, per 10,000 population
Bradford	5.9	18.3
Yorkshire and The Humber	4.3	13.7
England	3.9	11.9

Source: PHE, Child Health Profiles 2017

Figure 2: Infant mortality rates for Bradford District vs National/Regional rates, 2005-07 to 2013-15



	2005 - 07	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15
Bradford	8.3	8.2	8.1	7.9	7.5	7.0	5.9	5.8	5.9
Yorkshire and The Humber	5.8	5.6	5.5	5.4	5.2	4.8	4.5	4.2	4.3
England	4.9	4.8	4.7	4.6	4.4	4.3	4.1	4.0	3.9

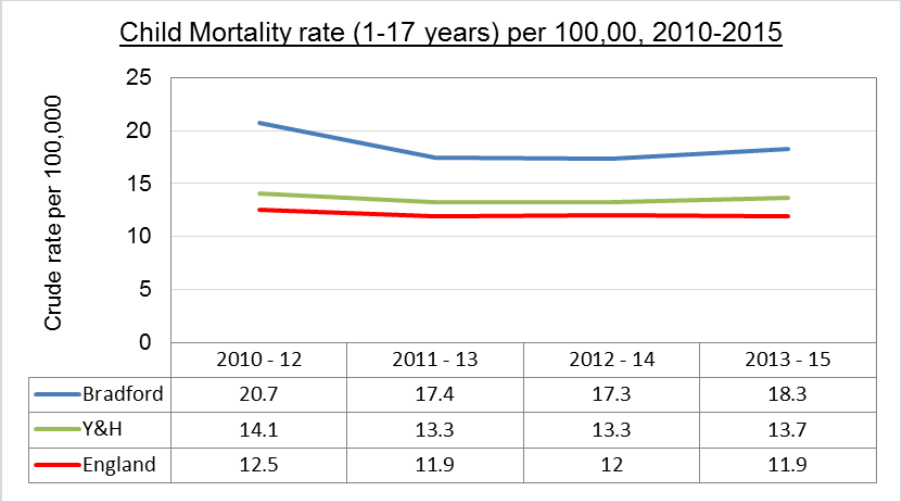
Source: Office for National Statistics (ONS) data

Figure 3: Infant mortality rates in the most deprived quintiles Bradford District, Region and England during 2007-09 to 2013-2015

Year	Bradford Most Deprived Quintile	Bradford	Yorkshire & Humber	England
2007-09	10.6	8.1	5.5	4.7
2008-10	10.2	7.9	5.4	4.6
2009-11	9.0	7.5	5.2	4.4
2010-12	7.8	7.0	4.8	4.3
2011-13	6.9	5.9	4.5	4.1
2012-14	6.6	5.8	4.2	4.0
2013-15	6.6	5.9	4.3	3.9
IMR change between 2007-09 and 2013-15	**-4.0**	**-2.2**	**-1.2**	**-0.8**

Source: Public Health Analysis Team, City of Bradford Metropolitan District Council, based on ONS data

Figure 4: Child Mortality Rates for Bradford District vs England and Yorkshire and The Humber, 2010-12 to 2013-15



	2010 - 12	2011 - 13	2012 - 14	2013 - 15
Bradford	20.7	17.4	17.3	18.3
Y&H	14.1	13.3	13.3	13.7
England	12.5	11.9	12	11.9

Source: PHE, Child Health Profiles 2017

APPENDIX 5 (CDOP): CDOP activity and analysis of reviewed deaths

CDOP Activity

Figure 1: Number of notified and reviewed deaths, 2008/09-2016/17

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total
Notified deaths	85	108	108	70	67	66	80	61	69	**714**
Reviewed deaths	85	108	108	70	67	66	78	56	32	**670**
% of deaths reviewed	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**98%**	**92%**	**46%**	**94%**

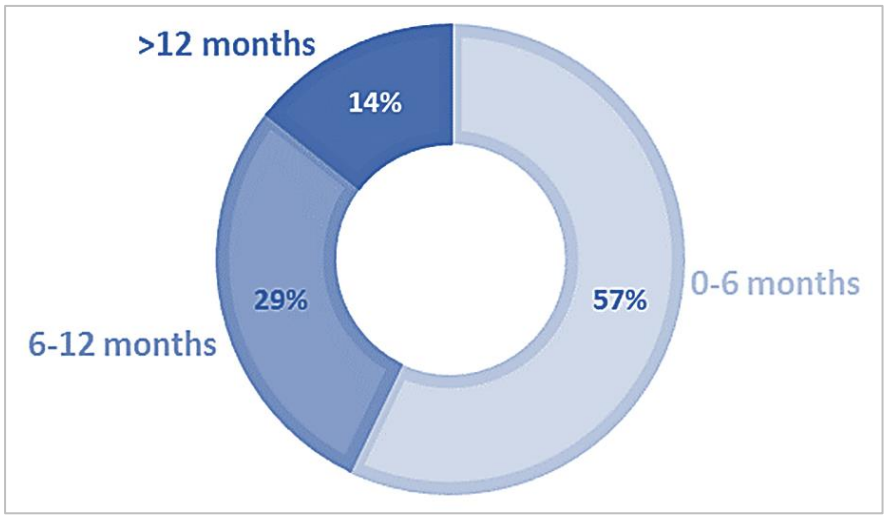
Source: Bradford CDOP review data

Figure 2: Numbers of deaths notified to the CDOP by age category and year of death, 2008/09 to 2016/17

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Under 1 year	63	77	74	44	45	47	50	41	48
1-17 year olds	22	31	34	26	23	19	30	20	21
TOTAL	**85**	**108**	**108**	**70**	**67**	**66**	**80**	**61**	**69**

Source: Bradford CDOP notifications data

Figure 3: Percentage of reviews completed within 12 months of the child's death – 2016/17



Source: Bradford CDOP review data

Analysis of deaths reviewed

Characteristics of the child deaths reviewed between April 2008 and March 2016[21].

Age

Figure 4: Age distribution of all reviewed deaths, 2008/09-2016/17

	Number	Percentage
Under 1 year	462	69%
1-17 years old	208	31%
TOTAL	**670**	**100%**

Source: Bradford CDOP review data

Figure 5: Age distribution of all reviewed infant deaths, 2008/09-2016/17

	Number	Percentage
Under 28 days	288	62%
28 days to 2 months	85	18%
3 months to 1 year	89	19%
TOTAL	**462**	**100%**

Source: Bradford CDOP review data

Figure 6: Age distribution of all reviewed child deaths, 2008/09-2016/17

	Number	Percentage
1-4 years old	89	43%
5-13 years old	69	33%
14-17 years old	50	24%
TOTAL	**208**	**100%**

Source: Bradford CDOP review data

Gender

Figure 7: Gender distribution of all reviewed deaths, 2008/09-2016/17

	Number	Percentage
Male	361	54%
Female	309	46%
TOTAL	**670**	**100%**

Source: Bradford CDOP review data

21 NB: Due to rounding, some percentage totals may not correspond with the sum of the separate figures.

Ethnicity

Figure 8: Ethnicity distribution of all reviewed deaths, 2008/09-2016/17

	Number	Percentage
South Asian	415	62%
White British	197	29%
Eastern European	20	3%
Mixed ethnicities	21	3%
Other ethnicities (includes African, East Asian, White Other and Not Known)	17	3%
TOTAL	**670**	**100%**

Source: Bradford CDOP review data

Figure 9: Ethnicity of all reviewed deaths by gender, 2008/09-2016/17

	% of deaths		
	Male	Female	Total
South-Asian	50%	50%	100%
White British	62%	38%	100%
All Other ethnicities	52%	48%	100%
TOTAL	**54%**	**46%**	**100%**

Source: Bradford CDOP review data

Category of death

Figure 10: Category of death distribution of all reviewed deaths, 2008/09-2016/17

	Number	Percentage
Category 1	7	1%
Category 2	5	1%
Category 3	32	5%
Category 4	22	3%
Category 5	22	3%
Category 6	23	3%
Category 7	287	43%
Category 8	207	31%
Category 9	40	6%
Category 10	23	3%
No category assigned	2	0%
TOTAL	**670**	**100%**

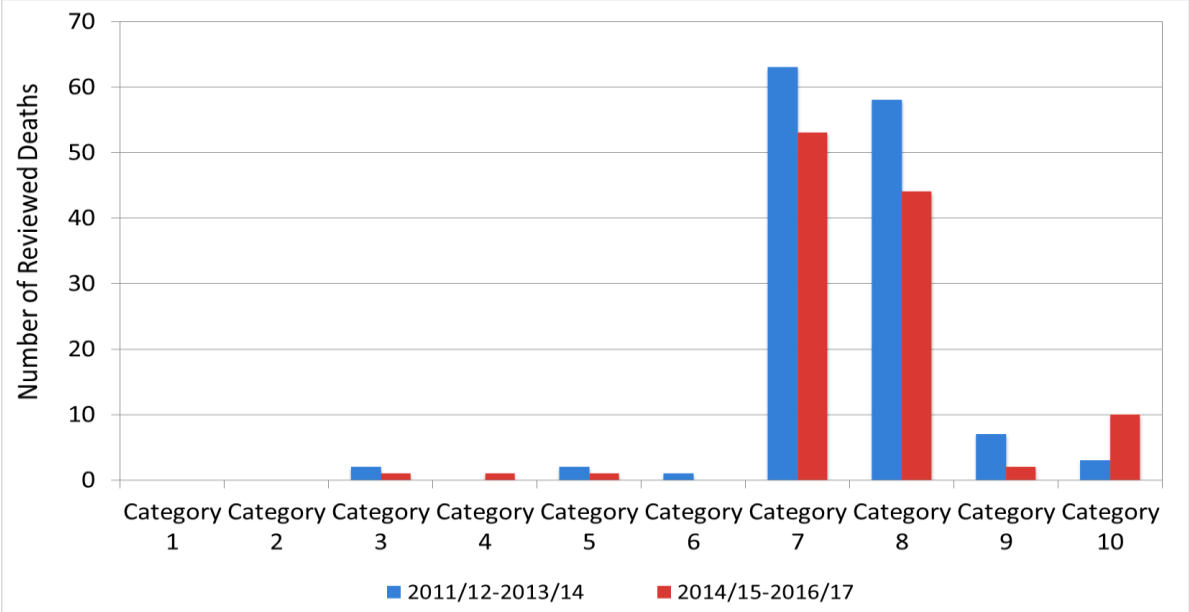
Source: Bradford CDOP review data

Figure 11: Comparison to national CDOP data: proportion of reviewed deaths by category of death, 2009/09–2016/17

Proportion of reviewed deaths by category of death		2016/17 National	2008/09-2016/17 Bradford	Difference *(percentage points)*
Cat 1:	Deliberately inflicted injury, abuse or neglect	1%	1%	**0**
Cat 2:	Suicide or deliberately inflicted self-harm	3%	1%	**-2**
Cat 3:	Trauma and other external factors	6%	5%	**-1**
Cat 4:	Malignancy	7%	3%	**-4**
Cat 5:	Acute medical or surgical condition	6%	3%	**-3**
Cat 6:	Chronic medical condition	5%	3%	**-2**
Cat 7:	Chromosomal, genetic and congenital anomalies	25%	43%	**18**
Cat 8:	Perinatal/neonatal event	34%	31%	**-3**
Cat 9:	Infection	6%	6%	**0**
Cat 10:	SUDI	7%	3%	**-4**

Source: National CDOP review data and Bradford CDOP review data

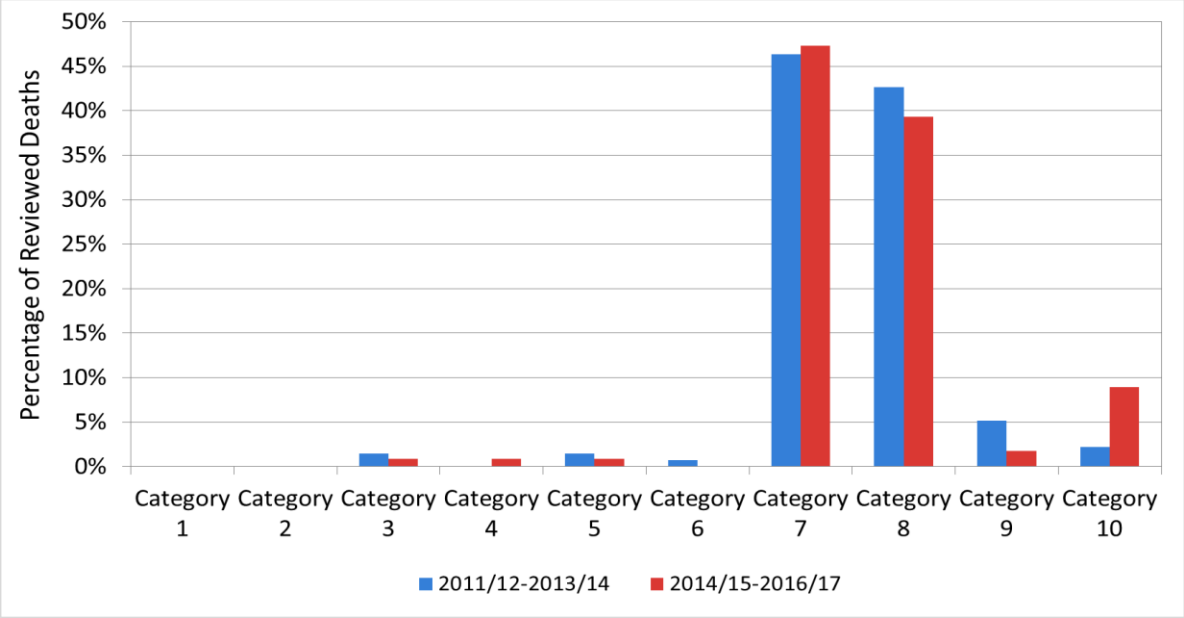
Figure 12: Numbers of reviewed infant deaths in each category of death, 2011/12-2012/13 compared to 2014/15-2016/17



Source: Bradford CDOP review data

NB: The deaths with inadequate information to make a category of death classification were removed from the analysis

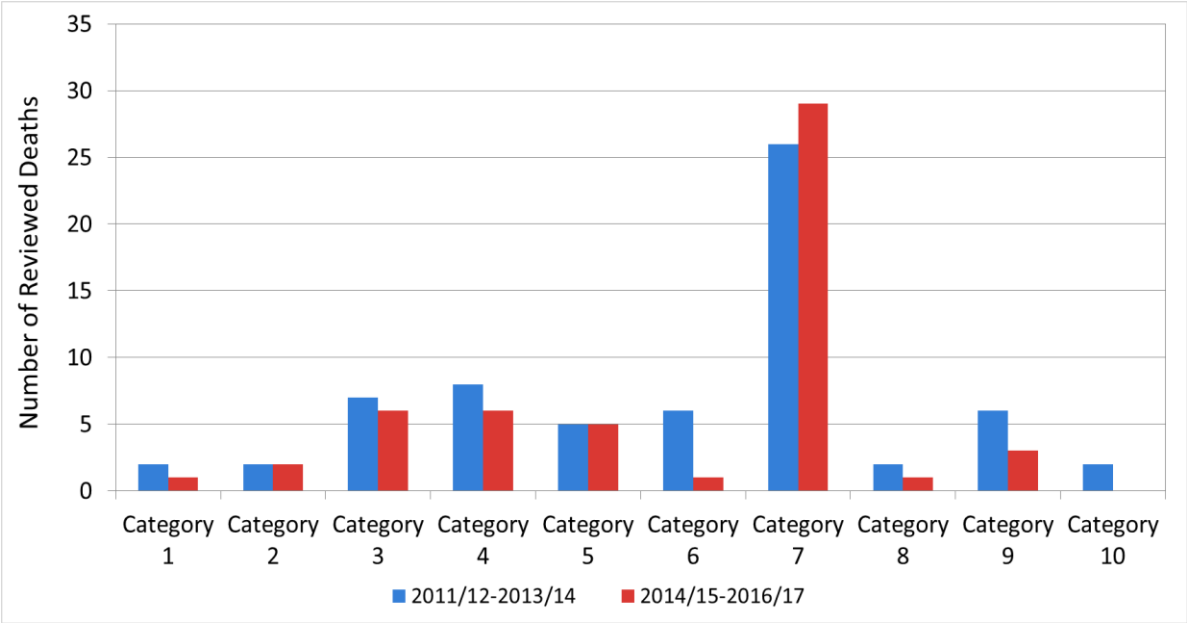
Figure 13: Proportion of reviewed infant deaths in each category of death, 2011/12-2012/13 compared to 2014/15-2016/17



Source: Bradford CDOP review data

NB: The deaths with inadequate information to make a category of death classification were removed from the analysis

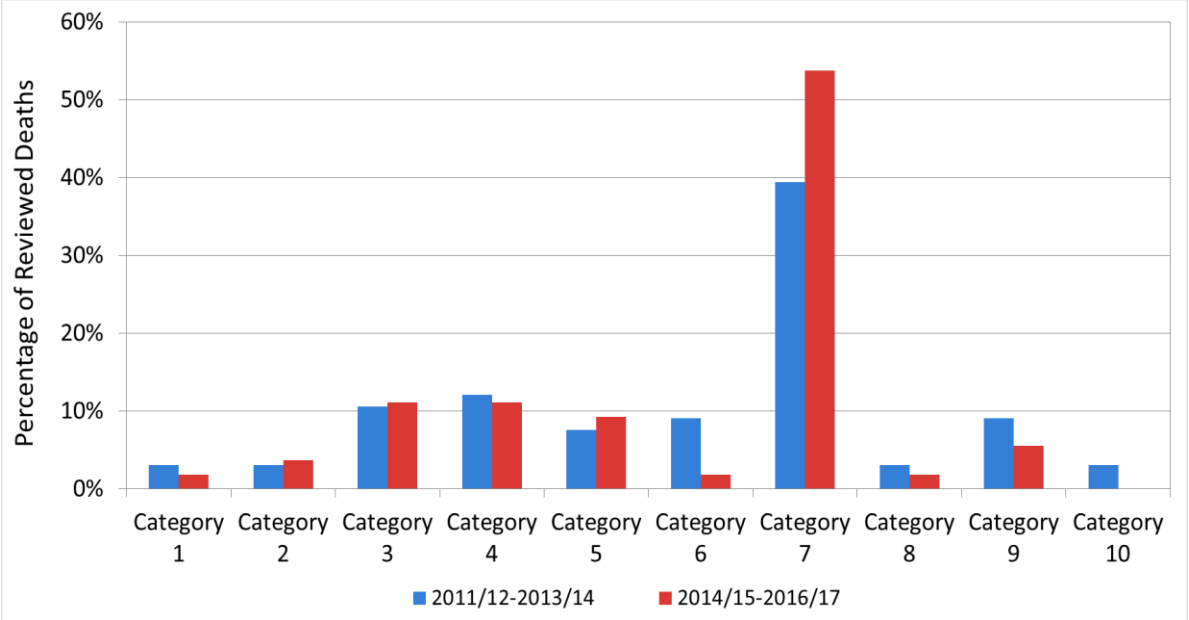
Figure 14: Numbers of reviewed child deaths (1-17 years old) in each category of death, 2011/12-2012/13 compared to 2014/15-2016/17



Source: Bradford CDOP review data

NB: The deaths with inadequate information to make a category of death classification were removed from the analysis

Figure 15: Proportion of reviewed child deaths (aged 1-17 years old) in each category of death, 2011/12-2012/13 compared to 2014/15-2016/17



Source: Bradford CDOP review data

NB: The deaths with inadequate information to make a category of death classification were removed from the analysis

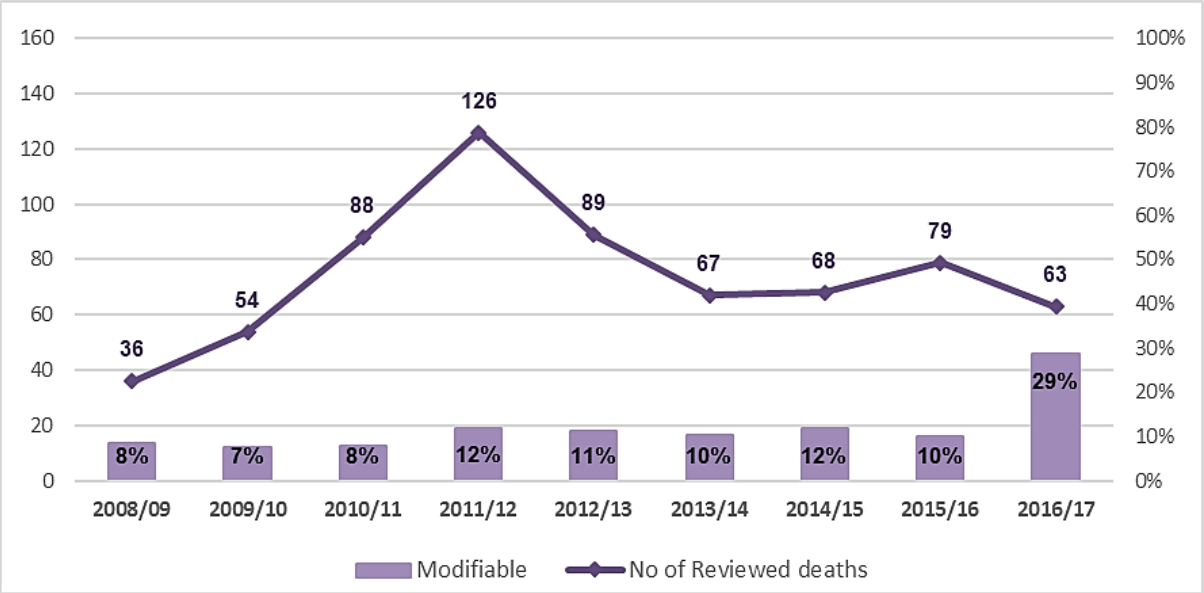
Modifiability

Figure 16: Modifiability classification of all reviewed deaths, 2008/09-2016/17

	Number	Percentage
Preventability/potentially preventable/modifiable	80	12%
Not modifiable	585	87%
Inadequate information	4	1%
Undecided	1	0%
TOTAL	**670**	**100%**

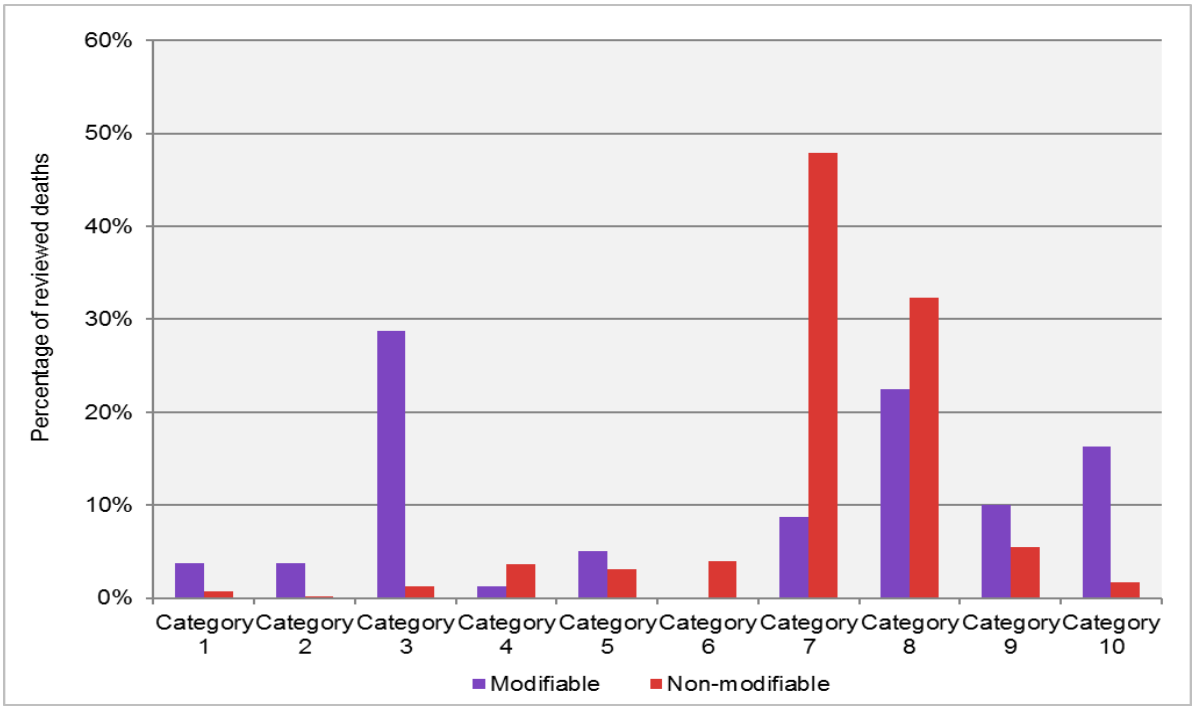
Source: Bradford CDOP review data

Figure 17: Percentage of reviews with modifiable factors 2008/09-2016/17



Source: Bradford CDOP review data

Figure 18: Percentage of modifiable/non-modifiable deaths by category 2008/09-2016/17



Source: Bradford CDOP review data

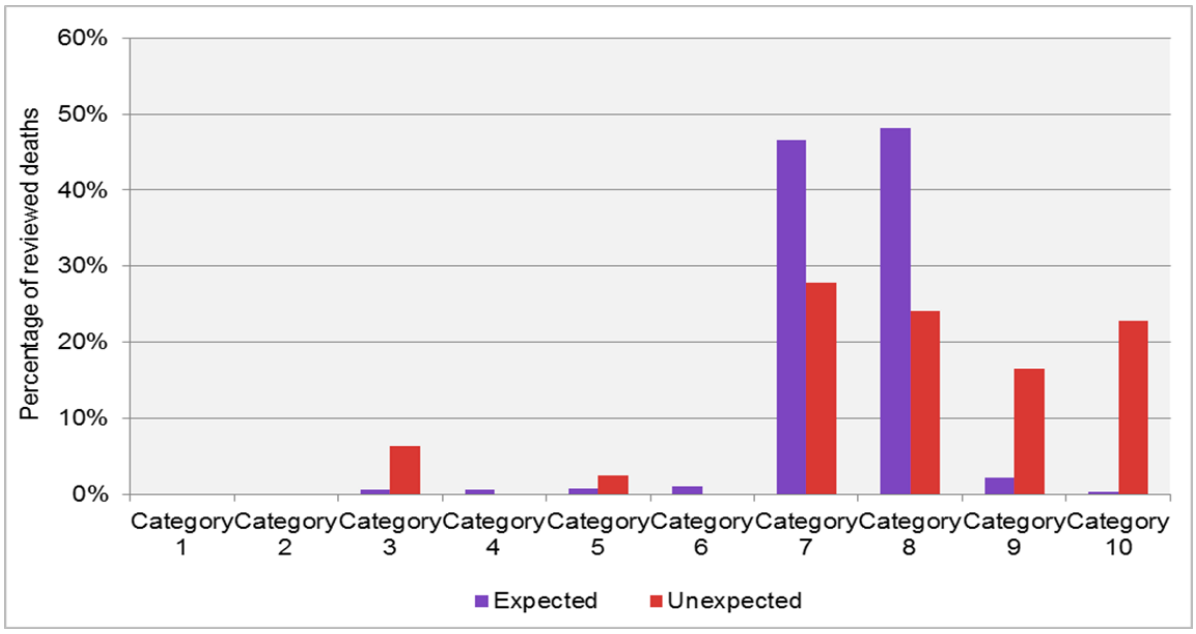
Expected/unexpected deaths

Figure 19: Expected/unexpected classification of all reviewed deaths, 2008/09-2016/17

	Number	Percentage
Expected	493	74%
Unexpected	172	26%
Unknown	5	1%
TOTAL	**670**	**100%**

Source: Bradford CDOP review data

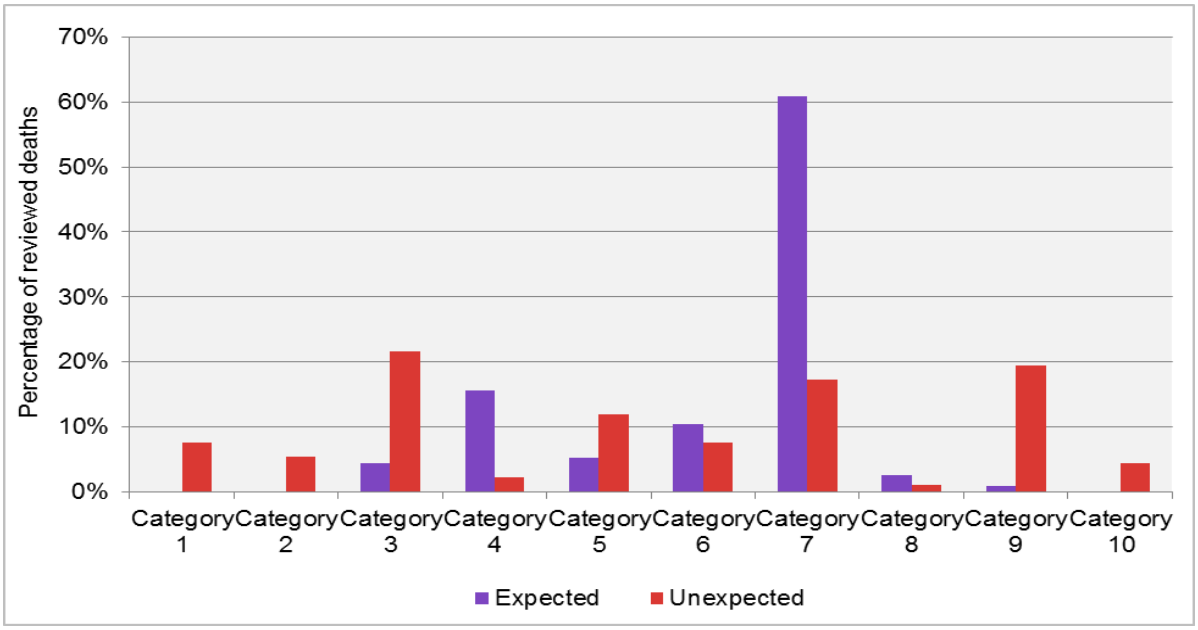
Figure 20: Proportion of expected/unexpected infant deaths in each category of death, 2008-2017



Source: Bradford CDOP review data

NB: The deaths with inadequate information to make a category of death classification were removed from the analysis

Figure 21: Proportion of expected/unexpected child deaths in each category of death, 2008-2017



Source: Bradford CDOP review data

NB: The deaths with inadequate information to make a category of death classification were removed from the analysis

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Children's Services to the meeting of Children's Services Overview and Scrutiny Committee to be held on 14th March 2018

Subject: **AJ**

Arrangements by the Council and its partners to tackle Neglect.

Summary statement:

This report provides a briefing to the Children's Services Overview and Scrutiny Committee regarding the issue of Neglect and it includes how the Bradford Safeguarding Children Board and partners are working together to drive improvements across the District's safeguarding partnership and to hold agencies to account for their work in their area.

Michael Jameson
Strategic Director
Children's Services

Portfolio:

Health & Social Care

Report Contact: Mark Griffin
Manager of Bradford Safeguarding Children Board
Phone: (01274) 434361
E-mail: mark.griffin@bradford.gov.uk

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

1.1 This report provides a briefing regarding the issue of Neglect within Bradford. The strategic aim in Bradford is to ensure effective prevention, early recognition and an appropriate response to neglect and its potential devastating impact on children's lives. From an early help and prevention stage to statutory intervention; there should be appropriate, consistent and timely responses across all agencies working together. The Bradford Safeguarding Children Board (BSCB) has included Neglect within its Business Plan to enable partners to work together to drive improvements across the District's safeguarding partnership and to hold agencies to account for their work in this area.

1.2 The strategic aim in Bradford is to ensure the effective prevention, early recognition and an appropriate response to neglect. Agencies should work together in a timely and consistent manner and all those who have contact with children and families have a responsibility and role to play in the recognition and response to neglect.

1.3 If any member of the public has a concern that a child is being harmed as a result of abuse or neglect, the BSCB website provides guidance for reporting these concerns.
http://bradfordscb.org.uk/?page_id=13

1.4 In the Bradford district, these are the numbers that you can ring for advice and to make a referral:

- During office hours (8.30am – 5pm Monday to Thursday, 4.30pm on Friday) call Children's Social Services Initial Contact Point on 01274 437500
- At all other times, Social Services Emergency Duty Team on 01274 431010
- If you have reason to believe that a child is at IMMEDIATE RISK OF HARM, contact the police on 999
- For all general enquiries, please contact Children's Specialist Services on 01274 435600

1.5 Practitioners seeking to refer a child or young person should seek advice from the Early Help Support and Think Family
https://www.bradford.gov.uk/children-young-people-and-families/get-advice-and-support/find-early-help/

1.6 The partnership has contributed a great deal of effort in recognising and dealing with Neglect, in summary:

- Neglect features within the BSCB Business Plan 2016-18
- The BSCB has recently finalised a new Neglect Strategy
- The BSCB have organised event in early 2018 to raise awareness and develop good practice
- The JTAI sub-group of the BSCB has undertaken quality assurance work
- The BSCB has developed a partnership Neglect action plan
- The BSCB has undertaken a Neglect challenge panel case audit

- Training and awareness has been undertaken across the partnership
- Signs of Safety assessment & planning framework
- Early Help with a specific focus on workless families and those affected by domestic violence and parental mental health. Families in which children experience multiple adverse experiences.

2. BACKGROUND

2.1 National Context:

2.1 Neglect is defined in Working Together to Safeguard Children (HM Government 2015; as;

2.2 "The persistent failure to meet a child's basic physical and /or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect as children from physical and emotional harm or danger
- Ensure adequate supervision including the use of inadequate care givers
- Ensure access to appropriate medical care or treatment
- Neglect of, or unresponsiveness to, a child's basic emotional needs."

2.3 Parental factors may be present which impact on their ability to provide an appropriate level of care to their child/children without additional support for example experience of poor parenting in their own childhood, mental health issues, substance misuse, living with Domestic Abuse or having a learning difficulty. Determining what constitutes persistent failure to meet a child's needs remains a matter of professional judgement. (NSPCC 2015).

2.4 Child neglect is the most common category of child abuse, but difficult to identify and evidence particularly at the early stages. In 2016-17 in England 47% of all new child protection plans were for Neglect. Approximately one in five children who became subject of a child protection plan in England had been the subject of a child protection plan at least once before.

2.5 The number of children who were the subject of a Child Protection Plan in Bradford at 31st March 2017 was 559. This was a rate of 39.6 per 10,000 child population. In comparison, the national rate was 42.9 and the statistical neighbour rate was 54.2 (March 2016). Neglect (38%) was the second highest Child Protection Plan category for children being the subject of a Child Protection Plan in Bradford. Emotional abuse was 48%; sexual abuse (9%); and physical abuse (5%).

2.6 NSPCC information regarding neglect indicates that nationally one in 10 children has experienced neglect. In the year ending March 2017, 24,590 children were identified as needing protection from neglect; this was 48% of all children subject to a child protection plan in that year (Department for Education characteristics of children in need 2016 – 2017).

2.7 **Governance and Structure**
The Bradford Safeguarding Children Board (BSCB) continues to provide the procedural framework for all partnership work to keep children safe within Bradford and fulfils its statutory responsibility around quality assurance and training.

2.8 Within our early help services, targeted work with families is based on a Think Family approach using Signs of Safety as our framework, with work incorporating the following key elements:

- A whole family Signs of Safety assessment including everyone living in the household.
- A family plan which would address the needs of each family member where identified.
- Regular family and agency meetings to ensure all agencies involved are delivering to timely agreed actions and the family are fully informed of progress.
- One worker who will build a positive working relationship with the family and act as the main point of contact and information for agencies and family as well as delivering direct support to families.
- Make sure relevant support/help is in place for every member of the household if needed with the help of the family network and other services.

2.9 We work with families with two or more of the following issues within a family and this captures a number of themes related to neglect and its impact on families:

a. Involvement in crime or anti-social behaviour
b. Children not attending school regularly
c. Children who need help (social care/targeted early help)
d. Adult out of work or at risk of financial exclusion
e. Families affected by domestic violence and abuse
f. Health problems

2.10 Bradford's arrangements for Targeted Early Help were implemented from October 2016. This enabled the commencement of district wide delivery through a locality model aligned with the children's centre clusters. From January 2017 we have had an Early Help Gateway Service (sitting alongside the front door for social care) and 5 early help clusters which are aligned with the 7 current children's centre clusters. Each cluster has a Targeted Early Help Manager to act as a key point of contact for local services, chair early help multi agency panels and manage a team of staff to do whole family work along with commissioned Voluntary Community Sector (VCS) services.

2.11 Collectively, this has helped shape a clearer targeted early help offer across the district which works closely with social care services, local settings and services such as schools, children's centres and health provision.
Across a number of partners, we have adopted the Signs of Safety approach to working with families and children. Signs of Safety is focussed on both the family's strengths and the safety and welfare of the child or young person. The approach involves both professional and family knowledge. Assessment and plans should fully involve parents, children and the network of services known to the child.

Plans will be clear and concise. Signs of Safety is a strengths based approach that

2.12 uses ‘three columns’ to assess. 1. What are we worried about? (Past harm, future danger and complicating factors) 2. What’s working well? (Existing strengths and safety) 3. What needs to happen? (Future safety/ positive change) How worried are we on a scale of 0 – 10? (Judgement)

2.13 A chronology of significant events also remains an important tool within Signs of Safety. As outlined in the Paediatric Dental Neglect Guidance, a chronology of headline key events: places children/young people at the centre of assessment and analysis show early indications of patterns of concern help understanding of the immediate or on-going impact of events make links across seemingly unrelated events or information make links between the past harms and the present situation helps to understand the importance of historic information upon what is happening in a child’s life now enables new workers to become familiar with the child and family analyse what action is needed to build safety and well-being

2.14 Work around Neglect has been undertaken by the BSCB through a number of sub-groups. As outline Neglect forms part of the BSCB 2016-18 Business Plan and this plan is subject to regular review. The Safeguarding and Professional Practice Sub-group (SAPP) has led on the development of the Neglect Strategy, the Performance Management Audit and Evaluation (PMAE) sub-group has led on the development of performance measures and the Joint Targeted Area Inspection (JTAI) has undertaken preparatory work in preparation for inspections.

2.15 The new Neglect strategy was finalised in January 2018 and is now published. (http://bradfordscb.org.uk/?page_id=107)

2.16 Its core objectives are:

1. *To ensure that the children’s workforce is skilled, competent and resilient when identifying and working with neglectful families.*
2. *To promote a wider understanding of the long term impact of neglect and raise awareness of the key indicators*
3. *Bradford Safeguarding Board will monitor the effectiveness of the strategy and the impact of the multi– agency responses and intervention with neglect cases.*

The new strategy has adopted a Five Stranded Approach

1. Improving Prevention
2. Improving, Recognition and Assessment
3. Improving Response to Children, Young People and Families
4. Improving Communication and Awareness
5. Monitoring and Evaluation

2.17 Bradford Safeguarding Children Board will work with the Bradford Children's Trust Board and the Health and Wellbeing Board to ensure a co-ordinated approach across Bradford.

2.18 Further work is on-going to develop a good practice document which will support the strategy and link in with other policies and procedures, including the threshold document. (http://bradfordscb.org.uk/?page_id=107). The BSCB will be hosting a professionals event in February 2018.

2.19 The Performance Management Audit and Evaluation (PMAE) sub-group has led on the development of performance measures around neglect. This has been a challenge due to the fact that neglect is often recognised through cumulative and secondary factors. The group is working towards a suite of measures to allow the identification and oversight of neglect from early stages through to the more serious cases involving child protection procedures. The group has worked closely with agencies such as the NSPCC around neglect call data and also dental data.

2.20 A summary of the data shows

- Neglect contributes to 38% of all children subject to a child protection plan in Bradford, against 43.8% nationally
- 88% of Children were Looked After were due to abuse and neglect reasons at 31 March 2017, a slight increase on the previous year's figure of 86%

2.21 NSPCC helpline responded to over 19,000 contacts about neglect in 2016/17. Around 33% of contacts to the helpline were concerns about neglect. The JTAI preparation group is now additional sub-group of the BSCB. The initial purpose of the group was to prepare for the first possible JTAI inspection which was around CSE. The Sub group undertook a self assessment exercise, and developed and oversaw an action plan relating to this. This methodology enabled the Board to seek assurance, and to drive partnership improvement in a specific area. It was therefore agreed to continue this sub group and to use the JTAI themes as a framework for continuous improvement. The most recent work has been around Neglect.

2.22 February 2017 Bradford received a JTAI inspection and the work of this group was critical to assuring the inspection team that Bradford's partnership was sighted on domestic abuse.

2.23 The BSCB has an established process of multi-agency challenge panels audits in Bradford selected around a central theme. Previous themes have included children subject of Child Protection and as part of the JTAI preparation Child Sexual Exploitation and Children Living with Domestic Abuse have already been audited by BSCB in 2016. The challenge panel model has also been adopted and used wider in Bradford by Children's Social Care (CSC) and Health partners. The most recent panel focussed upon Neglect in July 2017.

2.24 In advance of the panel, a number of cases were identified which allowed an opportunity to conduct a diverse panel audit. Partners researched these cases against the following criteria:

- whether risks to children living with neglect were prevented and reduced at

an early stage through timely access to effective help and appropriate intervention
- quality of risk assessments, management oversight, supervision and quality assurance
- partnership working and information sharing
- evidence that professionals were confident and knowledgeable in understanding the impact of neglect
- evidence of children and their families views having been heard and understood

2.25 This presented an opportunity to share learning and challenge practice. Recommendations from the panel were taken forward by the group to form an action plan. The multi-agency Challenge Panels offer a good method of learning about practice and whether policies, procedures/guidance are working effectively, whilst also providing valuable learning for agencies.

2.26 The JTAI sub-group also undertook a self assessment against specific criteria and questions around Neglect. Collective areas of development were also used to inform the action plan.

2.27 Neglect action plan has 5 actions which can be summarised as
- Development of a neglect strategy
- Development of a set of performance measures
- Development of training and toolkits
- Better understanding of early help and schools in respect of support
- Dissemination and embedding learning from audits

2.28 The BSCB and PMAE are continuing to develop an understanding of Neglect. The BSCB are keen to raise areas and understanding around neglect, and particularly those who are often working within communities who may be able to recognise neglect at its early stage. Organisations such as housing and utility providers will be consulted to develop ideas on identification and awareness at a partnership event in February 2018.

2.29 **Learning and Development**

Neglect Training has been developed and reviewed over the last three years. The course content delivered in 2016 / 2017 “Neglect can you recognise it? What should you do?” was based on the draft Neglect Strategy. Future courses will promote the new strategy. The programme is delivered by a multi - agency pool of trainers.

2.30 The Learning and Development sub-group has undertaken evaluation of the impact of training around Neglect and this has enhanced the opportunity to triangulate the views of the learner their manager and the trainer’s evaluation on a sample of courses.

2.31 The BSCB offers a number of on-line training courses for partners, one of these is based upon Neglect.

3. OTHER CONSIDERATIONS

3.1 There are no other considerations.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 Children's Services currently spends approximately £2.9m on children prevention and support services.

4.2 The Bradford Safeguarding Children Board (BSCB):

- sets the procedural framework for all partnership work to keep children safe within Bradford
- fulfils its statutory responsibility for ensuring that staff receive multi-agency training to support them in their work
- ensures that agencies are held to account for their work and that there is a learning and improvement framework in place to ensure that serious case reviews and other challenge and learning processes are effective.
- conducts a multiagency review of every child death in the District, carried out by the Child Death Overview Panel.
- In addition, BSCB plays a role in supporting and planning innovative partnership responses to safeguarding children challenges, such as the establishment of the multi-agency CSE Hub

The staffing resource for BSCB is:

- Manager
- Administrator
- Learning and development coordinator
- Learning and development administrator
- Performance and information officer
- Child death reviews manager

5 RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The protection of children and vulnerable adults is the highest priority for the Council and its partners. The partnership recognises that child neglect is the most common category of child abuse and the links with other forms of abuse such as Domestic Abuse and Child Sexual Exploitation. Failure to protect and provide appropriate services significantly increases the risk to children in the District. It would also lead to significantly reduced public confidence in Bradford Council, West Yorkshire Police and other partners, as has been demonstrated in some other Districts

.

6. LEGAL APPRAISAL

6.1 The report has been considered by the office of the City Solicitor and there are no identified legal issues to highlight.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The BSCB considers matters of equality and diversity in all its work. There have been no issues highlighted with regard to Neglect and specific communities at risk.

7.2 SUSTAINABILITY IMPLICATIONS

None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.4 COMMUNITY SAFETY IMPLICATIONS

Addressing Neglect is linked to the Communities Safety priorities around Reducing crime and re-offending and Safeguarding against violent and serious crime. The BSCB recognises the links between Neglect and other forms of vulnerability and criminal activity.

7.5 HUMAN RIGHTS ACT

Neglect is a violation of the rights of the child under the Human Rights Act. The arrangements made by the Council and its partners are intended to prevent the rights of the child being violated in this way.

7.6 TRADE UNION

There are no implications for Trades Unions.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

This report is tabled for information and discussion**.**

10. RECOMMENDATIONS

10.1 The Committee is invited to note the comments of this report and shall receive a further update on the progress of the response to Neglect in 12 month's time.

11. APPENDICES

11.1 Appendix 1: Neglect Performance data

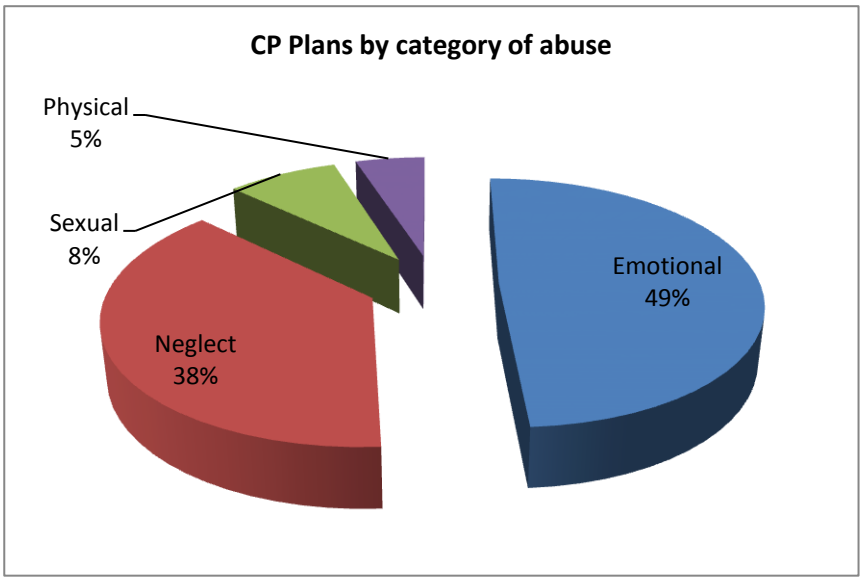
12. BACKGROUND DOCUMENTS

BSCB threshold document. (http://bradfordscb.org.uk/?page_id=107).

Source: Bentley, H. et al (2017) How safe are our children? The most comprehensive overview of child protection in the UK 2017.

Neglect Performance Data

Children subject of a Child Protection (CP) Plan by categories of abuse

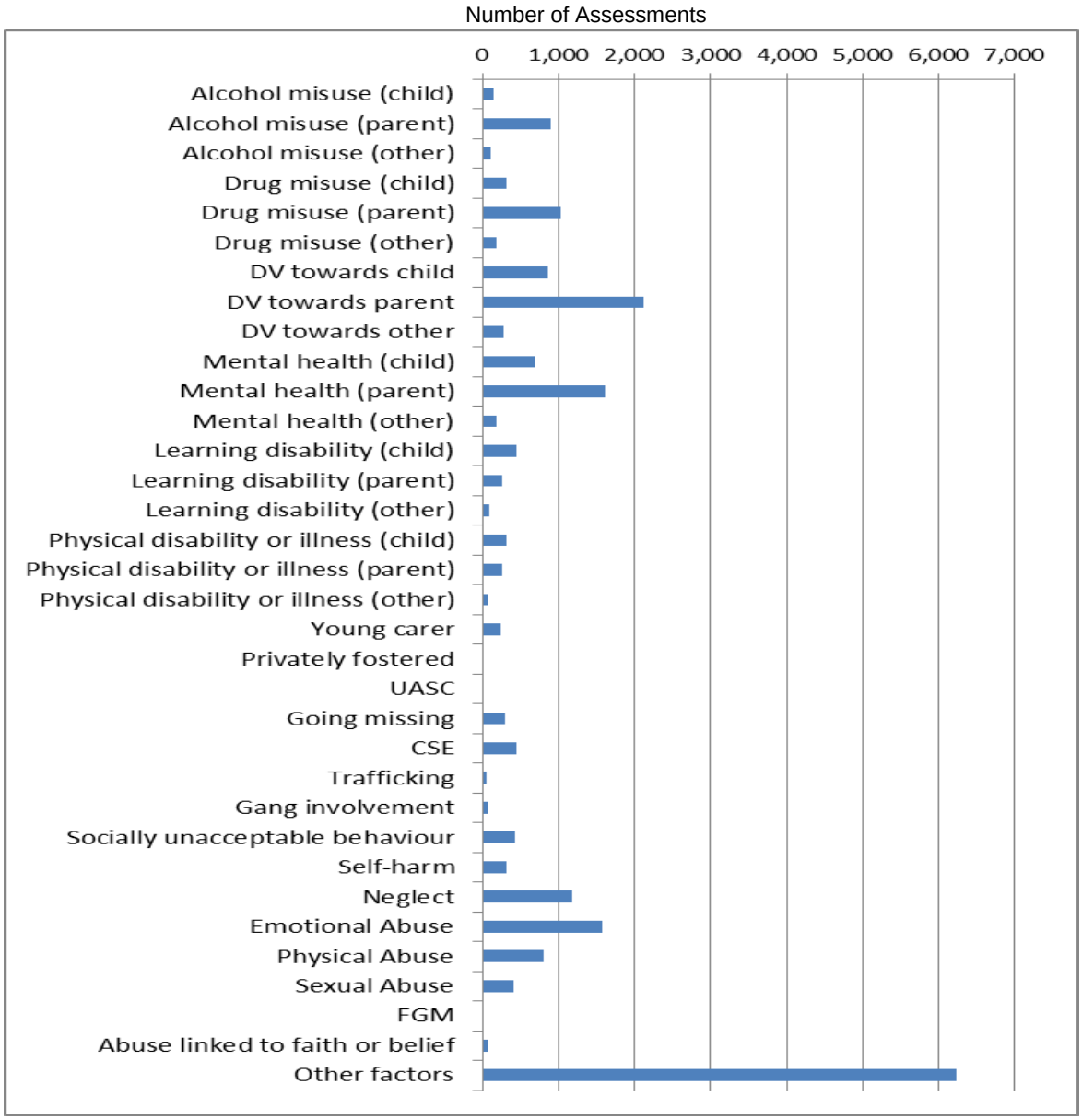


Children in need by primary need at assessment

At 31 March 2017 there were 3,975 children in need in Bradford. **Abuse & neglect** was identified as the primary need at assessment for 3,214 of those children (81%). This was higher than the national figure of 52.3%.

88% of Children were Looked After were due to **abuse and neglect** reasons at 31 March 2017, a slight increase on the previous year's figure of 86%.

Factors identified at the end of assessments for children in need 2016-17 (Bradford)

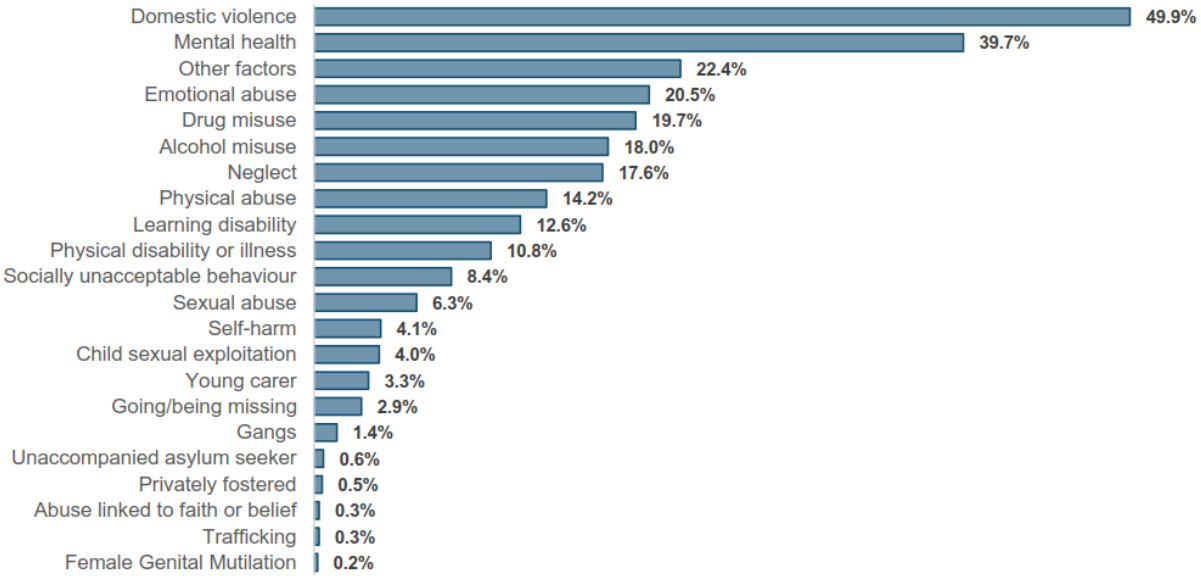


(Multiple factors can be recorded against each assessment)

The most commonly identified factors are Domestic Violence towards the parent (20.7%); Mental Health of parent (15.8%); Emotional Abuse (15.4%); and **Neglect (11.5%); this is compared to 17.6% nationally.**

The factors outlined are mandatory based upon DofE guidelines. The opportunity to record other factors allows some considerations and recording of matters that are a cause of concern and would impact upon any decisions around a child's development. Examples of these are behavioural problems, parent/adolescent conflict, general parenting issues. There are a high number of "Other Factors" recorded and the majority of these tend to be on on-going LAC cases where there are no concerns for the child in placement but there would be if they were returned to their birth family.

Figure K: Percentage of children in need at 31 March 2017, by factors identified at the end of assessment
England, 2017



Domestic violence, which includes that aimed at children or other adults in the household, was the most common factor identified at end of assessment for children in need at 31st March 2017 – this year 49.9% of children in need had domestic violence as a factor identified at the end of assessment, followed by mental health at 39.7%, which incorporates mental health of the child or other adults in the family/household.

Source: DfE, Characteristics of Children in Need: 2016 to 2017, November 2017, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/656395/SFR61-2017_Main_text.pdf

NSPCC ChildLine Data 2016/17

The NSPCC helpline responded to over 19,000 contacts about neglect in 2016/17. Around 33% of contacts to the helpline were concerns about neglect. 42% of the concerns that the NSPCC's helpline referred to police or children's services related to neglect.

Source: Bentley, H. et al (2017) How safe are our children? The most comprehensive overview of child protection in the UK 2017.

Dental Neglect

37.3% of 5 year olds in Bradford had experienced dental caries; this is the second highest level of dental disease level in Yorkshire and Humber (National Dental Epidemiology Programme 2015).

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Chair of Children's Services Overview and Scrutiny Committee to the meeting of the Committee to be held on Wednesday 14 March 2018

Subject: **AK**

Subject: Children's Services Overview and Scrutiny Committee Work Programme 2017-18

Summary statement:

This report presents the Committee's Work Programme 2017-18

Cllr Dale Smith
Chair – Children's Services O&S Committee

Report Contact: Licia Woodhead
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Portfolio:
Education, Employment and Skills
Health & Well Being

1. SUMMARY

1.1 This report presents the Committee's Work Programme 2017-18.

2. BACKGROUND

2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

3. REPORT ISSUES

3.1 **Appendix 1** of this report presents the Work Programme 2017-18.

3.2 **Work planning cycle**
Best practice published by the Centre for Public Scrutiny suggests that 'work programming should be a continuous process'. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by Members throughout the municipal year.

Members may wish to amend the current work programme (Appendix 1) and / or comment on the proposed work planning cycle set out above.

4. FINANCIAL & RESOURCE APPRAISAL
None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES
None

6. LEGAL APPRAISAL
None

7. NOT FOR PUBLICATION DOCUMENTS
None

8. RECOMMENDATIONS

8.1 That the Work Programme continues to be regularly reviewed during the year.

9. APPENDICES

9.1 Appendix 1 – Children's Services Overview and Scrutiny Committee Work Programme 2017-18

Democratic Services - Overview and Scrutiny

Childrens Services O&S Committee

Scrutiny Lead: Licia Woodhead tel - 43 2119

Work Programme 2017/18

Agenda	Description	Report
Wednesday, 11th April 2018 at City Hall, Bradford.		
Chair's briefing 26/03/2018. Report deadline 27/03/2018.		
1) Schools Forum	The Committee will receive an update report on the work of the Schools Forum.	Andrew Redding
2) Capital allocations and school expansion programme 2018-19	The Committee will receive an update report on Capital Allocations and the School Expansion Programme.	Ian Smart
3) Fostering review update	The Committee will receive an update report on the review of the Fostering service.	Jim Hopkinson
4) Children's Services O&S Committee Resolution Tracking report	The Committee will receive a report detailing the outcomes of resolutions made during the 2017-18 municipal year.	Licia Woodhead

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