

Agenda for a meeting of the Children's Services Overview and Scrutiny Committee to be held on Wednesday, 13 February 2019 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Engel Arshad Hussain S Khan Mullaney Peart	Gibbons M Pollard	Ward	Sajawal

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Bacon Firth Mir Thirkill Wood	Hargreaves Senior	Humphreys

VOTING CO-OPTED MEMBERS:

Shain Wells
Sidiq Ali
Claire Parr
Joyce Simpson

Parent Governor Representative
Parent Governor Representative
Church Representative (RC)
Church Representative (CE)

NON VOTING CO-OPTED MEMBERS

Kerr Kennedy
Tom Bright
Irene Docherty

Voluntary Sector Representative
Teachers Secondary School Representative
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.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.

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:

Parveen Akhtar
City Solicitor

To:

Agenda Contact: Fatima Butt / Jill Bell

Phone: 01274 432227/434580

E-Mail: fatima.butt@bradford.gov.uk / jill.bell@bradford.gov.uk

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. 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)

4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

To receive referrals that have been made to this Committee up to and including the date of publication of this agenda.

The Committee is asked to note the referrals listed above 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

5. OFSTED INSPECTION OF LOCAL AUTHORITY CHILDREN'S SERVICES (ILACS)

1 - 10

The report of the Interim Strategic Director of Children's Services (**Document "Y"**) provides updated information about the Council's response to the published OFSTED ILACS judgement with a focus on the Theme Four: Improving the Front Door and MASH arrangements.

Recommended –

- (1) The Committee notes the continuing risks, issues and challenge.**
- (2) That the next meeting of the Committee continues the scrutiny of the Front Door in advance of the Ofsted monitoring visit.**
- (3) A summary outcome of the key findings arising from the Peer Review of the Front Door is brought to the next Committee.**
- (4) The Committee request that for their next meeting, data and audit information is available on theme four (front door and MASH) to enable a deep dive focus to take place.**

(Jenny Cryer – 01274 432438)

6. YOUNG CARERS

11 - 38

The report of the Interim Strategic Director of Children's Services (**Document "Z"**) provides an annual update on plans to meet the needs of Young Carers within the Bradford district, including the recent re-tender of the service. The work of the Young Carers service is guided by a Memorandum of Understanding 2010, refreshed in February 2014 and 2017 and a Framework of Good Practice. Previous reports have been presented, the last one was in September 2017.

Recommended –

- (1) That Overview and Scrutiny to receive Document "Z" for information, note the progress and support continued development in the jointly commissioned service.**
- (2) That reports continue to be received from the service.**

(Cath Dew – 01274 437949)

7. ANNUAL REPORT OF THE SAFEGUARDING CHILDREN BOARD FOR 2017/18

39 - 98

The report of the Interim Strategic Director of Children's Services (**Document "AA"**) 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 2017/18, as well as the annual summary of the Child Death Overview Panel.

Recommended –

That Document "AA" be noted and a further report provided in 12 months

(Mark Griffin – 01274 434361)

8. SPECIAL EDUCATIONAL NEEDS AND DISABILITY REFORMS

99 - 108

The Interim Strategic Director Children's Services will submit **Document "AB" which includes a Not For Publication Appendix 1)** which provides an overview of the developments and progress in respect of the delivery of the SEND reforms.

Recommended –

- (1) That the Committee note and comment on the contents of the report (Document "AB") and the strength of the draft SEND Action Plan against the areas for rapid improvement.**

- (2) **That the draft SEND Action Plan be referred to the Executive together with any recommendations for approval.**

(Mariam Haque – 01274 431078)

9. **CHILDREN'S OVERVIEW AND SCRUTINY WORK PROGRAMME 2018-19** 109 –

114

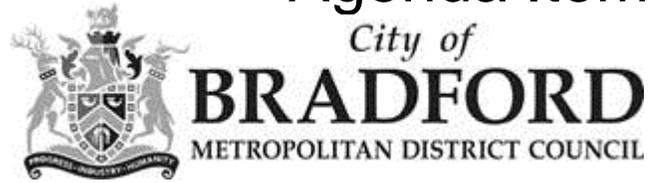
The report of the Chair of the Children's Services Overview and Scrutiny Committee (**Document "AC"**) presents the Committee's Work programme 2018-19.

Recommended –

That the Work Programme 2018-19 continues to be regularly reviewed during the year.

(Licia Woodhead – 01274 432119)

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Report of the Interim Strategic Director Children's Services to the meeting of the Children's Overview & Scrutiny Committee to be held on 13th February 2019

Subject:

Y

Ofsted Inspection of Local Authority Children's Services (ILACS)

Summary statement:

This report provides updated information about the Council's response to the published OFSTED ILACS judgement with a focus on the Theme Four: Improving the Front Door and MASH arrangements.

Gladys Rhodes White
Interim Strategic Director
Children's Services

Portfolio:

Children & Families

Report Contact: Jenny Cryer
Phone: (01274) 432438
E-mail: jenny.cryer@bradford.gov.uk

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

This report provides an update on the steps the Council is taking in response to OFSTED's inspection of Bradford's Children's Services and offers an update on Theme Four Front Door and MASH arrangements.

2. BACKGROUND

2.1 OFSTED carried out an inspection of Bradford's Children's Services from Monday 17 September 2018 until Friday 28 September 2018. In the ILACS inspection, Ofsted make three judgements

- Impact of leaders on social work practice with children and families- this was judged as requires improvement to be good.
- The experiences and progress of children who need help and protection- this was judged as inadequate
- Experience and progress of children in care and care leaders- this was judged as requires improvement to be good.
- Because the experiences and progress of children who need help and protection is classed as a limiting judgement, the overall judgement is inadequate.

Bradford shares Ofsted's ambition that "only good is good enough for Bradford's children" and therefore the judgement is extremely disappointing. The focus is now on improving at pace the areas identified by Ofsted with the ambition of achieving good or better services for children.

The findings were reported to Executive on 6 November and Executive resolved:

- (1) To note the outcome of the OFSTED inspection.
- (2) To note the plans to deliver rapid improvement and to offer support.
- (3) To refer the report to the Children's Services Overview & Scrutiny Committee.
- (4) To request that the Portfolio Holder for Children's Services work with Officers to prepare a robust Improvement Plan with the voice of the child at its heart for the next meeting of the Executive in December 2018.
- (5) To invite the Chair of the Children's Services Overview & Scrutiny Committee to join the formal Improvement Board.
- (6) To request that the Chief Executive identify an appropriate Improvement Advisor to work with the Council and to act as independent chair of the Improvement Board.

- (7) To refer the report to the Corporate Parenting Panel.
- 2.2 The Department for Education (DfE) has written formally to serve the Council with an Improvement Notice.
- 2.3 In November 2018, Gladys Rhodes White joined the service as Interim Strategic Director of Children’s Services to help drive the improvement journey.
- 3. THEME UPDATE - IMPROVING THE FRONT DOOR**
- 3.1 Purpose of the update**
- 3.1.1 To update the committee on the activity progress on the theme “Improving the Front Door”, and MASH arrangements as outlined in the Improvement Plan
- 3.1.2 For the committee to note the progress as set out within this report.
- 3.2 Background/Governance**
- 3.2.1 All activity within the ‘Key Themes’ is managed through 6 key strategic working groups each focussing on:
1. The “Lived Experience” and the Voice of the Child
 - 2 Improving the quality of Social Work Practice
 - 3 Improving Management Oversight and Quality Assurance
 - 4 Improving the Front Door and Mash Arrangements
 - 5 Improving the sufficiency of placements for Children Looked After (CLA)
 - 6 Improving the operating environment to create optimum conditions for success
- 3.2.3 It is proposed that each Strategic lead, including the lead for ‘Enabling Support’, has responsibility for driving activity to address improvements within the scope of that group. Accountable leads provide highlight and exception reports to the Multi Agency Operational Improvement Board.
- 3.2.4 It is also proposed that each area of work is addressed through a priority work stream plan, which describes the activity, milestones, progress and risks or issues that may impact on progress towards the improvement priority.
- 3.3 Overview of Progress**
- 3.3.1 For the purpose of this report and to assist the reader, progress in Theme Four has been grouped against the four strategic group headings, using the Improvement Plan reference where identified.

The group has primarily focused on four key strands of work:

- 1) **Improved all aspects of Multi agency child protection work including the development of the MASH service, management of risk around domestic violence and neglect, together with screening contacts and decision-making (IP Ref No R1, R3, R5 AFI 2)**

Within the front door of the MASH service, creative capacity has been achieved through the simplification of the Children's Social Care process within the MASH. This has enabled a more child focused approach, allowing identification of the most relevant professionals to attend strategy meetings, clear and concise planning, and partners the time and opportunity to undertake qualitative research in advance of their attendance to such meetings.

The next phase of MASH development will be looking to increase the partnership footprint including:

- Increase in health partners
- IDVA Representative (Independent Domestic Abuse Advisor)
- Youth Offending Service
- Housing.

The latter of which is of particular importance, given the rising number of homeless families that are redirected to the MASH by the Housing Department.

It was evidenced with the OFSTED inspection that the front door, including the MASH in its current format was not fulfilling effectively its core functions. For example the MASH screening, which should allow concerns held by a single agency to be disclosed and shared with relevant agencies, to enable them to better understand risk and issues at an earlier stage, had not been fully implemented.

To offset and reduce this issue, the service has introduced a more thorough scrutiny around thresholds proceeding to a S47 strategy.

Consequently, progress has begun to be made around the reconfiguration of the MASH in consultation with partners, through the newly established MASH group which is chaired by the Interim Strategic Director for Children's Services.

Wider strategic discussions and consultations are in process to finalise the MASH model together with the development of core functions namely:

- a. Simplifying systems and pathways, reducing the number of transfer points, reducing delay for the child.
- b. Introducing a MASH intelligence gathering function.
- c. Controlling the flow of incoming electronic contacts, by merging the various routes into the MASH.
- d. Creating capacity by piloting changes in processes between the MASH and the Assessments teams – chairing strategy meetings, this enables Children's Social Care within the MASH to focus more on the core

- business in applying thresholds, decision making, and improved management oversight.
- e. Revisiting the threshold document, to ensure this reflects the Working Together Guidance (2018) good practice standards, including previous history and creating high support and learning.
 - f. Supporting staff through regular supervision, mentoring and management availability.

Feedback Note: Following the introduction of the pilot, (see point d above) positive feedback has been received from social workers and team managers, who have indicated that these changes have given them more time, both practical and thinking, to reflect and re-evaluate referrals and cases where the decision was to progress to a strategy meeting and revise the earlier decision appropriately. All felt that they have produced a better quality of work.

2) Reviewing children being subject to inappropriate social work processes. (IP Code ref No R5, AFI 3)

- Key improvement within this area has centred on capacity which has enabled an increase in management capacity around screening, quality assurance and risk assessment grading through a RAG rating system.
- Developing closer links with the contact centre and specifically the social worker co-located there to triage telephone calls before they are transferred to the MASH
- As previously indicated the merger of the different routes to the 'front door', ensuring consistent application of threshold and timely decision making.
- Undertaking dip sampling of No Further Action (NFA) contacts and contacts which have been signposted to early help.

3) Developing and improving on performance reporting and accuracy of data to help inform future commissioning needs.(IP Ref No R3 & R5)

Receipt of accurate and relevant data is still being developed, with some data now being available, planning is in place to work with the performance team and IT colleagues to enable managers to draw out and utilise the data from the system.

4) Development of quality assurance audits, testing impact of changes around timeliness and response around the "lived experience" for the child, their family and partner agencies.

Findings and recommendations from OFSTED's inspection, peer review and in house audit have informed practice and process changes within the Children's Social Care section of the MASH.

Dip sampling and analysing data continues to be undertaken and this will be used to inform the quality of practice and outcomes for the child and their family.

4. Risk, Issues & Challenges

- Final approval of the reconfigured MASH and its core functions needs to be completed within an agreed timescale.
- MASH firewalls need to be fully implemented in an agreed timescale to enable them to better understand risk and issues at an earlier stage.

6. OTHER CONSIDERATIONS

None

7. FINANCIAL & RESOURCE APPRAISAL

The financial implications of the improvement plan are set out in the Budget proposals to be considered by Executive.

8. RISK MANAGEMENT AND GOVERNANCE ISSUES

This report is for information only.

9. LEGAL APPRAISAL

- 9.1 The recent inspection was undertaken under the new Framework, Evaluation Criteria and Inspector Guidance for the Inspections of Local Authority Children's Services (ILACS). This contains provisions regarding actions to be taken after an inadequate inspection report. These include monitoring by Ofsted including an action planning visit, quarterly monitoring visits and a re-inspection, and also an action plan prepared by the local authority within 70 days of receiving the report.

The Secretary of State has a wide range of powers available following an inadequate judgment, including statutory and non-statutory interventions. The type of intervention is dependent on the severity of the situation, how long the authority has been underperforming, and the perceived capacity for improvement.

S497A Education Act 1996 gives the Secretary of State a wide range of statutory powers if satisfied the local authority is failing to perform its social care functions. These include statutory directions to the local authority aimed at securing adequate performance and also statutory directions requiring the functions to be taken over by others including the Secretary of State or those nominated by him.

In Bradford's case, the Secretary of State intends to take a non-statutory approach, appointing an improvement adviser and issuing a formal improvement notice. The Department for Education 'Putting Children First – Delivering Our Vision for Excellent Children's Social Care (July 2016) indicates that the Secretary of State will only take the non-statutory route if the evidence does not indicate persistent or

systemic failure. The local authority will be involved in discussions regarding the content of the notice and it will clearly specify the issues of concern, the improvement required, how this will be assessed and subsequent steps that may be taken if improvement is not achieved.

10. OTHER IMPLICATIONS

10.1 EQUALITY & DIVERSITY

Report is for information only. No specific issues.

10.2 SUSTAINABILITY IMPLICATIONS

Report is for information only. No specific issues.

10.3 GREENHOUSE GAS EMISSIONS IMPACTS

Report is for information only. No specific issues.

10.4 COMMUNITY SAFETY IMPLICATIONS

Report is for information only. No specific issues.

10.5 HUMAN RIGHTS ACT

Report is for information only. No specific issues.

10.6 TRADE UNION

Report is for information only. No specific issues.

10.7 WARD IMPLICATIONS

Report is for information only. No specific issues.

10.8 IMPLICATIONS FOR CORPORATE PARENTING

The ILACS inspection provides a comprehensive external assessment of outcomes for Looked after Children. An action plan will be produced to address areas for improvement identified by Ofsted and progress will additionally be reported to the Corporate Parenting Panel.

10.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

There are no specific data protection implications.

11. NOT FOR PUBLICATION DOCUMENTS

N/A

12. OPTIONS

N/A

13. RECOMMENDATIONS

13.1 The Committee notes the continuing risks, issues and challenge

13.2 That the next meeting of the Committee continues the scrutiny of the Front Door in advance of the Ofsted monitoring visit.

13.3 A summary outcome of the key findings arising from the Peer Review of the Front Door is brought to the next Committee.

13.4 The Committee request that for their next meeting, data and audit information is available on theme four (front door and MASH) to enable a deep dive focus to take place.

14. APPENDICES

Appendix 1 – Draft Improvement Plan: Theme Four

15. BACKGROUND DOCUMENTS

None.

Improving the Front Door and MASH arrangements									
RED	Tasks and/or outcomes have not been met or timescale slipped								
AMBER	Tasks and/or outcomes are on track; milestones met but not completed								
GREEN	Tasks and outcomes are completed; performance is on target								
GREY	Task not yet started								
BLUE	Complete								
No.	Code	Inspection recommendations and Areas for Improvement	Activity required	Desired Outcomes	Timeline	Accountable Lead	Progress update	RAG	
4.1	R 1	Improve the identification and response to risk, particularly longer-term impact of domestic abuse and neglect	4.1.1	All contacts (including neglect) handled by MASH.	Audit and performance reports demonstrate improved consistency in applying thresholds and appropriate responses to risk and harm	Jan-19	Jim Hopkinson	Audit shows some improvement	AMBER
			4.1.2	Recruit a Head of Service for Front Door and MASH				Interim in place permanent job out to recruitment	AMBER
	AFI 2 AFI 5	Screening of contacts to the MASH is ineffective. Children in potentially harmful situations that had been closed by the MASH or inappropriate stepped down to early help Three week waiting time for Early Help allocation	4.1.3	Review of Early Help workload and capacity; end to end performance reporting on early help intervention to improve timeliness and management oversight	Performance tracked showing an improving trend against all Front Door performance measures. Allocation of work in Prevention and Early Help is timely	Feb-19	Jenny Cryer	This task has not yet started	GREY
	AFI 2	Screening of contacts to the MASH is ineffective.	4.1.4	Protocols put in place for recording contacts and Social workers based at the Contact Centre to oversee calls and provide advice		Feb-19	Jim Hopkinson	Social worker in the Contact centre reviews all e mails and advises on calls	GREEN
	R 1 R 5	Improve identification and response to risk, particularly long term impact of domestic abuse and neglect. Improve all aspects of multi-agency child protection work.	4.1.5	MASH performance is reviewed weekly to monitor performance against targets in the performance framework	Performance report in place; targets set, and performance improves.	Feb-19	Jenny Cryer	Draft dashboard in place to enable weekly reporting	AMBER
			4.1.6	Merge the Early Help Gateway and MASH and introduce an integrated process at the Front Door.	Integrated front door operational	Jan-19	Jim Hopkinson	EH Gateway in the MASH although further developments being planned to move EH to localities	AMBER
4.2	R 5 AFI3	Too many children being subject to unnecessary and disproportionate SW processes.	4.2.1	Establish MASH Strategic Board to improve partnership understanding of thresholds, accountability and the development of shared expectations in relation to gaining consent.	Board meeting minutes reflect improved partnership working and shared understanding of thresholds and consent requirements	Dec-18	Gladys Rhodes White	MASH Board has met and planning event held	AMBER
			4.2.2	Establish MASH Operational task Group	Task group in place and supporting continued improvement in integrated working with improved consistency and timeliness of responses	Dec-18	Gladys Rhodes White	This task has not been completed due to management turnover	RED
4.3	R 3 R 5	Children who are already allocated to a SW are being opened as a new contact; Improve accuracy of data re: contacts; improve customer service experience for children, families and partners.	4.3.1	'Process map', revise and issue new guidance re telephony standards to include guidance on contacts on open cases.	Standards in place All workers have a phone children, families and partners can speak to the right person about the child	Feb-19	Jim Hopkinson	This is in the planning phase following the event above	AMBER
4.4	R 1 R 3	Quality assurance of impact of improvements on timeliness and quality of Front Door responses.	4.4.1	Arrange a Peer review of Front Door including MASH processes – by the Partner in Practice Doncaster CT	Peer review report received and responded to	Dec-18	Gladys Rhodes White	This has taken place	GREEN
			4.4.2	Following PIP Peer Review and in response to the findings-remodel Front Door arrangements	Remodelled Front Door operational and partnership arrangements support improved performance and consistency of decision making	Feb-19	Gladys Rhodes White	These have been included within the Improvement Plan	AMBER
	R?? R 5		4.4.3	Undertake multi agency audits. (4 times per year)	Audit report through BSCB show positive outcomes	4 times per year	Gladys Rhodes White	These have been planned in	AMBER
	R 1 R 3		4.4.4	Internal QA audit team to audit MASH responses.	Audit report show an improving trend in compliance and children's outcomes	December 2018 then on-going	Jenny Cryer	Initial sample has been audited and plan for reviews in February 2019 and then at regular intervals	AMBER

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Report of the Interim Director of Children's Services to the meeting of the Children's Overview and Scrutiny to be held on 13th February 2019

Z

Subject:

Young Carers

Summary statement:

This report provides an annual update on plans to meet the needs of Young Carers within the Bradford District, including the recent re-tender of the service. The work of the Young Carers service is guided by a Memorandum of Understanding 2010, refreshed in Feb 2014, and 2017 and a Framework of Good Practice.

Previous reports have been presented, the last one was in September 2017.

Gladys Rhodes White
Interim Strategic Director
Children's Services
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Portfolio:

Children & Families

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

- 1.1 This report provides an update on the needs of Young Carers following the implementation of the Children and Families Act 2014, Care Act 2014 and the Local Memorandum of Understanding (MOU) 2010, refreshed 2014 and 2017. It updates the previous annual reports presented on the 26th July 2016 and 27th September 2017.
- 1.2 The Young Carers Service is a commissioned service which meets the Council's statutory duty to provide an assessment for Young Carers, as well as providing other resources following assessment. The current provider is **Barnardo's**, however, this service contract has been rolled over for a number of years and needed to be reviewed and the service re-tendered for 2019.
- 1.3 The **Carers Resource** has been successful in gaining the new tender and throughout January, February and March there will be a period of mobilisation until the new service commences on the 1st April 2019.
- 1.4 The new service will be jointly commissioned with our CCG commissioners to ensure value for money and service quality. Papers have been presented at ECB (Health's Executive Commissioning Board) in October 2018 and TIG (Children & Young People's Transformation and Integration Group) in May 2018.
- 1.5 A Framework for Good Practice (Appendix 1) has been introduced throughout 2018 as a 'working document' to deliver on identified areas of weakness and to cover NDTI (National Development Team for Inclusion) standards for Young Carers. The members, in previous years at Overview and Scrutiny, were keen not to have a continued RAG rated document that demonstrated positive outcomes and wanted a clear picture of any difficulties so that they could be as supportive and challenging as necessary.
- 1.6 A report has been provided by Barnardos on the year's activity 2017/18 (Appendix 2)
- 1.7 Young Carers will be an integral part of the revised Adult Carers Strategy due June 2019 but will retain its own Memorandum of Understanding and Framework of Good Practice.

2. BACKGROUND

- 2.1 The 2010 Local Memorandum of Understanding (previously shared with Children's Overview & Scrutiny) has been updated to include the good practise detailed within the paper 'No wrong doors' April 2015.

2.2 The Memorandum is a clear Joint Statement of Intent and Vision stating that;

“Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive; to enjoy positive childhoods and to achieve their full potential and fulfils the duty to participate as laid out in the Raising Participation Age duty.”

2.3 The Children and Families Act 2014 states that “young carer” means:

‘A person under 18 years of age who carries out caring tasks and assumes a level of responsibility for another person which would normally be carried out by an adult’

This is taken to include children and young people under 18 who provide regular and on-going care to a family member usually because that family member has significant unmet care needs arising from disabilities, mental health needs or substance misuse. That care can involve:

- Emotional support
- Taking responsibility – giving medication, looking after siblings, paying bills
- Physical Care - personal care, helping someone to dress or move around, cooking, cleaning

2.4 The term Young Carer does not apply to the everyday and occasional help around the home that may often be expected of or given by children in a family. A Young Carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for the child.

2.5 The Vision’s overriding priority is prevention, ensuring Young Carers are actively protected from excessive or inappropriate caring and parenting roles are supported. The Memorandum also supports the new duties placed on Authorities via the Children and Families Act 2014 and the Care Act 2014.

3. OTHER CONSIDERATIONS

3.1 Barnardo’s are currently commissioned separately by the Council and Clinical Commissioning Groups (CCGs) to deliver a single service for young carers. Both the Council funding and CCG funding for the Young Carers Service has been renewed on an annual basis for a number of years without having been through a procurement process.

A competitive tendering process has taken place to ensure that the contract is compliant with the Councils Contract Standing Orders and is in accordance with the principles of public procurement within EU and national legislation. The tender process has also:

- Considered the current commissioning arrangements and commissioned services in the district.
- Established through a desktop exercise, national and local guidance, policy and research around delivery of young carers services.

- Provided consultation and stakeholder engagement.
 - Outlining options for the future delivery and commissioning of services for Young Carers.
- 3.2 To contribute to the re-commissioning a stakeholder event was held on 11th September 2018 and a stakeholder survey was widely circulated through health, council and voluntary organisations. An online survey was sent to all schools, health and voluntary organisations to share with children and young people who consider themselves young carers and a consultation event was held with young carers at Lazer Quest on the 20th August 2018.
- 3.3 The Carers Resource has been successful in gaining the new tender and there will follow a period of mobilisation until the new service commences on the 1st April 2019.
- 3.4 A report has been provided by Barnardos for 2017/2018. (Appendix 2)
- 3.5 The new service will be jointly commissioned with our CCGs commissioners to ensure value for money and service quality. Papers have been presented at ECB (Executive Commissioning Board) in October 2018 and TIG (Children & Young People's Transformation and Integration Group) in May 2018, which have been received well. The CCGs have been heavily involved in the re-procurement of the service for young carers, ensuring that key elements around health have been integral to decision-making and planning for the new service that will be provided. This covers elements around young carers themselves, for instance, supporting them to make healthy life choices and also around health services in terms of awareness raising and identification.
- 3.6 The joint commissioning of this service provides an opportunity for greater joint working at a local level, in line with intentions to move towards a more integrated health and social care system. The benefits include streamlining of contracting, reporting and monitoring arrangements and delivery of shared objectives and plans that meet the needs of young carers. It is felt that combining resources is the most effective use and promotes a consistent and equitable service.
- 3.7 The Young Carers service has been presented to Overview and Scrutiny since 2014 to discuss progress and to hear the views of the young people that use the service. At the last Overview and Scrutiny (Sept 2017) there were concerns raised about GP practices not acknowledging Young Carers and not enough being done to support the identification of Young Carers. Since this was raised there has been activity within health services that has proved very promising in relation to joint commissioning and a flagging system within System One to help identify Young Carers to School Nurses.
- 3.8 Development work has been undertaken which now gives primary care professionals the ability to flag young carers on SystemOne which will apply a Patient Status alert on the front page of their SystemOne record to alert primary

care professionals that the young person is a young carer which may impact on the care and support offered to them. Promotional communications of Best Practice Guidance in primary care on the importance of identification of young carers will be launched in February. Developed with input from safeguarding experts, partner organisations are asked to adopt the best practice within their service. The intention is to launch this guidance alongside a campaign to increase visibility of young carers in primary care through robust use of the practice register of carers, linking to any other child or young person in the household.

- 3.9 The Young Carers service has worked well with all schools ensuring that a Young Carers lead is in every secondary school and will be in every primary school by the end of 2019.
- 3.10 The Memorandum of Understanding will be reviewed throughout 2019 with our contracted service, Health and Adult services colleagues and this will be agreed for a further three years. This will include longer term planning to further embed the consideration of the need to identify and support young carers as everyday practice. This will take place within primary care services for adults through inclusion of relevant questions around caring support in both long term condition and mental health annual reviews, as a routine element of the review and as standard at the point of discharge from an acute setting.

4. FINANCIAL & RESOURCE APPRAISAL

The funding resource implications for partners are as follows;

- City of Bradford Metropolitan District Council - £151,236
- Combined Clinical Commissioning Groups - £53,323

The annual contract value will be £204,559 per annum and we will procure for a 3 year contract 2019/20 to 2021/22 with the option to extend by one year and one further year.

There are no options for consideration presented as this is a statutory duty for the Council and its partners and part of the annual programme of work for the scrutiny committee.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The work undertaken by the providers and partners in relation to Young Carers, contributes to the Council priorities by ensuring: Young Carers are safe; that they are supported to achieve the best outcomes they can in relation to their education; and their emotional well being is monitored with support offered as and when needed.

6. LEGAL APPRAISAL

None.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None.

7.2 SUSTAINABILITY IMPLICATIONS

None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None .

7.4 COMMUNITY SAFETY IMPLICATIONS

None.

7.5 HUMAN RIGHTS ACT

None.

7.6 TRADE UNION

None.

7.7 WARD IMPLICATIONS

The service is District Wide.

7.8 IMPLICATIONS FOR CORPORATE PARENTING

None

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

This was considered in the tendering process.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None

10. RECOMMENDATIONS

- 10.1 That Overview and Scrutiny to receive the report for information, note the progress and support continued development in the jointly commissioned service.
- 10.2 That reports continue to be received from the service.

11. APPENDICES

Appendix 1 - Framework of Good Practice.
Appendix 2 - Report from Barnardos.

12. BACKGROUND DOCUMENTS

Overview and Scrutiny Report September 2017.

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Appendix 1 Bradford Young Carers

A Framework for Good Practice – 2018

1. Identifying Young Carers

Requirements:

The official definition of a young carer is '...a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work).' Children and Families Act 2014 Section 96.

Local authorities must find out if there are young carer in their area and if they have needs for support. This means the local authority must proactively identify young carers rather than wait for young people and their families to come forward and request an assessment. Local authorities are required to take "reasonable steps" to identify young carers in their area.

Promotion and adherence to relevant legislation affecting young carers.

All relevant professionals are aware of young carers and how to identify and support them effectively.

RED Not meeting requirements yet (C)	AMBER Getting started (B)	GREEN Using good practice (A)
<p>All new social care staff (adults and children) given training on young carers as part of induction – could explore adapting eLearning induction package created by BDCFT.</p> <p>Ensuring where professionals are having appointments with adult clients at home at least one outside of school/college hours</p>	<p>GPs –undertaken information sessions with GPs, working with Peoples Board, spoken to Patient Participation Groups, sent information re young carers to all GP surgeries.</p> <p>Flagging system within S1 under development to help identification of young carers accompanied by best practice guidance, also under development, for primary care on importance of identification of young carers.</p> <p>Using Early Help Gateway and Early Help panels to better identify young carers</p> <p>Adults (Julie Robson Joyce) started to look at adapting the young carers pathway created by BDCFT. This needs following up to see what progress has been made.</p>	<p>Bradford District Care Foundation Trust (BDCFT) – carers pathway created in partnership to allow BDCFT staff upon identifying a carer to refer onto appropriate support – this has led to an increase in referrals to Barnardo’s Young Carers service from BDCFT staff, BDCFT have identified carers champions across their organisation who have all accessed training to cascade to their colleagues on identifying carers, all new staff have to do eLearning on carers as part of induction, BDCFT going for Triangle of care (<i>Triangle of Care. The 'Triangle of Care' is a working collaboration, or "therapeutic alliance" between the service user, professional and carer that promotes safety, supports recovery and sustains well-being</i>) recently achieved phase 1.</p> <p>Schools work – all schools across district (bar special schools) offered work from Barnardo’s – encouraged to sign up to the Young Carers Policy and as such identify a lead in the school to be responsible for</p>

	<p>Undertake audit of adult assessments to check out if young carers are being identified</p>	<p>young carers. Barnardo's then offer to train the lead to ensure they know how to effectively identify young carers in the school. To date (03-05-18) all high schools (100%) have signed up – 7 left to train, 118 primaries (75%) have signed up – 58 still to train.</p> <p>School nurses – trained to use screening sheet to identify whether and child/young person is a young carer. All pupils in Years 6&9 have health assessments which ask questions about potential caring roles. School nurses also consider if maybe young carer & ask at any contact i.e Tier 1 assessment/ drop-in sessions.</p> <p>Adult services – questions to enable social workers identify young carers in the household have been placed within assessments.</p>
<p>What needs to change? Describe areas of concern</p>		
<p>Data collection and making a difference – do we capture this in the most effective way?</p>		
<p>Actions that need to happen to improve practice. Prioritise what actions need to happen.</p>		
<p>1 Adult and children's services need induction in relation to identifying young carers – Adult and</p>		

Children's Social Care

- 2 Date for completion of system one flags for primary care – will need to write some guidance for this in relation to what needs to happen – **Clinical Commissioning Group (CCG) rep**
- 3 School nurse and school staff – role of the school nurse – do we need a template to capture outcomes – and details such as how many times has the SN used the screening tool where do they put their data on young carers and make sure we do not double count with other agencies.- **School nurse lead**
- 4 Check with Shirley provision of support around health of young carers described in the MOU (page 11) is happening – **Children's Social Care**
- 5 To talk to BDCFT in relation to sharing their e-learning package – **CCG rep**
- 6 Audit of adult services and how often they identify a young carer.- **Adult Services and BDCT rep**
- 7 To think about refresher training for schools and be clear about who is trained how often this will be delivered and that schools need to let Barnardo's know should their lead leave.- **Service provider**
- 8 To ensure that the school nurse tender includes the continued use of the screening sheet and related training **Children's Social Care**
- 9 To look at data, in relation to whether we are making a difference to children and capture if so how?- **All**

2. Assessment

Requirements:

If there is an adult being looked after, then the local council has a duty to consider whether there are any children involved in providing care, and if so, what the impact is on that child.

The local council have a duty to assess 'on the appearance of need' (ie without a 'request' having to be made). They also have a more general duty to 'take reasonable steps' to identify young carers in

their area.

The local council must involve the child with caring responsibilities, their parents and any other person the young carer requests in the assessment process. The assessment itself must look at whether or not the young carer wishes to continue caring, and whether it is appropriate for them to continue caring. When doing this they have to take into account any education, training, work or recreational activities the young carer is or wishes to participate in.

Young carers wishes and feelings listened to and acted upon.

RED Not meeting requirements yet (C)

AMBER Getting started (B)

GREEN Using good practice (A)

Need to establish number of assessments undertaken on young carers other than by Barnardo's and what support is offered. Are young carers getting what they are entitled to – e.g. if the family didn't want.

Frontline staff in adult services – trained to ensure whole family approach to assessment and care planning.

Gateway Hub (Prevention and Early Help services) assessing and responding to referrals (utilise SOS). Need to determine these need requirements from care Act

Multi-agency Safeguarding Hub (MASH) thresholds.

BDCFT Carers pathway supports staff to signpost young carer onto relevant service for assessment.

Young Carers who come through **Barnardos** have a holistic assessment (inc doing a parent assessment) to identify strengths and weaknesses. It explores their caring role, education, social life, emotional wellbeing, safety etc. Young carers wishes and feelings are taken on board and addressed.

Use of **Signs of Safety** to assess strengths and weaknesses.

Date and details of review and plan

- What needs to change? Describe areas of concern.

Assessments of adults – not sure how many cases of adults assessments where young carers are identified
 Do gateway and cluster how many cases coming in are because of young carers
 How do we know we have made a difference to young carers?
 Are Transition Assessments being undertaken?

Actions that need to happen to improve practice. Prioritise what actions need to happen

- 1 Need data off adult services in relation to identified young carers and impact of assessment – **Adult Social Care and BDCFT rep**
- 2 Need to be clear about young carer referrals and counting and not duplicate Barnardos and gateway figures.-**Children’s Social Care/Service provider**
- 3 Before and after screening – what difference does this make – (see template for assessment) **School Nurse rep and Service Provider**
- 4 Have a meeting re: data – **All**

3. Information and advice

Requirements:

Local authorities have a duty to provide information and advice to individuals with support needs and their carers (inc young carers) This information must be provided in timely manner and be in a format that can be understood by the person and/or young carer.

RED Not meeting requirements yet (C)	AMBER Getting started (B)	GREEN Using good practice (A)
<p>All new social care staff (adults and children) to be given training on young carers as part of induction – to include ensuring they are aware of information and advice and support they can signpost them onto.</p> <p>Information and advice available and accessible for all communities.</p>	<p>Ensure Gateway Hub and locality panels aware of young carers and support entitled to</p> <p>GP surgeries have all had information sent to them</p> <p>A range of services given training over last couple of years on young carers and how to support them including: School Governors Connexions BDFCT staff Families First CAMHS</p>	<p>For those families accessing Barnardos – information provided on range of issues in formats that are accessible and user friendly</p> <p>BDCFT – pathway ensures they sign post carers onto relevant support agencies who can offer further advice and information.</p> <p>Local offer website</p> <p>Schools Work – teachers who have accessed the training receive a resource pack full of information, advice, tools etc. they can use with their pupils.</p> <p>School nurses – aware of support services to signpost young carers onto.</p>
Date and details of review and plan		
<ul style="list-style-type: none"> • What needs to change? Describe areas of concern. <p>Not sure how clear is the information that signposts young carers</p>		

Actions that need to happen to improve practice. Prioritise what actions need to happen.

- 1 Test the various sites for information BSOL/ LO/Bradnet –**CCG rep/Commissioners /Childrens Social care**
- 2 Induction figures –**CCG rep /Service provider**

4. Health and Wellbeing – including personal support and community based support

Requirements:

The Care Act introduces a new duty on local authorities to provide services to take steps which it considers will contribute towards preventing, delaying or reducing needs for (statutory) care and support in its area. This applies to everybody – not just those with eligible needs. This is in recognition that if you can help people maintain their wellbeing you can prevent them from needing to use formal services, or for their caring role to break down in a crisis.

Where a young carer's eligible needs are identified as requiring support, local councils (and/or commissioned provider) will have to:

- **provide support directly to the young carer or**
- **demonstrate that the 'cared for person's' assessment has provided adequate care and support to prevent inappropriate care being required from the young carer**

Under the Care Act, a carer with eligible support needs is entitled to a carers personalised budget – this sum of money can help get a carer the support they need to meet their eligible needs.

RED Not meeting requirements yet (C)	AMBER Getting started (B)	GREEN Using good practice (A)
<p>Do assessments for cared for person demonstrate adequate care and support for the adult has been addressed to prevent inappropriate care for the young carer. Are there any gaps? Look at sample audit on Fair Access to Care (FAC) assessments.</p> <p>Discharge procedures –Are young carers own health needs considered in the discharge process?</p>	<p>System 1 /GPs – Developing flagging system for young carers.</p>	<p>Barnardos – emotional wellbeing work e.g. WRAP, referring cared for person onto support that they are entitled too, referring young carer into local activities within community, peer support, holiday/social activities, use of grants to support wellbeing. Support plans created in conjunction with young carer and cared for person and agreed by both parties.</p> <p>Barnardos – delivered various training/briefings to agencies (sometimes involving young carers themselves)</p> <p>Young carers getting involved in Peoples Board</p> <p>School nurses – utilising screening tool to identify if a child/young person is a young carer if yes and they consent will refer to Barnardos. For those who do not consent they look at alternative provision but will also do some individual work so for example help with low self-esteem or understanding</p>

		<p>condition they care for & refer to other agencies as needed. SN will always give information of our service and how they can access in future if support not wanted at the time.</p>
<p>Date and details of review and plan</p>		
<ul style="list-style-type: none"> • What needs to change? Describe areas of concern. <p>1. Identify appropriate place in the health system for discussion around discharge procedures and instigate – CCG Rep</p>		
<p>Actions that need to happen to improve practice. Prioritise what actions need to happen.</p>		
<p></p>		

<p>5. Participation</p>		
<p>Requirements:</p> <ul style="list-style-type: none"> • Young carers are able to become actively involved in decision making and planning around the person they care for • Young carers voices are heard at strategic level 		
<p>RED Not meeting</p>	<p>AMBER Getting started (B)</p>	<p>GREEN Using good practice (A)</p>

requirements yet (C)		
<p>Young carers acknowledged and heard in regards to care plans etc – service users inform Barnardo’s that they are not spoken to for their opinions in relation to person they care for. Appointments are often happening when young carer is not there so they become more invisible. Where young carers have been present they are often told to leave the room etc.</p> <p>Discharge plans – young carers not spoken to or involved in process</p>	<p>Young carers partnership – is established. Need to strengthen partnerships with some areas such as adult social care and education.</p> <p>Young carers to be involved in future commissioning processes</p>	<p>Young carers committee – group made up of open and closed cases to Barnardo’s. The group feed into consultations, design and delivery of service.</p> <p>Young carers involved in reporting to Overview and Scrutiny every year.</p> <p>BDCFT Carers in Action and Carers Experience and Involvement group have some meetings where young carers participate</p> <p>Young carers involved in training and briefing sessions either directly or via resources they created</p> <p>Young carers involved in recruitment at Barnardos</p> <p>Radio show – young carers produce their own show that goes out once a month on BCB radio often discussions around issues for young carers.</p> <p>Peoples Board (for CCG)– meeting with young carers once a quarter to take their</p>

		ideas/concerns back to develop.
Date and details of review and plan		
<ul style="list-style-type: none"> • What needs to change? Describe areas of concern. Need to reach more young carers other than those in service within the commissioning process.		
Actions that need to happen to improve practice. Prioritise what actions need to happen.		
1. Survey monkey completed and sent to all schools and vol orgs – results back in September CCG rep/Children's social care/commissioning		

6. Education

Requirements:

- **Educational establishments to demonstrate they support young carers**
- **Young carers should be able to actively engage in education and be able to achieve and attend despite their caring role**
- **Young carers future aspirations should not be limited because of their caring role**

RED Not meeting requirements yet (C)

AMBER Getting started (B)

GREEN Using good practice (A)

Special schools, colleges and universities – these have not been included as part of the Education

High schools to adopt young carers card –some work was started on this but needs a review to establish where it is and to pick it up

Schools work (Barnardo's) As detailed previously plus any young carers Barnardos work with where there are educational concerns they liaise with family and educational establishment to support and find

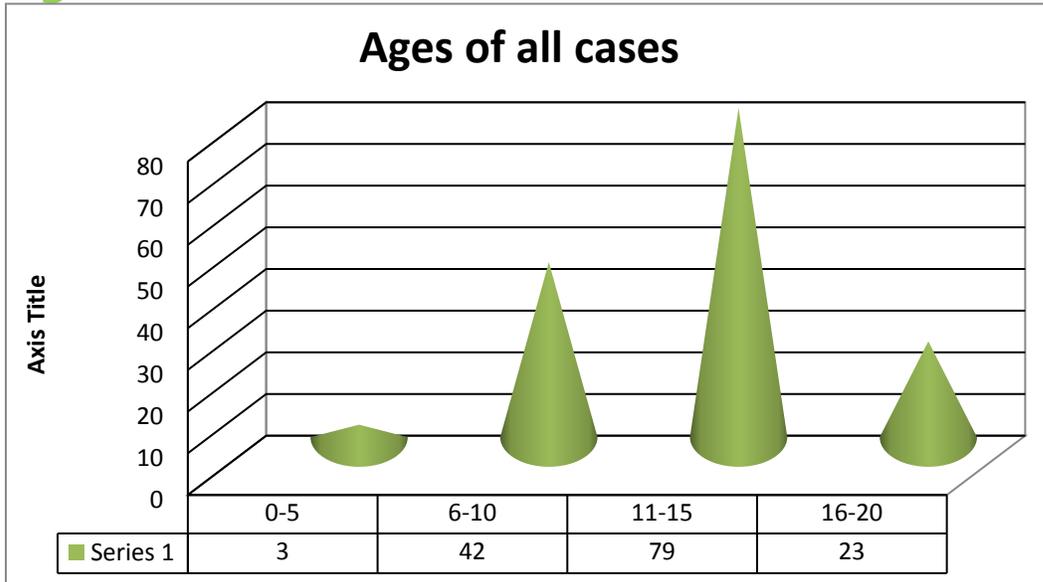
<p>work Barnardos has undertaken</p> <p>Moving on from high school – Consider this transition and whether Barnardos could have a similar group to what they deliver for those moving onto high school.</p>	<p>Carers allowance and ‘part time’ courses – this is an issue for young carers which can force them out of education. Can LA support local colleges etc to not state full time when it isn’t!</p> <p>Transitions to adult services – The Adult Carer Service had a dedicated Young Adult Carers worker but funding is no longer available for this. Barnardos do encourage and support young carers to move onto relevant support services. The Care Act 2014, significantly strengthened the rights of young carers at transition into adulthood. If a young carer is likely to have needs when they turn 18, the local authority must now assess them if it considers there is “significant benefit” to the individual in doing so. This is regardless of whether the</p>	<p>resolutions.</p> <p>School nurses – use of screening tool and health assessments and support they can provide young carers will therefore work towards ensuring the young carer can enjoy and achieve in education. Deliver mental health assembly in year 7 and discuss young carers at this too.</p> <p>Yr 6 Transition work – young carers working with Barnardos who are in final year of primary school are offered a transitions group in the summer holiday period which brings them together to prepare for the move to high school – with their consent we ensure the new school are aware of their caring role and who can support them. There is also a reunion session around October to see how they settle in etc.</p> <p>UCAS applications – Barnardo’s supported and were actively involved in the changes that are being made for applications from this year to allow young carers to highlight their caring role.</p>
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	<p>child or individual currently receives any services. Barnardos doesn't have many cases at all after the age of 16 years. This could potentially be a gap in the service. What is happening for these young carers – are they being picked up by the adult carers service?</p>	
<p>Date and details of review and plan</p>		
<ul style="list-style-type: none"> • What needs to change? Describe areas of concern. <p>Transition being an integral part of the service.</p>		
<p>Actions that need to happen to improve practice. Prioritise what actions need to happen.</p>		
<ol style="list-style-type: none"> 1. Contracted service should have good links with adult service providers – 1st April 2019 2. Ensure adult service specification includes transition. – date of new tender and in new Adult strategy June 2019 		

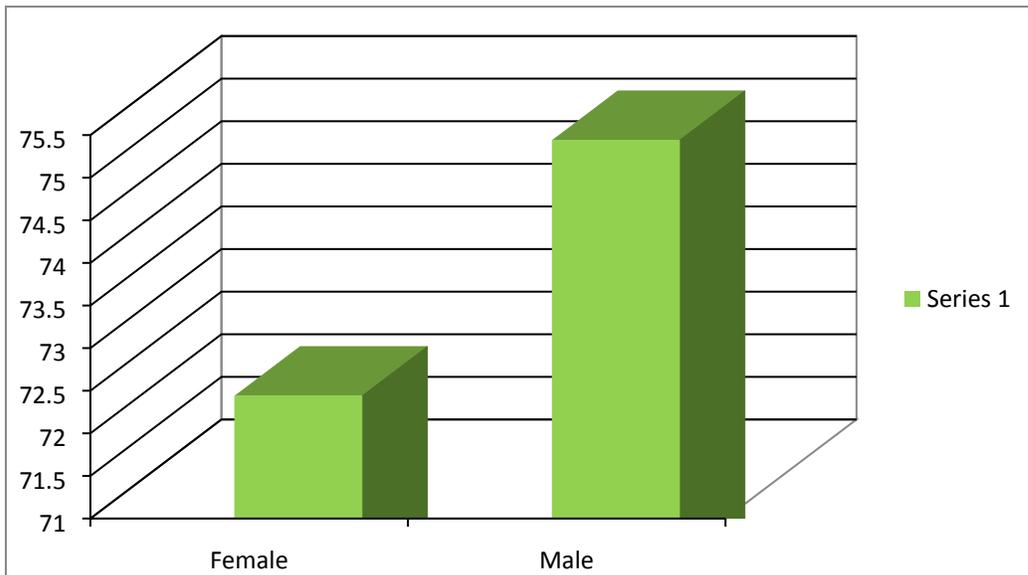
Appendix 2 All cases worked with between 01-April 2017- 31-March 2018

A total of 147 cases

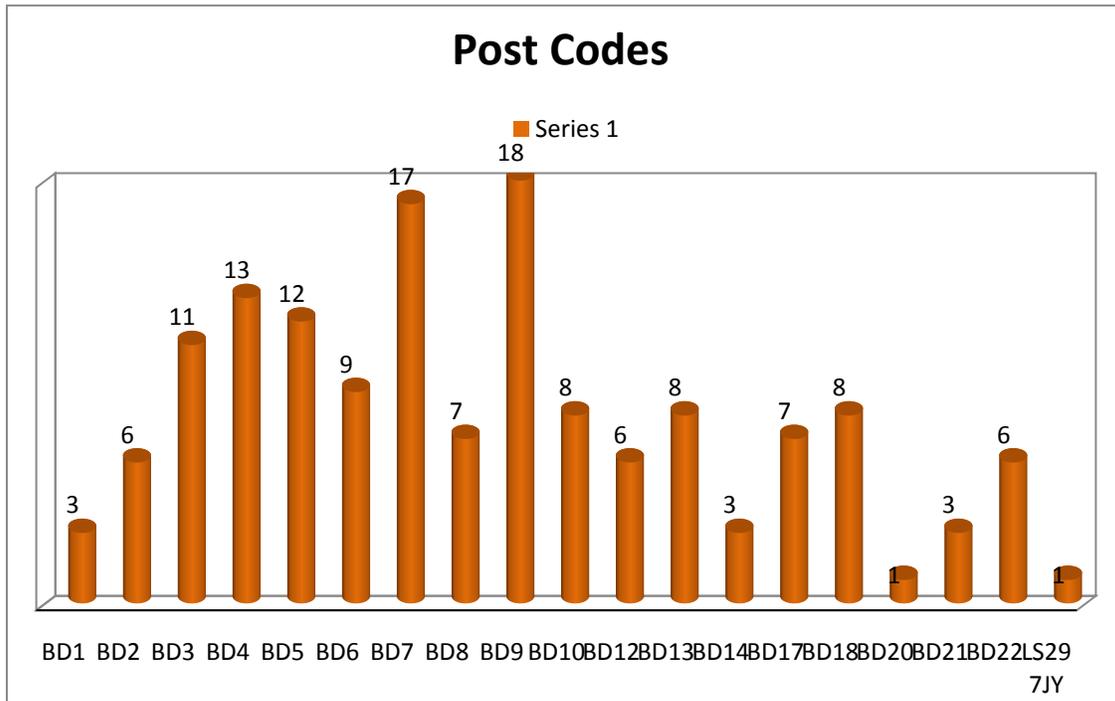
Ages



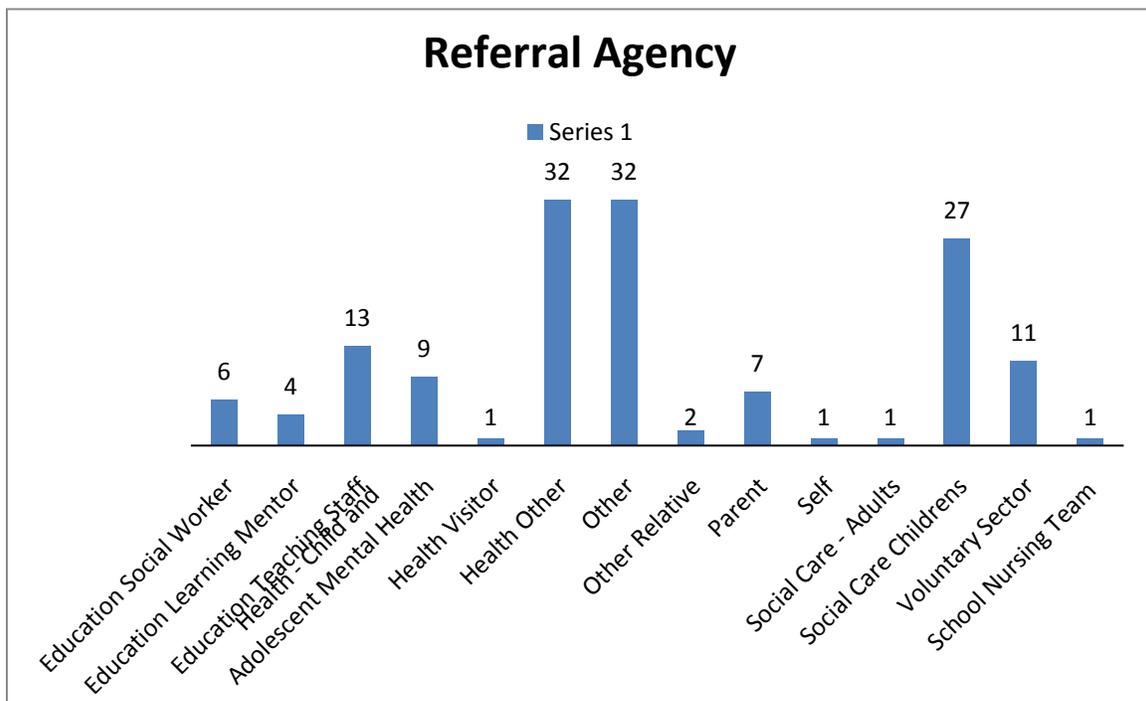
Gender



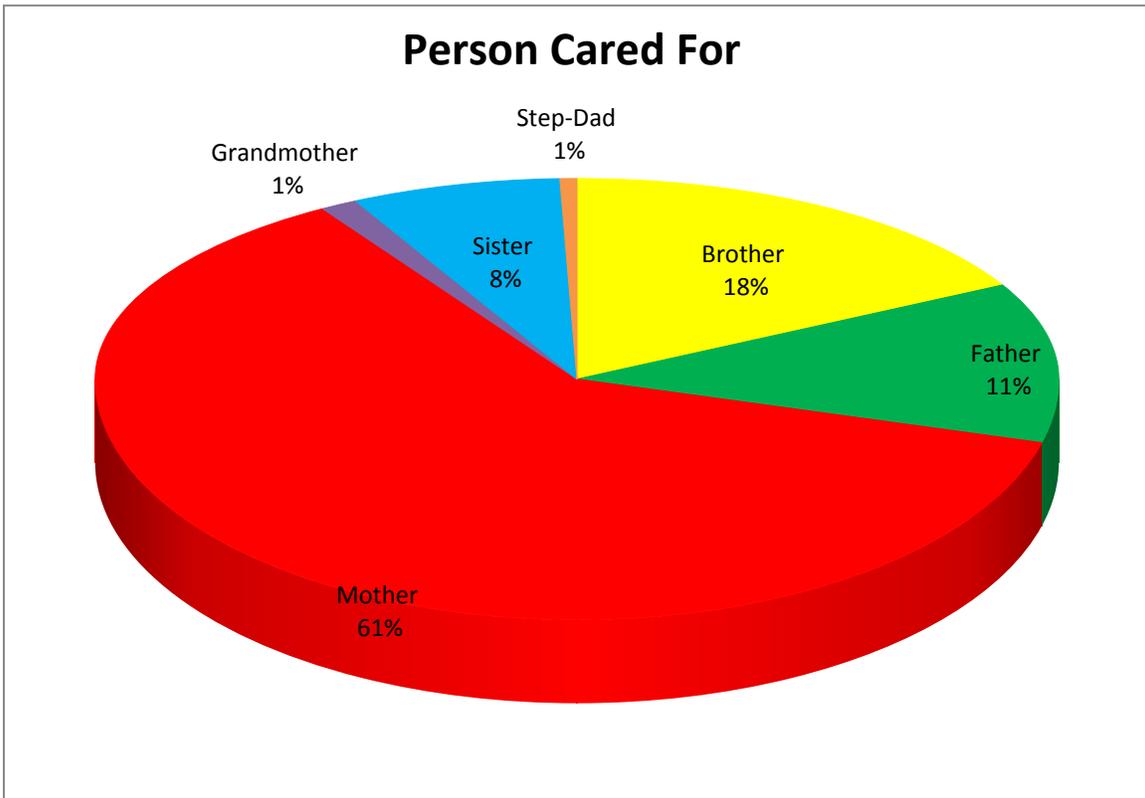
Post Code Areas



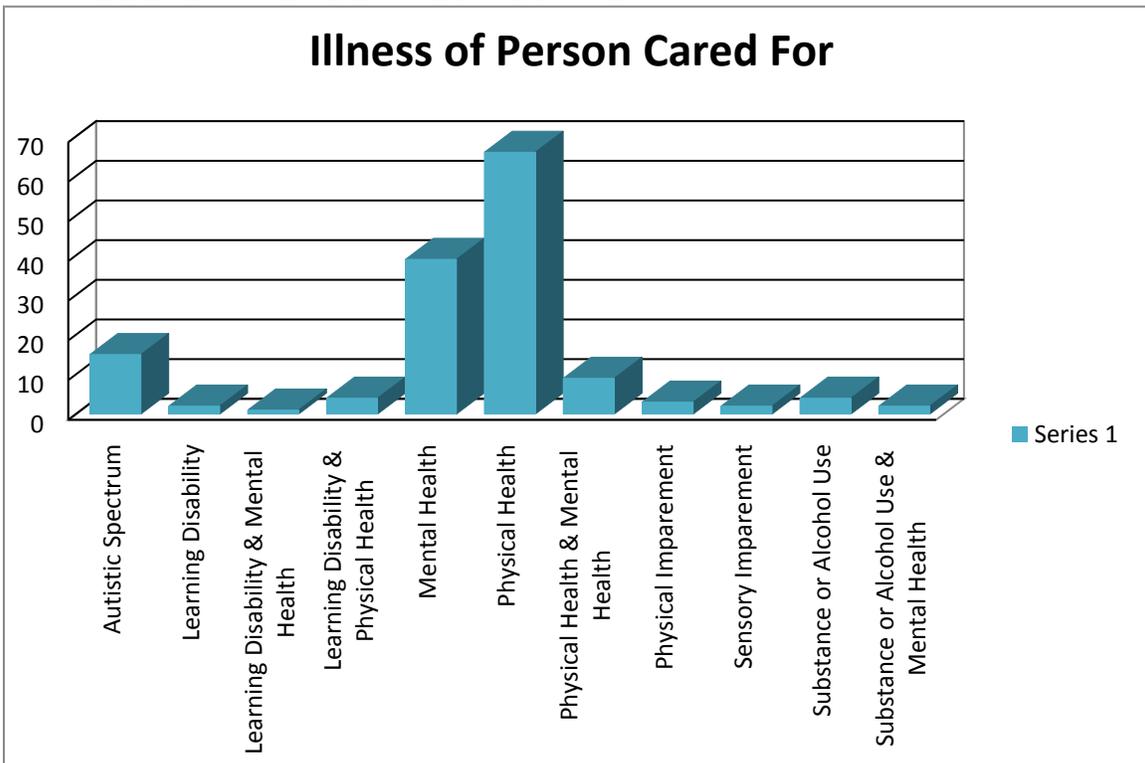
Referral Agencies



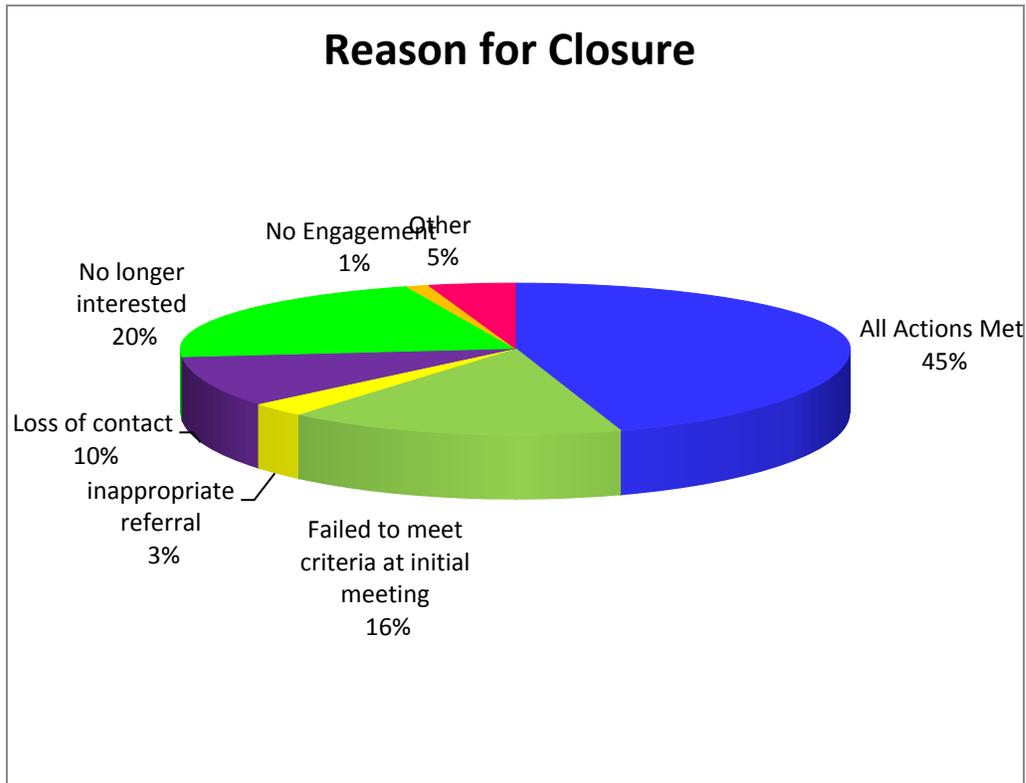
Person Cared For



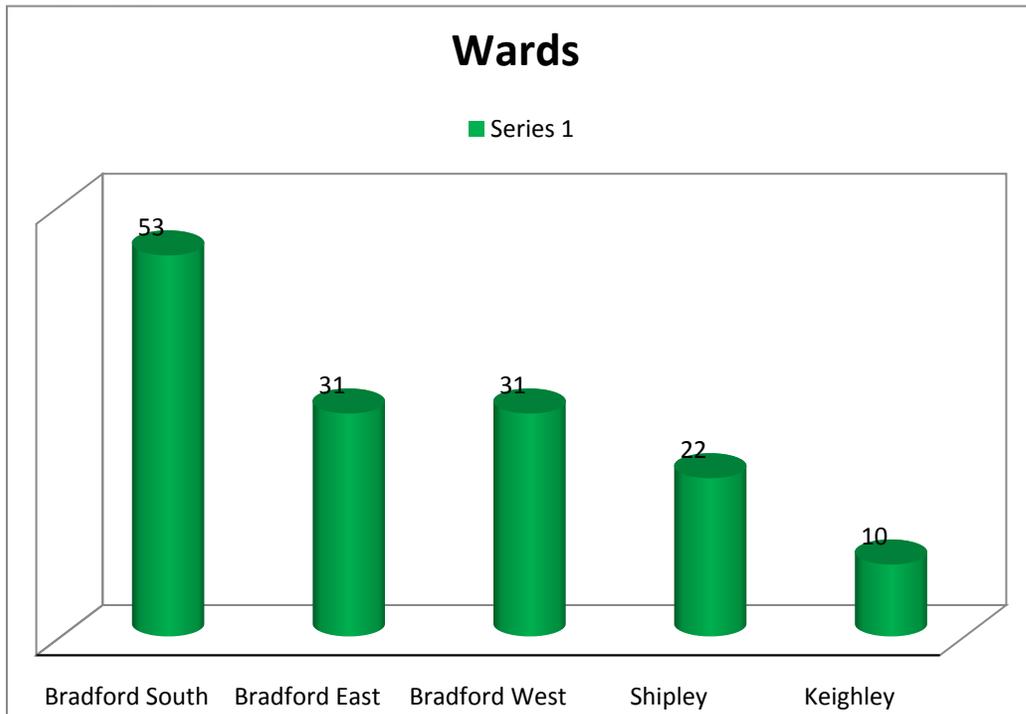
Illness of Person Cared For



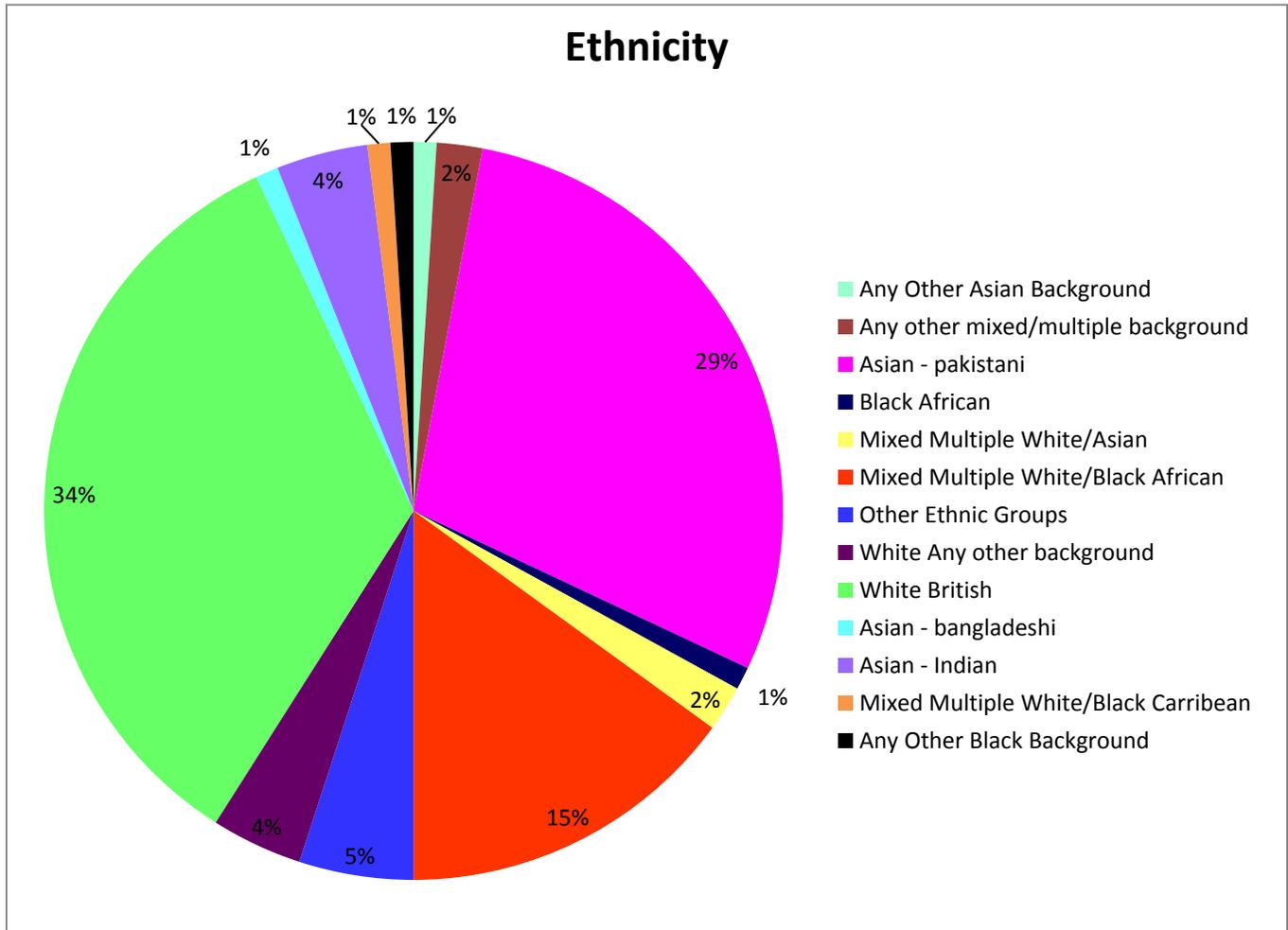
Reason For Closure



Wards



Ethnicity



Outcomes

Outcome 1: reduced impact of caring

82.75% of all closures identifying this outcome report reduced impact of caring against target of 60%

Outcome 2: improved social life/friendships

60% of all closures identifying this outcome report improved social life/friendships against a target of 70%

Outcome 3: improved family relationship

79% of all closures identifying this outcome report improved family relationships against a target of 60%

Outcome 4: improvements at school/college

75% of all closures identifying this outcome report improvements at school/college against a target of 60%

Outcome 5: feel able to contribute to planning and decision making and have influence on what happens to them

86% of all closures identifying this outcome report feeling able to contribute to planning and decision making and have an influence on what happens to them against a target of 60%.

Outcome 6: increased confidence and resilience

93% of all closures identifying this outcome report increased confidence and resilience against a target of 70%

Outcome 7: overall satisfaction with the service

93% of all closures report satisfaction with the service against a target of 85%



Report of the Strategic Director of Children's Services to the meeting of Children's Overview and Scrutiny Committee to be held on 13th February 2019.

AA

Subject:

Annual Report of the Safeguarding Children Board for 2017/18

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 2017/18, as well as the annual summary of the Child Death Overview Panel.

Gladys Rhodes White
Interim Strategic Director
Children's Services

Portfolio:

Children and Families

Report Contact: Mark Griffin
Manager of Bradford Safeguarding
Children Board
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Overview & Scrutiny Area:

Children's Services

1. SUMMARY

1.1 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.

1.2 The Board is required to produce and publish an annual report. This report summarises the annual report and draws the committees attention to the highlights of the activity this year.

Appendix 1, Bradford Safeguarding Children Board (BSCB) Annual Report 2017/18
Appendix 2, CDOP Annual Report 2017/18

2. BACKGROUND

2.1 The work of the of the Board

The annual report summarises the work of the main Board and the sub groups. In 2017/18 theses were:

- The Business Planning Sub Group- Chair David Niven
- The Case Review Sub Group- Chair Dr Kate Ward
- CSE Missing Group- Chair Alisa Newman
- Learning and Development Sub Group- Chair Sue Thompson Designated Nurse for Safeguarding
- Performance and Audit Sub Group – Chair Jenny Cryer
- Joint Targeted Area Inspection (JTAI) I 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
- Voluntary Community Sector (VCS) Safeguarding Steering Group- Chair Janice Hawkes
- Safeguarding in Health Group- Chair Dr Ruth Skelton

2.2 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 2017/18 the priorities for the Board were to:

1. Ensure the care and 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

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. Bradford is one of the youngest cities in the country with children under 16 as a proportion of its population with over 100,000 on roll in the District.

The 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 structure of the Board suits the needs of Bradford with 8 sub-groups reporting to the Business Planning Group to coordinate activity. The Voluntary Community Sector and Safeguarding in Health groups also contribute to overall BSCB work. The BSCB is funded from a number of partners and total expenditure was £352,564, slightly under budget and enabled the functioning of Board and sub-group meetings, training and serious case/lessons learnt reviews.

The BSCB is considering the implications from the recently published Working Together to Safeguard Children 2018 in its future safeguarding arrangements, child death overview panels and serious case reviews. Historically, partners across Bradford have evolved and adapted to new and emerging safeguarding challenges with optimism and enthusiasm. This will benefit future reorganisation as the BSCB's priorities and structure has taken into account current and future needs. The new arrangements provide a chance to renew focus on safeguarding across partners including an increased focus on early intervention and prevention.

More details can be found at

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

The BSCB continues to progress a number of areas work through the Business Plan and Risk Register and has made progress against

- Scrutiny and challenge process to assure effectiveness of response to children adversely affected by their carers. JTAI themed Challenge Panels have taken place. Learning is disseminated via newsletters and website.
- Neglect strategy is finalised and published
- Report mechanisms have improved through bi-monthly summaries and yearly assurance reports.
- Escalation policy has been agreed and published and the BSCB is assured that a number of challenges have taken place
- Process for dissemination of learning, linked to the Case Review sub-group has been developed. Serious Case Review/Lessons learnt events have been delivered. Regular BSCB Newsletters summarise the learning. Numerous training events held to develop professionals.
- Communication Strategy to disseminate news, learning & development, briefings are in place. The BSCB Website has been updated, social media used and the newsletter published regularly. There is now a Joint Board Communication and engagement group in place.

The business plan will be reviewed in 2018.

Other achievements include

- Operation Lilac - an excellent example of multi-agency working, developed by Bradford Teaching Hospital NHS Foundation Trust (BTH FT) in collaboration with West Yorkshire Police, its aim is to assist investigations to sexual abuse.
- Signs of Safety (SoS) – the model enables the child and family to understand the process. From 2017 over 1,000 staff have been trained across the local authority, VCS and other partners.
- Bradford significantly contributed to Safeguarding week with over 2000 attendees at 80 events

Bradford continues to recognise opportunities to increase collaboration between Strategic Boards and Sub-Groups. This is set against the backdrop of reducing budgets and increasing demands which bring organisational review and reshaping to deliver more with less. The BSCB is progressing work around communications, digital safeguarding and shared learning from serious case reviews. Partners and Boards are also now recognising the emergence of complex safeguarding such as criminal exploitation and organised crime.

The BSCB is acutely aware of current challenges around austerity, the numbers of vulnerable learners and the impact of the new Early Help and Prevention model. The Board and its constituent partners remain motivated and committed to protecting children in Bradford and listening to their voice.

Since the completion of the Annual report, the Ofsted inspection of Children's Services has taken place and the overall judgement was found to be inadequate even though aspects of the service were described as a strength. This has led to the creation of a Children's Social Care Improvement Board. The BSCB will be acting as support and challenge to this process, and the Board has recently reviewed its Business Plan and Delivery Plan to align with the Improvement plan. The new BSCB plan will facilitate long term scrutiny of the improvement journey and focus upon multi-agency themes.

Full details of the report are available via the link
http://bradfordscb.org.uk/?page_id=138

Child Death Overview Panel (CDOP)

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

The work of CDOP:

CDOP undertakes a comprehensive multidisciplinary review of every child death from birth to 18 years of age that would normally reside in the Bradford District. The aim is to have a better understanding of how and why children across the district die and use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children within the District. CDOP identifies modifiable causes of death and seeks assurance from partner agencies that appropriate actions have been taken to reduce future deaths. In 2018 the government published Child Death Review, Statutory and Operational Guidance and this year CDOP responsibility will change from DfE to the Department of Health. At a local level responsibility will change from the Local Authority to a joint responsibility between CCGs and the Local Authority. There are no other major changes to the CDOP review process, but 2019 will also see the introduction and implementation of a new National Child Death Database which will help national learning in this area.

Between April 2017 and March 2018, 8 CDOP meetings were held at which there were 61 child death reviews and during that period a total of 58 deaths were notified.

Summary of the CDOP report.

Overall infant and child mortality rates are reducing but Bradford remains above national and regional rates. Key areas of focus for recommendations arising from the modifiable deaths remain: smoking in pregnancy, maternal obesity in pregnancy and consanguinity, which all increase the risk of child death. Additionally deaths due to SIDS (sudden infant death syndrome “cot death”) and co-sleeping, with additional risk factors such as smoking and parental alcohol consumption continue to occur. CDOP therefore continues to seek assurance from partner agencies regarding their actions around these key areas and to raise awareness.

The CDOP continues to monitor report and review child deaths closely to identify any new issues that emerge at an early stage to pre-empt targeted work. CDOP produce an annual report last years report is attached as an appendix

The CDOP Annual Report 2017-18 can be accessed at the following page:
http://bradfordscb.org.uk/?page_id=104

3. OTHER CONSIDERATIONS

The Children and Social Work Act 2017 makes provision for the abolition of Local

Safeguarding Children's Board (LSCB). Nationally, each LSCB is currently looking at the legislation, including the recently published version of Working Together to Safeguard Children 2018 and reflecting the implications around safeguarding arrangements, changes to serious case reviews and child death overview panels.

The BSCB (Bradford Safeguarding Children's Board) and key partners are considering how the new safeguarding arrangements will be implemented against existing BSCB structures, which understand the issues that impact at a local level and promote effective partnership working. The timescales for the completion of this work are September 2019.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 The BSCB staffing and operational funding is provided by a pooled budget totalling £353,040. A small income is generated by charging commercial organisations for safeguarding training and the resolution of a previous budgetary matter.. The contributors to this pooled budget are:

Income £358,342

- Bradford Council Children's Services £182,100
- Health £148,350
- Police £17,350
- National Probation £2,345
- Community Rehabilitation Company £2,345
- Cafcass £550
- Miscellaneous income £5,302

Total expenditure Total expenditure £352,564

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1 No issues identified

6. LEGAL APPRAISAL

- 6.1 No issues identified

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

No issues identified

7.2 SUSTAINABILITY IMPLICATIONS

No sustainability issues identified.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No issues identified.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.41 The BSCB works closely in collaboration with the Community Safety Partnership. Child Sexual Exploitation (CSE) is violent criminal activity and forms an objective for the CSP strategic plan. The BSCB is also working closely with the CSP around wider exploitation which links to Serious and Organised Crime.

7.5 HUMAN RIGHTS ACT

7.51 Child abuse 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

No issues identified.

7.7 WARD IMPLICATIONS

No specific ward issues identified.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

A CSE report has been taken to all Area Committees

7.9 IMPLICATIONS FOR CORPORATE PARENTING

No issues identified.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.11 There is no sensitive data included in this report that requires a Privacy Impact Assessment.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

This report is tabled for information and discussion.

10. RECOMMENDATIONS

That the report be noted and a further report provided in 12 months

11. APPENDICES

Appendix 1, Bradford Safeguarding Children Board (BSCB) Annual Report 2017/18
Appendix 2, CDOP Annual Report 2017/18

12. BACKGROUND DOCUMENTS

Working Together to Safeguard Children 2018

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>



Annual Report 2017 - 2018

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Introduction from the Independent Chair of the Board - David Niven

The year just gone has been full of excellent practice from all the partners on the Safeguarding Board as well as significant challenges. Bradford is known as a city whose safeguarding work is good and whose commitment to protecting children and vulnerable adults is as strong as ever.

One of the issues dominating the year has been the start of the implementation of the Children and Social Work Act which allowed us to look at the structure and operation of the Board. The Board may have to adjust to some new arrangements such as the creation of a national panel that will manage some of the more complex serious case reviews. However, Bradford has a strong record of partnership working and, though it makes good sense to keep what works well, we always are open to improve practice. One area of development involved improving joint work with the Safeguarding Adult Board, the Community Safety Partnership, the Children's Trust and the Health and Well Being Board. Although there are many areas unique to each, there are also many that overlap. Domestic abuse, mental health, substance abuse and transition from child to adult all can provide economies of scale and we can focus on avoiding duplication.

One particular work stream that I'm particularly excited about is the creation of a communication 'hub' which will be a shared resource between the Boards focussing on how to better share information with all those working in safeguarding and also how to better inform the public about what we do in their name.

The sub groups of the Board get through a huge amount of work and the dedication of the Chairs and members of these groups who give their time over and above their own jobs has to be acknowledged and thanked.

All safeguarding work can be complicated and difficult to manage but over the last ten years or so we've learned of several emerging areas of concern that have added to the agenda of the Board. The realisation of the scale of child sexual exploitation, the impact of organised crime and the criminalisation of children, the risks of radicalisation of young people, modern day slavery, female genital mutilation and, of course, the increasing online threats of abuse in the digital world.

Our priorities in the coming year include continued support and training for those working to combat child abuse, maintaining the focus on early intervention, looking at improvements in data collection, communication, early help, strengthening partnerships, finding more effective ways of listening to children and young people's voices and understanding the challenges of complex safeguarding.

I must also thank the staff of the Board who deserve high praise for their efforts in managing what seems like an ever increasing workload.

I would encourage everyone to visit our website where you can find out more about the Board's work (<http://bradfordscb.org.uk/>). We are always looking to add to and improve our 'shop window' to reflect Bradford's rich and diverse community but also to make it a readable, easily visited, source of information, inspiration and protection for vulnerable children and their families.



David Niven
Independent Chair

Executive Summary

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. Bradford is one of the youngest cities in the country with children under 16 as a proportion of its population with over 100,000 on roll in the District.

The 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 structure of the Board suits the needs of Bradford with 8 sub-groups reporting to the Business Planning Group to coordinate activity. The Voluntary Community Sector and Safeguarding in Health groups also contribute to overall BSCB work. The BSCB is funded from a number of partners and total expenditure was £352,564, slightly under budget and enabled the functioning of Board and sub-group meetings, training and serious case/lessons learnt reviews.

The BSCB is considering the implications from the recently published Working Together to Safeguard Children 2018 in its future safeguarding arrangements, child death overview panels and serious case reviews. Historically, partners across Bradford have evolved and adapted to new and emerging safeguarding challenges with optimism and enthusiasm. This will benefit future reorganisation as the BSCB's priorities and structure has taken into account current and future needs. The new arrangements provide a chance to renew focus on safeguarding across partners including an increased focus on early intervention and prevention.

The BSCB continues to progress a number of areas work through the Business Plan and Risk Register and has made progress against

- Scrutiny and challenge process to assure effectiveness of response to children adversely affected by their carers. JTAI themed Challenge Panels in place. Learning disseminated via newsletters and website.
- Neglect strategy finalised and published
- 6-monthly summaries, yearly assurance reports and challenges through the Boards escalation policy.
- Escalation policy agreed and published.
- Process for dissemination of learning, linked to the Case Review sub-group developed. SCR/Lessons learnt events delivered. Regular BSCB Newsletters. Numerous training events held to develop professionals.
- Communication Strategy to disseminate news, learning & development, briefings etc. Website updated, social media used, newsletter. Joint Board Communication and engagement group in place.

The business plan will be reviewed in 2018.

Other achievements include

- Operation Lilac - an excellent example of multi-agency working, developed by BTH FT in collaboration with West Yorkshire Police, its aim is to assist investigations to sexual abuse.
- Signs of Safety (SoS) – the model enables the child and family to understand the process. From 2017 over 1,000 staff have been trained across the local authority, VCS and other partners.
- Bradford significantly contributed to Safeguarding week with over 2000 attendees at 80 events

Bradford continues to recognise opportunities to increase collaboration between Strategic Boards and Sub-Groups. This is set against the backdrop of reducing budgets and increasing demands which bring organisational review and reshaping to deliver more with less. The BSCB is progressing work around communications, digital safeguarding and shared learning from serious case reviews. Partners and Boards are also now recognising the emergence of complex safeguarding such as criminal exploitation and organised crime.

The BSCB is acutely aware of current challenges around austerity, the numbers of vulnerable learners and the impact of the new Early Help and Prevention model. The Board and its constituent partners remain motivated and committed to protecting children in Bradford and listening to their voice.

Chapter 1: Local Demographics

“I like the diversity of Bradford there are lots of different races and ethnicities”



532,539
people living in the Bradford District
(Mid 2016 population estimates, revised March 2018)



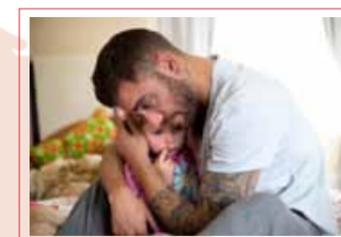
140,973
children 0-17 yrs
(Mid 2016 population estimates)



7,930
births in 2016 (public health birth figures - 2017 figures not released until July 2018)



27,105
children 0-16 yrs living in low income family (snapshot as at 31 Aug 2015 – this is the latest data and was published 8th Feb 2018)



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



32,437
children 0-3 yrs (Mid 2016 population estimates)



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
2018	47,959	4,089	48,193	100,241

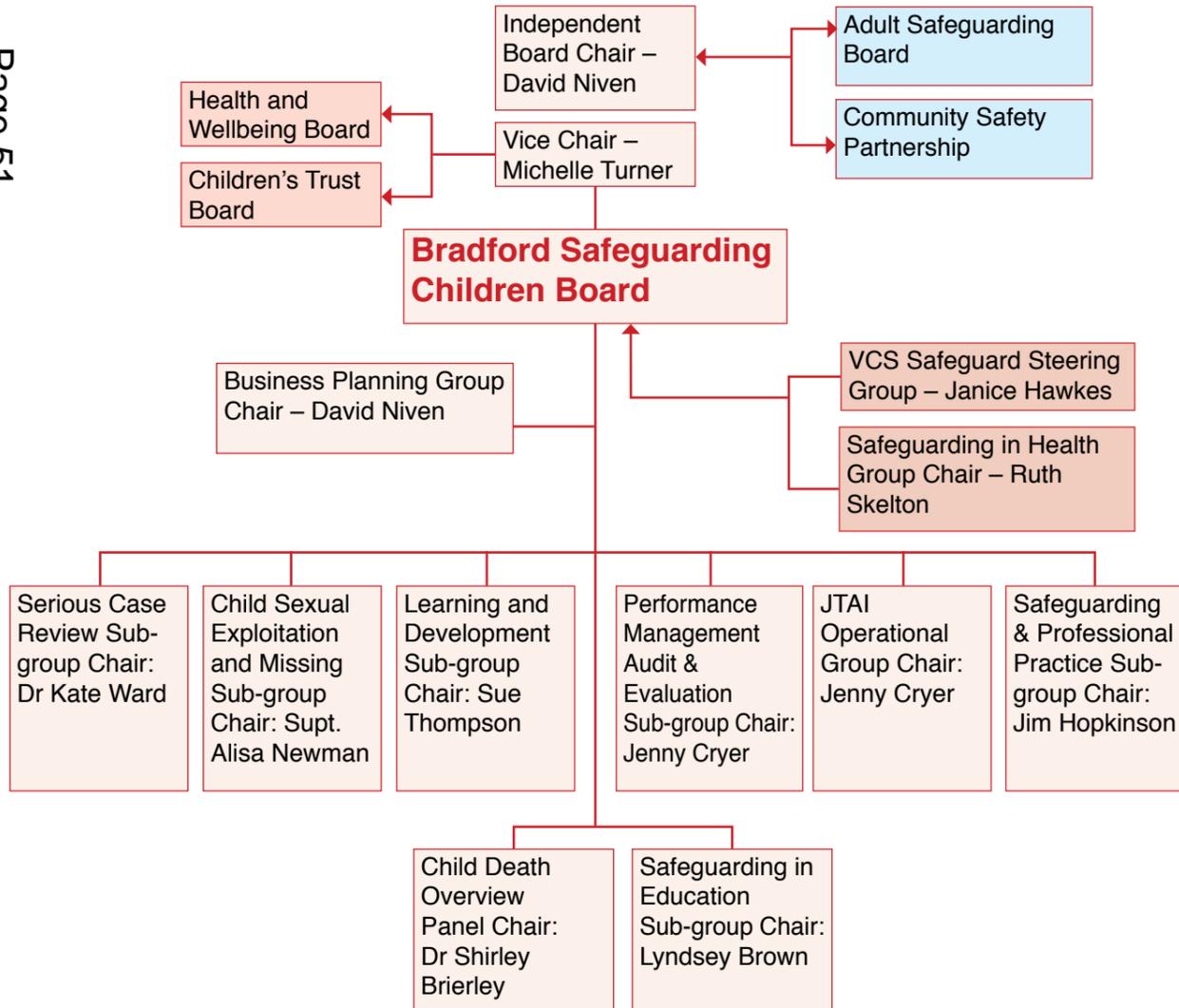
Chapter 2 - Governance, Accountability and Budget

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 Child Sexual Exploitation (CSE) Hub.

More details can be found at <http://bradfordscb.org.uk/>

Structure of the Board



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Budget

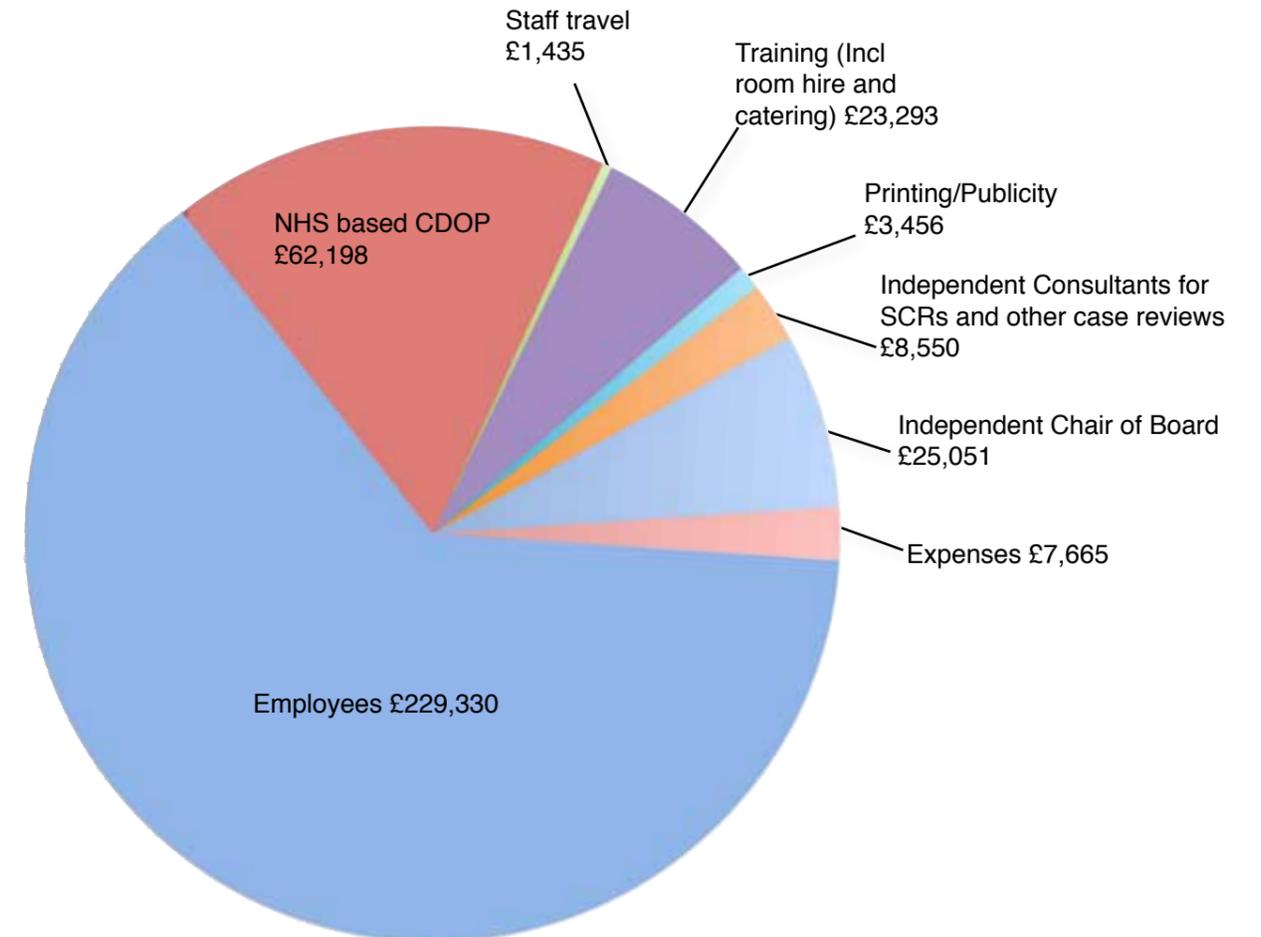
The BSCB staffing and operational funding is provided by a pooled budget totalling £353,040. A small income is generated by charging commercial organisations for safeguarding training and the resolution of a previous budgetary matter.

The contributors to this pooled budget are:

Bradford Council Children's Services	£182,100
Health	£148,350
Police	£17,350
National Probation	£2,345
Community Rehabilitation Company	£2,345
Cafcass	£550
Miscellaneous income	£5,302
Total Income Received	£337,400

Total expenditure £565,409

The BSCB responded to the financial challenges from 2016/7 and achieved a minor underspend, against an increase in demand yet reduction in staff.



Chapter 3 - Priorities for 2016/2018

“We like that the different professionals are working together to keep us safe”

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. The plan will be reviewed in the new financial year of 2018.

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 evaluate 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 therapeutic 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.
- Misus <http://bradfordscb.org.uk/wp-content/uploads/2018/08/Performance-for-Annual-Report-2017-18.doc> e of substances
- Female genital mutilation
- Forced marriage
- Disabled children

Chapter 4 - Safeguarding Snapshot



Bradford Safeguarding Snapshot 2017 – 2018

141,000 young people under 18

↗ **7,599** referrals (**17%** higher than last year)

26% of total population

↘ **94.5%** of referrals went on to further action (**97%** last year)

29% of children living in poverty

↗ **19%** re-referrals (**15.49%** last year)

309 children & young people at risk of CSE were open cases to the CSE Hub (end March 2018). **17%** were considered to be at High Risk, **26%** were considered Medium Risk and **57%** were Low Risk

↗ **10,744** assessments completed by Bradford Children’s Social Care (**5%** rise on last year)

789 children missing from home / **1,529** episodes of children going missing from home

92.1% of assessments were authorised within 45 working days of their referral days

↗ **570** children on a Child Protection Plan as of March 2018 (an increase of 11 children since 31 March 2017)

153 children missing from care / **1,578** episodes of children going missing from care

22.6% of assessments identified Domestic Violence towards the parent as the most common factor followed by Mental Health of parent (**16.4%**) and Emotional Abuse (**14.7%**)

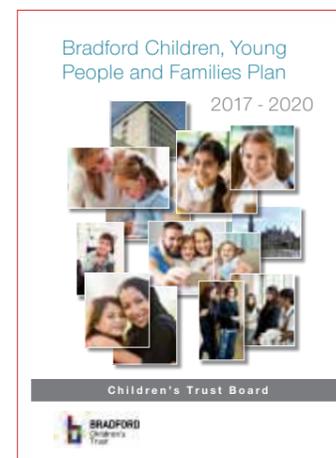
4,476 open Children in Need cases as of March 2018 (increase of 501 children)

42,724 contacts to Bradford Children’s Social Care Front Door

↗ **3,398** child protection investigations (**6%** higher than last year)

8.6% of children in need with a disability

987 children & young people looked after as of March 2017 (increase of 61 children)



↘ **18%** of child protection investigations went to an Initial Child Protection Case Conference (lower than **20%** last year)

987 children & young people looked after as of March 2017 (increase of 61 children)

612 Initial Child Protection Case Conferences (a reduction of 37 children)

A more detailed performance report can be found at <http://bradfordscb.org.uk/wp-content/uploads/2018/08/Performance-for-Annual-Report-2017-18.doc>

Chapter 5 - Achievements and Progress

The BSCB has welcomed partners presenting good news stories to each meeting, highlighting the voice of the child, sharing good practice and celebrating success.

The named Doctor for **Bradford Teaching Hospital FT**, presented “**Operation Lilac**”. Not only a success story for Health, but also an excellent example of multi-agency working. This is the first project of its kind in England. Developed by BTH FT in collaboration with West Yorkshire Police, its aim is to assist Police in capturing and preserving evidence for criminal investigations in relation to sexual abuse. The work supports and protects young people under 18 attending for a termination of pregnancy following suspected sexual assault. This process has led to a successful conviction and provides some protection for further victims from sexual abuse.

Cafcass highlighted that the voice of the child is very much the aim and role of Cafcass. A case involved three children whose parents separated and the story of their journey in restoring contact with their biological father. The presentation included work with each child based upon the three island exercise and the outcomes. The case has resulted in a positive outcome for each child, with the Father’s present contact arrangements appropriate to the child’s wishes. All in all a true success story with the children being the architect of their wishes.

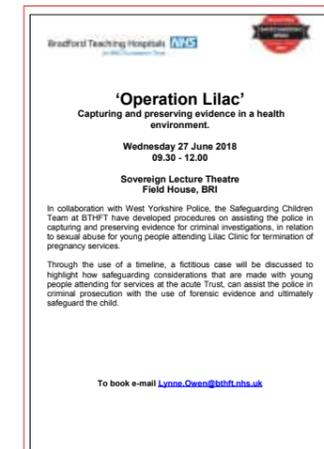
Children’s Social Care Looked after Children Team presented a case study which focused on the voice of the child’s wishes to maintain contact with the family despite the risks and worries relating to this. The child’s first contact was at the age of 12 and now aged 17, has regular, unsupervised contact with the family. Social Workers have supported and guided the individual to get to the current point. Regular visiting in the morning and evening took into account Mothers routine. Professionals met with the Mother’s support network and family members. The Mother’s trust in professionals was initially low but has since grown, enabling the needs of the child to be prioritised. The child is no longer the subject of a Child Protection Plan but a Child in Need, which hopefully after six months can be closed.

West Yorkshire Police, outlined a case involving a family of 7 siblings aged between 5-16, where “**listening to the voice of the child**” was evidenced in a positive outcome. The case highlighted how well the respective agencies had worked together, particularly the MASH and the Police with the achievement of keeping the siblings together as a family.

Other achievements include

Signs of Safety (SoS) – the use of plain and simple language enables the child and family to understand the model. The methodology of capturing the voice of the child by drawing on an iPad has been recognised by Ofsted as excellent. The training of SoS had commenced in March 2017 and there have been over 1,000 staff trained in SoS across the local authority, VCS and other partners. This journey will now include mentoring new staff and bespoke school sessions. The next challenge is embedding training, including maintaining the momentum in terms of development and not becoming complacent. The strategic group set up when the model first commenced is being refreshed with a commitment from partners to push and drive Signs of Safety, making Bradford a pre-eminent SoS local authority.

In 2017 all five West Yorkshire LSCB’s held their Safeguarding Week at the same time, with Bradford significantly contributed with over 2000 attendees at 80 events.



“I have done activities in Safeguarding week with my youth workers and I learned lots about how I could keep me and my friends safer – I think it was really good to have a focussed week of things around safeguarding, it sort of reminded me of the risks we sometimes take”

Chapter 6 - Collaboration



In June 2017, the BSCB hosted an Internet Safety Conference. This was aimed at managers across the partnership with over 80 delegates attending. A number of speakers were invited to present, including the Children’s Commissioner, Police, business links through KPMG, and an expert in the field of Internet Safety with children. The conference also considered the voice of children, with a group of young people presenting and contributing to discussions. The delegates identified good practice and ideas to safeguarding and protecting children on-line. The district has now formed a Digital Safeguarding Group with professionals from safeguarding arena working with IT experts to bring together resources, guidance and support, focussing on on-line safety. The group recognise the need to support professionals, parents, children and communities.

The Curriculum Innovation Service in Bradford works closely with BSCB in protecting and supporting children on-line and throughout the year have achieved

- Safer Internet Day was celebrated across Bradford with the vast majority of Primary schools participating in the activities for this year.
- The service works with schools with the provision of the Online Safety courses
- Developing links with Born in Bradford, local schools, DfE and Department for Digital Culture Media and Sport (DCMS) to undertake a study on the impact technology is having on young children with respect to the educational and social development.
- Hosted a feedback session on the Online Safety white paper where DfE and DCMS collected responses to the paper from local practitioners.
- The service facilitates surveys with children and the most recent was around the relationship between digital technology and young people’s wellbeing, which captured some informative views of children
- In October the service held a successful Online Safety conference with about 50 attendees with positive feedback and view of children around on line safeguarding matters;

Bradford continues to recognise opportunities to increase collaboration between Strategic Boards and Sub-Groups. This is set against the backdrop of reducing budgets and increasing demands which bring organisational review and reshaping to deliver more with less. It also recognises the emergence of more complex safeguarding matters which impact across the BSCB, Safeguarding Adult Board (SAB) and Community Safety Partnership (CSP).

In October 2017, Bradford convened a joint Board planning day bringing together members of the BSCB, SAB and the Community Safety Partnership. This presented an opportunity for senior leaders to consider a number of matters that are impacting upon Bradford, namely the recent JTAI (Joint Targeted Area Inspection), the findings of the Children and Social Work Act (Wood Review) and opportunities to ensure effective collaboration between Strategic Boards and Sub-Groups within Bradford against future financial challenges impacting across the partnership.

The purpose of the day was identified as working together to:

- Develop a shared understanding and reach agreement on the common priorities and cross cutting themes across the three Boards
- Identify practical steps to ensure the three Boards work more effectively and efficiently on their shared agenda and common priorities

Across the three Boards, there are detailed sub-group structures in place to manage core functions as well Board specific objectives. Some of these core functions lend obvious opportunities for a more consistent and collaborative approach which takes into account the cross-cutting themes and presents opportunities for shared learning. A more rationalised approach could reduce demands across the partnership. Work has commenced to develop these work streams, and the digital group and communications group are the most advanced at this stage.

Building upon the excellent work by the Safeguarding Adult Board a Communications and Engagement Group now exists with representation from the BSCB and CSP. The aims of the group are to provide practitioners, parents, carers children and communities with proactive, innovative and consistent approach to communications. The group have developed a communication strategy. It is intended to produce a user friendly version and work towards an agreed timeline of key events.

“I know a lot about E-safety because my teacher is very good at teaching it to me”

“Never speak to strangers like people you don't know and never give any personal details away to people that you don't know. If strangers try to talk to you, tell a trusted adult straight away. You don't know what's out there and you don't know everybody out there in the world. It's a big place.”

Chapter 7 - 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 1488 people attending
- 858 places provided on the annual training plan courses;
- 630 places provided on additional learning and development events; including practice forum, local and regional events. This included a successful West Yorkshire Master class on Neglect hosted in Bradford delivered by Professor Jan Horwath.

Online - E learning proved as ever to be a popular method of learning with a total of 4529 learners registered for e-learning courses.

Some of the most popular ones were:

Basic level training

- An Introduction to Safeguarding Children - 1123
- Awareness of Child Abuse and Neglect - 1441
- Awareness of Domestic Abuse including the Impact on Children, Young People and Adults at Risk - 207

Specialist topics

- Safeguarding Children from Abuse by Sexual Exploitation in Bradford - 361
- Safeguarding Children Refresher Training - 502
- The Connected Baby Series - 235

Safeguarding Week

In 2017 all five West Yorkshire LSCB's held a Safeguarding Week at the same time. The BSCB plays a pivotal role in organising this event with the SAB and CSP. There was improved communication across the district supported by the communications team from the West Yorkshire Police and the Police and Crime Commissioner with a shared approach and key message.

West Yorkshire LSCB's hosted a conference “**Suicide and the effect on children and young people**”, with over 150 attendees and an input from Mark Burns Williamson, the Police and Crime Commissioner. There was a Facebook live feature on each day one for each area; Bradford hosted theirs on 9th October at the Adult Safeguarding Conference.

Some other highlights

A “**Signs of Safety local area gathering**” launched the week for children services with an opportunity to update and network for all involved in embedding this approach in Bradford.

Young people jointly delivered a session for practitioners on “**Sexual violence and prevention**”, which was a fantastic learning opportunity, always excellent to hear and learn from the children's voice.

Bradford People First hosted a stall in Broadway to reach out to the public and raise awareness of safeguarding, promoting the Safeguarding Voice.

Other activity

Learning Lesson Review

Bradford undertook a Learning Lesson review on a case “Alice”, which provided an opportunity to work with practitioners and managers, developing and embedding learning throughout the process. A summary of the case is available on the BSCB website.

Impact of Learning

The evaluation of training has been developed to include more evidence of impact of learning on practice. Here are a sample of quotes from learners :-

“I believe this will change my practice for the better and has given me a more positive outlook on the work I do”

“Improved communication when working with other agencies”

“The delivery was brilliant and I have used what I learnt several times this week.”

“Will be using the training to review our policies and procedures and this will be disseminated to all staff”

More details can be found on the website - <http://bradfordscb.org.uk/>

Chapter 8 - Effectiveness of local services

a. Children’s Social Care (CSC)

Bradford Children’s Social Care dealt with 45,533 contacts relating to children in 2017/18 resulting in 3,398 section 47 assessments and 12,613 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 has been necessary to identify additional capacity within our contact arrangements, MASH and Early Help Gateway. 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 but the number of Children in Need has remained stable.

Substantial developments have occurred across Early Help in 2017/18 including the strengthening of the Early Help Gateway. Locality based Early Help teams have been proactive in enabling the successful stepping down of Child in Need cases. A project is in place to significantly transform Prevention and Early Help services across the district. An all age Prevention and Early Help service will become operational in October 2018, but the need to make substantial savings will significantly reduce the totality of the workforce undertaking these activities. Bradford Families First programme has worked closely with the Ministry of Housing Central Local Government to re-profile targets for bringing new families onto the programme and has completed a commissioning exercise to enable continued support from Voluntary and Community Sector (VCS) to deliver services to families.

Signs of Safety continues to be the framework used across children’s services for engaging children, families and others agencies. Over a 1000 practitioners across children’s services, health, police, education, probation and the VCS have now been trained as advance practitioners and all child protection conferences are now run on this basis.

Following additional investment in Social Work, children’s services have worked hard to recruit and retain additional social workers. Retention is a challenge and churn in the system is a risk to quality that needs to be closely monitored. The use of agency workers has increased over the year and it has not always been possible to fill social work vacancies in a timely manner. It remains a concern that the balance between experienced and less experienced staff has reduced.

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 and feedback from a recently retired OFSTED inspector.

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

The Designated Manager for allegations management is a requirement under Working Together 2018, (para4, p58). The function of the Designated Officer has been based in the Children’s Safeguarding and Reviewing Unit since 2006. The referrals are picked up via the duty LADO system and are managed by the Child Protection Coordinators with oversight from the Service Manager.

In the financial year 2017/18 the LADO service dealt with 155 referrals which is a significant fall in comparison to the 210 in 2016/17. There has been a substantial increase in the number of enquiries to the service that did not reach the threshold for a referral. There were 339 such enquires this year an increase of 116%.

“It’s good that there are professionals meetings so everyone can help to keep children safe”

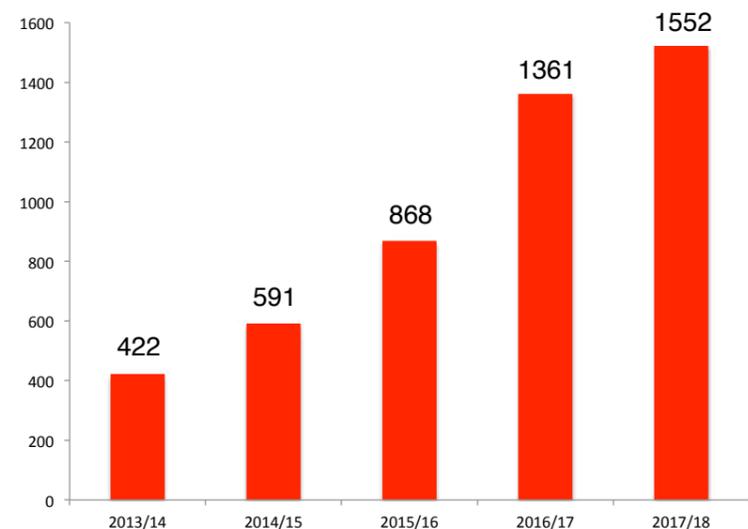
In all of these cases work was done and advice offered by the Designated Officer to assist the situation. The largest number of allegations management referrals came from Education Department. This has been the case for the past 5 years, which is to be expected given the size of the organisation and the numbers of children and staff coming into contact.

The most prevalent category for referral is physical abuse with 89 referrals in the past year which is 57% of the total. The next highest category is sexual abuse with 28 referrals or 18.1% of the total. There has been small decrease in the respect of emotional abuse of which has there were 13 referrals 8.4% of the total. Neglect referrals were up very slightly and were 3.2% of the total.

Bradford LADO has engaged with regional and national bodies to ensure consistency of practice. Bradford LADO was involved in delivering the very successful 5th LADO National Conference this year.

b. Bradford Teaching Hospital NHS Foundation Trust (BTHFT)

There continues to be an increase in the number of referrals to the Children's Safeguarding team as identified below (12% from last year).



Referrals per year to SG team

Key areas of achievement

Policy and Guidelines development

- A new standard operating procedure (SOP) for young people under 18 attending for termination of pregnancy following suspected sexual assault has been developed. (Detailed in the achievements section)
- The Safeguarding Supervision Policy was updated in line with Signs of Safety model.

Education and Training

- An e-learning level 2 training package has been developed which has received positive feedback.
- Provision of a diverse Level 3 program with external speakers invited and bespoke sessions has been embedded in to the Emergency Department (ED) mandatory training days.

- Signs of Safety training continues to be delivered at Level 3.
- Level 2 training is now delivered on corporate induction days for all staff and mandatory update days in the Division of Medicine and Integrated Care and the Division of Anaesthesia, Diagnostics and Surgery.

Supervision

- There has been an Increase in the number of trained supervisors in the Trust.
- Bespoke Emergency Department safeguarding supervision has been provided.
- There has been a continuation of the development of safeguarding supervision to all Trust staff.
- Peer review for all paediatric consultants has been provided, as recommended by the Royal college of Paediatrics and Child Health (2016).

Management

- The team have developed key performance indicators (KPI).
- The team has made a significant contribution to the ongoing themed Joint Targeted Area Inspection (JTAI) preparatory work.
- There has been an on-going contribution to task and finish groups as part of the BSCB subgroups.
- Collaborative working has been promoted through operational meetings with the Children's Safeguarding Team and Children's Social Care.
- A thorough and robust audit strategy has been implemented, with numerous audits completed in the last 12 months.

Electronic patient record (EPR) and CPIS

- The Safeguarding Children Team led on the development and implementation of the safeguarding content of the Trust's new EPR, which was introduced in September 2017.
- The Safeguarding Children Team have been working with IT colleagues in the Trust to ensure that the Child Protection - Information Sharing project (CP-IS) will be introduced in the Trust during 2018.

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

The NPS is now in its fourth year of stabilisation and has partnership frameworks in place. Bradford/Calderdale Local Delivery Unit has built on the learning from the JTAI inspection results and has enhanced partnership working, in particular with the MASH. Embedding Signs of Safety has been one of the main areas of focus and this continues to be a priority for 2018-19.

NPS contributed a briefing to the 2017 Safeguarding week which was well received. Plans to build on this in 2018/19's Safeguarding week are in place. The Unit has sought to influence the level of training on child protection within the NPS training programme which is under review.

West Yorkshire Community Rehabilitation Company (WY CRC) in Bradford supervises around 2200 offenders at any one time. The majority of these individuals are in the community, with around 400 in prison at any one time. Over a third of their caseload has domestic violence concerns.

What are we doing to tackle domestic abuse and safeguard children?

CRC have implemented the Interserve Justice Domestic Abuse Guidance issued in February 2018, including the roll out of a new DA programme, HELP. The policy highlights the role of qualified Probation Officers and how Risk of Harm is managed.



In WY CRC as a whole the percentage of female caseload who are identified as being victims of DA is 17.31%, the percentage of WY CRC female caseload who are logged as DA perpetrators is 8.6%. CRC contribute to MARAC Meetings – in WY CRC as a whole 26.80% of DA cases have a MARAC register flag.

We are implementing a new children check with the Bradford Multi Agency Safeguarding Hub

CRC provided 2 specialist DA programmes for CRC and NPS service users. In 2017 there were over 70 successful completions of these interventions, including around 30 from the NPS. HELP is a new programme, a 12 session rehabilitative activity, which provides direct, early intervention to individuals who have identified relationship difficulties and where there is a risk of escalation to a domestic violence related offence

We have specialist Partner Link Workers who work to support victims of domestic abuse

CRC run anger management and stress buster courses for service users

We are developing stronger links with mental health services to help with reducing harm and to build recovery

CRC deliver and manage alcohol and drug treatment interventions to help offenders tackle harmful addictions

We provide opportunities for women on our caseload to be supervised and supported in female only environments, this is with Together Women Project

CRC are active participants in Child in Need cases and where there are Safeguarding



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Children Plans

We have specialist intervention from Shafa (Touchstone) to support service users and families from Asian communities

CRC actively manage and support prisoner releases back into Bradford, this includes staffing a Departure Lounge at HMP Leeds

We work with service users in the community where we can, including outreach supervision at Shipley and Keighley

CRC are committed to on-going quality assurance, including regular performance monitoring, internal auditing and external inspections from Her Majesty's Inspectorate of Probation and Her Majesty's Prisons and Probation Service

All staff are undertaking Level 1 Plus Online Safeguarding Children

CRC Community Director Nick Hawley leads on WY CRC's Risk and Safeguarding Board and a Bradford based Probation Officer attends this Board.

d. Bradford District Care NHS Foundation Trust (BDCFT)

Safeguarding means protecting people's health, well-being and human rights, and enabling them to live free from harm, abuse and neglect; it is fundamental to high quality health and social care. Safeguarding remains a key priority for the Trust with people who use the service remaining at the heart of what they do.

The Safeguarding team within the Trust continues to be a success as it is staffed by resilient, experienced and knowledgeable practitioners who are dedicated to safeguarding children and adults at risk. Feedback from staff demonstrates that the

team has positively changed staff practice and expanded knowledge.

There has been a huge amount of work and development undertaken by the team in order to improve processes and build on existing systems and procedures. The team continues to fulfil its safeguarding and strategic objectives. Trust practitioners strive for improvement and achievement of good compliance against all safeguarding standards, both internally and externally, through practice improvement. Evidence of multiagency joint working practices within the team demonstrates the Trust's commitment to working in partnership, to improve the identification and protection of children and adults at risk.

Safeguarding remains 'everyone's responsibility' irrespective of role or position, and understanding what makes someone 'at risk', is just as important as recognising abuse. Children and Young People need to be happy, contribute and stay safe. The safeguarding team works closely with operational services to try and prevent abuse, raise awareness and share skills and knowledge. There are a number of approaches in place to support staff in meeting their duties and learning from others, these include:

- All policies and guidance are available to staff on the internal Safeguarding webpage and the team ensures information is updated regularly in line with Government recommendations and legislation.
- A Quarterly informative safeguarding newsletter is produced by the team which contains key safeguarding messages and this is disseminated across the organisation
- A rolling programme of updated safeguarding children and safeguarding adults training is delivered to staff throughout the year including at induction and within the hospital setting.
- A safeguarding duty telephone service enables staff to access immediate safeguarding advice Monday-Friday 8.30-4.30pm
- The Signs of Safety model is now embedded within children's services and staff are supported to use this within their safeguarding practice to keep children and families safe.

e. Airedale NHS Foundation Trust

The Airedale NHS Foundation Trust achievements include;

- Delivery of Signs of Safety training to their children's workforce and revision of documentation
- Agreement of the local process for implementation of the Child Protection Information Sharing Project.
- Delivery of the annual safeguarding conference.
- Local implementation of the Multi Agency Pre Birth Assessment Protocol
- Further development of the Youth Forum to include representation on interview panels for key appointments and input into strategy development
- Increased capacity in the safeguarding children team

In the year 2018-2019 the priorities for Airedale NHS Foundation Trust include;

- Being able to evidence the capture of the voice of the child
- Developing a consistent model of supervision for use across all disciplines
- Promoting the uptake of safeguarding children supervision across the organisation
- Embedding Signs of Safety
- Embed Youth Forum wider participation

f. Clinical Commissioning Groups (CCGs)

The three Clinical Commissioning Groups (CCGs) in the district are responsible for commissioning safe and effective health care for the population of Bradford, Airedale, Wharfedale and Craven. This includes oversight and quality assurance of safeguarding children practice within health. This is achieved via:

- Assurance from provider organisations against commissioning standards
- Leadership, support and coordination across health, via the Designated professionals and the Health Safeguarding Children Group
- Provision of training to GPs and CCG staff, tailored to specific practice contexts - commissioning, contracting and general practice.
- Participation in multi-agency safeguarding activity, via the BSCB, sub-groups and other partnerships

Key achievements 2017/18

- In partnership with Bradford District Care Foundation Trust and Public Health, the CCGs now host and manage a Specialist Health Practitioner within the Multi-agency safeguarding Team (MASH) at the front door of children's services. A cross-health steering group sets strategic direction and priorities for the MASH worker and the CSE Specialist Health Practitioner.
- Interactive training based on learning from local case reviews has been developed and delivered for GPs.
- A quality assurance tool for safeguarding children practice in General practice has been piloted in Craven, prior to roll-out across Bradford

g. Public Health- Health & Wellbeing Department Bradford Council

Public Health has the responsibility to significantly improve the 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. Public Health provides specific mandatory services which includes the following prescribed services; sexual health services, health protection, advice to NHS commissioners, National Child Measurement Programme, NHS Health Checks, and the 5 health checks provided by Health Visiting Services for 0-5year olds.

Public Health commissions a wide range of services including health visiting, school nursing and oral health improvement services for 0-19 years, sexual health services, substance misuse and alcohol services, smoking cessation services and a range of health improvements services including obesity prevention and breastfeeding from range of providers.

There is a senior lead in Public Health who is responsible for safeguarding and who is both a member of BSCB and also chair of the Child Death Overview Panel (CDOP). In addition, Public Health provides analytical support for key areas within BSCB and CDOP data for the CDOP annual report. Public Health also provides detailed data and intelligence via the Joint Strategic Needs Assessment and oversees specific Needs Assessments, evidence reviews and briefing reports on key areas relevant to Children and Families. Public Health is now taking a higher profile role within CSE and has developed a specific Public Health offer to support CSE work across the district.

Public Health is presently re-procuring health visiting, school nursing and oral health improvement services for 0-19 year olds and has nearly completed the development of the specification for the new Public Health 0-19 Children's Service which is planned to start in summer 2019. There has been extensive market engagement and several stakeholder events, and the feedback from this has informed the development of the specification itself. Public Health has worked closely with Children's Services in developing the Family Hub Prevention and Early Help approach for the district and the new Public Health 0-19 Service will be fully integrated with the key children's

services outlined within this approach. In addition, safeguarding is embedded within all commissioned contracts and is included in performance reporting.

There are significant budget cuts planned for the whole Council and partners over the next few years and Public Health and Children's Services are working with all key partners to ensure the best possible evidence based approach within existing resources, with focus on continuing to improve outcomes and reduce inequalities for children, young people and families. Public Health's overall priority continues to be to ensure improvement in the health and wellbeing of the whole population, especially for those most at risk of poor outcomes and inequalities.

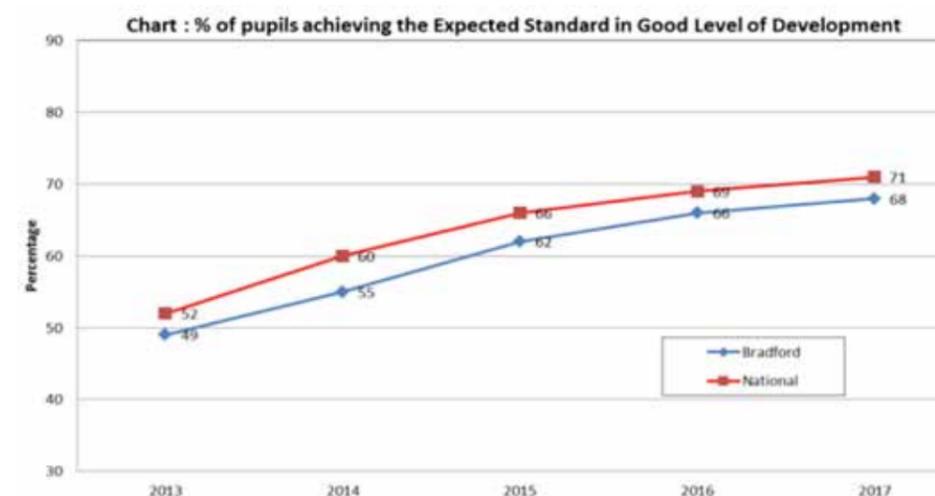
Public Health also ensures expertise and leadership is provided for evidence reviews, needs assessments and a range of Public Health analytical work which informs commissioning and planning to ensure services for children and families are developed to meet local need and are based on what works. An example 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.

The Public Health department is now part of the Health and Wellbeing department in the Council as of Sept 2016.

h. Education

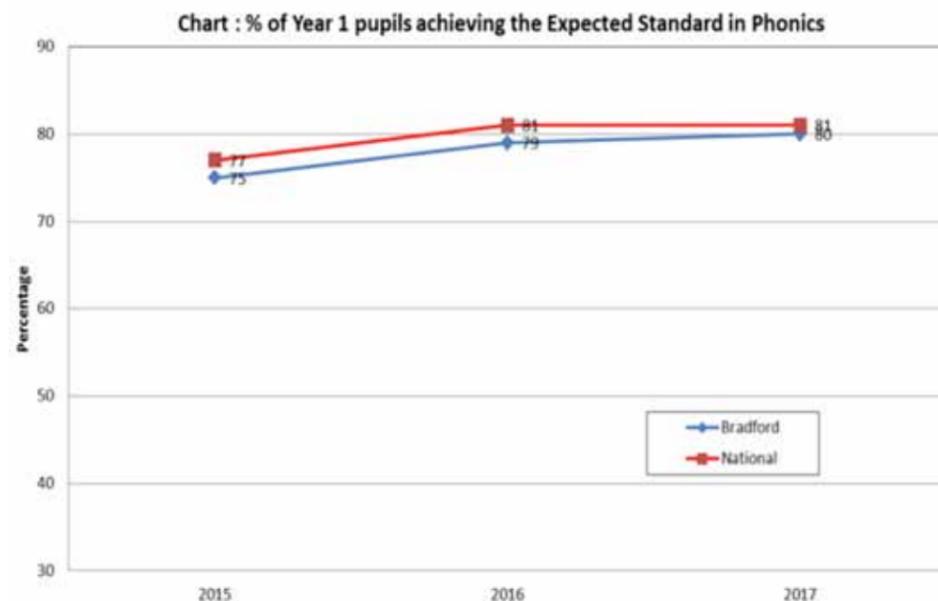
In Bradford, like other cities, there are many different types of schools, set against the political support in encouraging as many schools as possible to become academies – opting out of local authority control and running themselves in the same way as independent schools.

The proportion of pupils achieving a Good Level of Development by the end of the reception year continues to rise. The gap with the national figure is similar to that reported in 2016 (-3%).

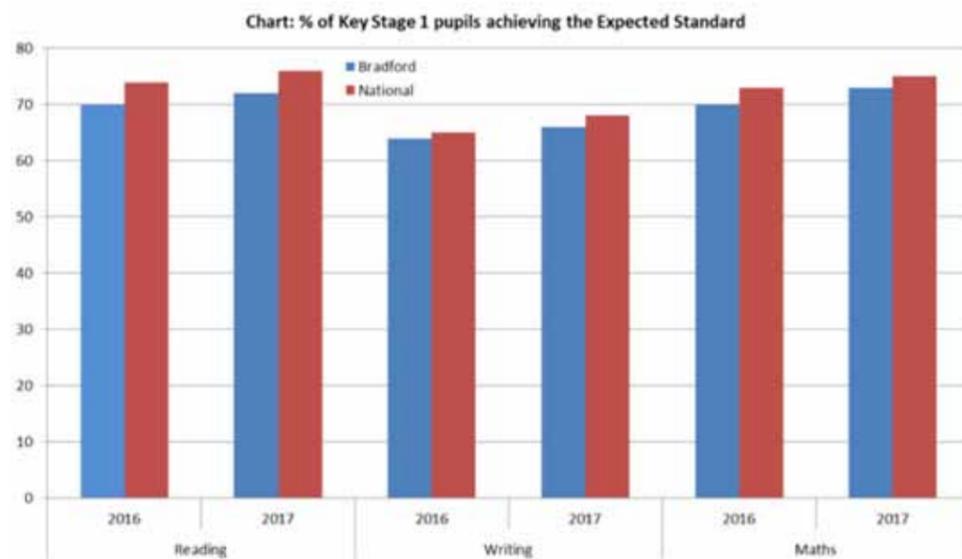


"I have people I could talk to when I needed to in my school"

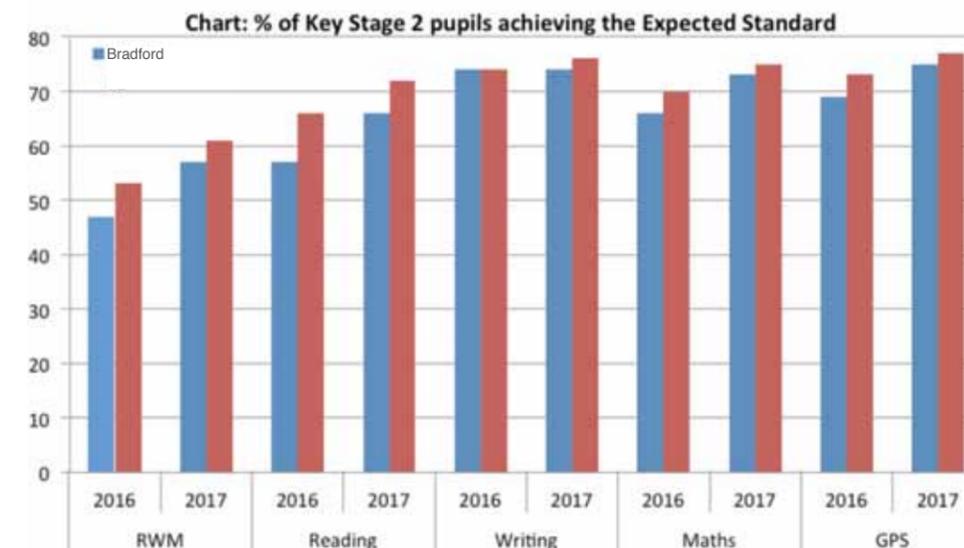
Eight out of every ten Year 1 pupils met the expected standard in Phonics in 2017. This was a +1% increase on 2016 resulting in the gap with the national being reduced to -1%.



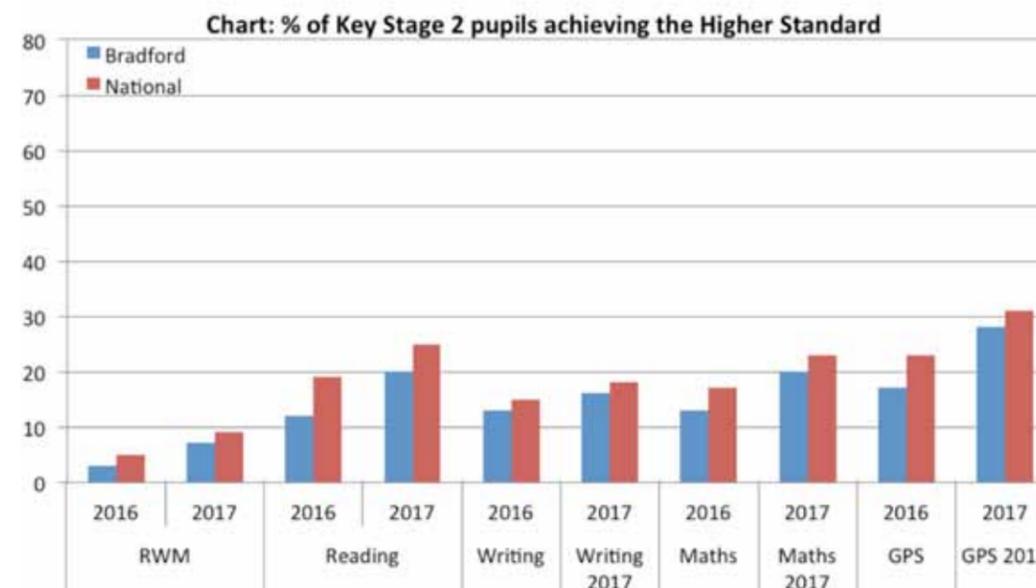
Bradford's Key Stage 1 results have improved in 2017 in the new expected standard performance measures in reading, writing and maths. The provisional national results improved faster in writing so that the gap in this subject has increased slightly.



At the end of Key Stage 2 the proportion of pupils achieving the expected standard in all of reading, writing and mathematics has improved from 47% in 2016 to 57% in 2017. The improved rate of improvement has resulted in the narrowing of the gap with the national average.



The performance of the Local Authority compared to all other Authorities has improved across all subjects at the end of Key Stage 2 with the exception of writing.



At the end of Key Stage 2, Bradford's ranking against its statistical neighbours has improved in all subject areas except in writing.

The outcomes at Key Stage 4 are complicated by the changing nature of the examination system and the provisional data indicate improving outcomes particularly in Progress 8 ranking. Bradford is ranked 54th out of 151 Local Authorities and is the 4th most improved authority.

Key Stage 5 outcomes for the new A level, Applied General and Tech Level measures indicate an improvement in the Academic and A level.

The BSCB has a responsibility to support the local authority in how each school discharges its responsibilities under Section 175/157 of the Education Act. The BSCB have worked closely with the LA Education Safeguarding Team in devising and conducting a Section 175 audit. This is a self evaluation audit tool which has been designed to support schools in showing that they have sound, robust procedures in place and assists to identify improvement actions needed. This will enable schools to report to governors and Ofsted on how their duties under S175 of The Education Act 2002 and the DfE guidance Keeping Children Safe in Education (KCSIE) have been carried out. The audit has informed the BSCB and assisted in future thinking around what is working well and what support and challenge should be provided. A further audit will be undertaken in 2018.

Example of achievement - Stand Up, Speak Out, Make a Difference (SUSOMAD)

This peer education programme, developed by the Diversity and Cohesion Service, addresses controversial issues that young people identify as important to them. This encourages young people to engage in challenging issues such as human rights, prejudice, discrimination, extremism, hate crime and community tension, and to use their voices in constructive ways.

Schools will be offered the opportunity to host 2 projects - The Anne Frank: A History for Today exhibition as well as Remembering Srebrenica. These exhibitions will challenge the audience to find the contemporary relevance of the Holocaust and the Srebrenica Genocide, allowing staff and students to see how racial and religious intolerance and hatred can begin and the tragic consequences when societies fail to take action. A group of pupils are trained as peer guides for both exhibitions and will then be empowered to share their learning with others.

Pupils are encouraged to develop their critical thinking skills and show empathy for others despite their differences. The project is highly topical, reflecting current hate-related bullying faced by young people today, issues such as Islamophobia, sexism and homophobia.

This is an enhanced peer education project that results in the pupils working through an issue of their choice and then sharing their learning with their peers in school. This will enable the young people to showcase their skills and disseminate their learning. Furthermore the original film clips provide a resource for generating classroom discussion, enabling young people to address often very difficult subjects in a safe and supportive environment.

i. West Yorkshire Police (WYP)

Bradford District Police are an integral part of the Multi-Agency Safeguarding Hub (MASH) arrangements, a function that continues to go from strength to strength ensuring that information is shared speedily, joint visits are conducted where appropriate and, most importantly, better outcomes are achieved for children at risk.

In the year ending March 2018 Bradford Police recorded 4272 missing children reports. Half of that number is Children Looked After of which 49.2% are at risk of CSE. The volume of investigations continues to put pressure on police resources.

The CSE team work closely with partners in Children's Social Care and the co-location of the team has helped to improve the understanding of, and response to, missing children episodes where there is a risk of CSE.

The training undertaken with Barnardo's in relation to CSE and the Night-Time Economy continues to show its value; examples include hotels that have refused room bookings due to suspicions about the age of one or other of the parties and taxi drivers who have been concerned about the safety of young, potentially vulnerable passengers.

Since the autumn the Local Authority has funded two police constable posts to work directly with some of our children's homes as part of the Be Positive Pathways programme. This new area of work is yet to be fully evaluated to establish the impact of reducing risk whether that is the risk of sexual or criminal exploitation, involvement in criminality or the reduction in missing episodes.

Since the beginning of the 2017-2018 academic year, the Bradford District Police Cyber Team have been working hard to continue establishing themselves in the educational sector as well as targeting establishments that have key connections to early intervention, safeguarding and other various vulnerabilities. The team started in November 2015 and they continue to achieve and deliver on the objectives year on year with Police staff delivering training around on-line safety. From the work that has been completed so far this academic year, the highlights are:

- 31,656 children educated on eSafeguarding from 1115 separate sessions, above the recommended target.
- 54 vulnerable children received one to one safeguarding visits with their parents/ carers also present.
- 5087 members of the community from different groups delivered to from 184 separate sessions. These groups included NHS staff, Teachers, CAHMS staff, Internal Officers, Social workers and child-minders.
- 2376 parents educated about the dangers of the online world and how to help safeguard their children, through 128 different parent workshops.

One key area that the team want to improve on is the amount of parent workshops delivered and the amount of parents attending these presentations. The team recognise challenges and are working with schools and parents to address this by exploring the following:

- Deliver similar sessions in schools with word of mouth from the parents who have already attended stating who they found the sessions useful.
- Online safety stalls at existing school events such as parent evenings, summer/ winter fairs, year 6 transition evenings and coffee mornings.
- Target businesses/places of work, these places contain adults, most adults have children/young people in their lives.

j. Voluntary and Community Sector Organisations (VCS)

The voluntary sector comprises over 300 organisations that work with babies, children, young people and families. It encompasses a wide variety of organisation in terms of size and provision. The sector continues to actively support safeguarding through:

- Ensuring the recreational, social and educational activities they provide are safe and promote positive behaviours.
- Providing Specialist support to address specific safeguarding issues: child sexual abuse (including CSE), mental health, domestic violence,
- Delivering tailored support to individuals in crisis or in need of support
- 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 also vary between organisations, but resourcing continues to be a significant challenge as is responding to increasing demand and increasing complexity.



“I have seen notices in our club about safeguarding things and I feel I could talk to any youth worker or teacher about any concerns I might have”

Achievements

- Stronger Families programme – VCS partners working together to provide support to families into employment but also addressing safeguarding and other challenges that families are facing
- Young Lives – How safe is your VCS organisation event – reached 30 organisations to support them with reviewing and improving their safeguarding approach.

During the forthcoming year, the VCS will seek to broaden the range of organisations that are contributing and involved, with an initial focus on BME communities.

Chapter 9 - Effectiveness of BCSB Sub-groups

a. Business Planning Group (BPG)

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.

This group enables key actions and works streams to be progressed through the sub-groups or linking with other groups and agencies. This allows the main Board meeting to focus on strategic matters and updates on completed activity.

The group oversees the production of the Annual Report, the Business Plan and the Risk/Challenge log. During the course of the year the group have completed a number of actions within the Business Plan and also worked towards mitigation of a number of risks and challenges. The nature of safeguarding involves risk and the group has identified further areas that require overview, scrutiny and mitigation in the forthcoming year.

The group has completed work around;

- Scrutiny and challenge process to assure effectiveness of response to children adversely affected by their carers. JTAI themed Challenge Panels in place. Learning disseminated via newsletters and website.
- Neglect strategy. Strategy finalised and published
- Bi-monthly summaries, yearly assurance reports and challenges through the Boards escalation policy. Sub-group summaries completed and circulated, collated to inform the annual plan.
- Escalation policy agreed and published. Challenge and risk log reviewed. Learning methodology from reviews, audits and panels has been fully disseminated and implemented across the partnership.
- Process for dissemination of learning, linked to the Case Review sub-group developed. SCR/Lessons learnt events delivered. Regular BSCB Newsletters. Numerous training events held to develop professionals.
- Communication Strategy to disseminate news, learning & development, briefings etc. Website updated, social media used, newsletter. Joint Board Communication and engagement group in place.

b. Case Review

The change of name of the Sub Group to Case Review, reflects the evolving remit of the Sub Group to consider all cases where there may be learning, not just those which may reach the threshold for a Serious Case Review.

A pack is now available on the BSCB website to facilitate referral and the scoping process.

There has been a focus on learning events for practitioners and managers during the reviewing process and after completion of reports.

There is now an electronic record which incorporates SCRs, lessons learned reviews and serious incidents discussed at meetings which facilitates tracking of each case

and the outcome.

Work has been done with the DHR Steering Group and YOT, and the schedule includes DHR and YOT cases to improve shared learning.

Involvement of families and victims has been extended to learning lessons reviews in recognition of the importance of communication and the potential learning from their involvement.

Learning from reviews has focused on:

- Cyber/Digital Strategy
- Escalation Policy
- Pre-Birth Assessment
- Neglect Strategy
- Communication with Children

The Sub Group continues to focus on disseminating learning through involvement with the Adult Safeguarding Board, Community Safety Partnership, CDOP, the development of a newsletter and accessible learning events.

c. Child Sexual Exploitation and Missing



The CSE & Missing sub-Group saw Superintendent Alisa Newman has taking over as Chair. The Terms of Reference for the group have been reviewed and the membership refreshed.

Key pieces of work that have been delivered include the setting up of a CSE & Missing Operational Group that has enabled a much more co-ordinated and focussed approach to tackling the priorities of the main sub-group at a practitioner level. This has resulted in a greater depth and breadth of understanding about the CSE and missing from home picture in Bradford. This awareness has allowed a more accurate assessment of risk and to mitigate against it. Accepting the high volumes of missing episodes, Bradford is recognised as exemplar practice across the county for robust recording and risk management processes in cases involving missing children.

The group have recently developed an analytical product to support tasking and to track progress, whilst it is in its infancy its value is already being felt.

The partnership recognise that whilst there is an excellent understanding of CSE in Bradford there is also a need to do more work around the scale and prevalence of the wider criminal exploitation of children, including county lines. This will form one of the sub-group's priorities for the year to ensure an improved safeguarding approach for the vulnerable, to intervene earlier and identify prevention opportunities.

As public awareness around CSE continues to grow and reporting increases, the demand for therapeutic services and on-going support for children is outstripping capacity and this provision is a growing concern requires further action.

d. Learning and Development

The group has responsibility for the development, coordination and evaluation of the Board's multi-agency training offer, based on an analysis of local training needs. The programme complements single-agency training, with the emphasis on multi-agency learning and practice.

Key Work Completed in 2017/18

- Learning events have been planned and delivered, and associated learning resources are now available on the BSCB website following local case reviews. This enables incorporation into single-agency training, dissemination of key messages, and gives an evidence base for practice development.
- The content of the neglect training offer, and 'Safeguarding, a Shared Responsibility' has been reviewed and updated, to ensure inclusion of local and national strategy, guidelines and policy changes.
- Part of the training needs analysis (compliance with national guidelines and local training standards, and capacity to deliver single-agency training) has been incorporated into the Section 11 audit tool, to ensure regular review and an evidence base for planning of the annual learning and development programme.

Key Priorities for 2018/19

- Presentation to BSCB of participants feedback from local learning events, re the safeguarding children system in Bradford
- Training needs analysis re preferred methodology, timing, subject matter, to complement Section 11 information
- Focus on improving the assertiveness, confidence and ability to both give and receive challenge of the children's workforce in Bradford.

e. Performance Management Audit and Evaluation (PMAE)

The role of the PMAE sub group is to enable BSCB to monitor, evaluate and provide assurance about the safeguarding of children in Bradford. The group challenges and provides assurance about the effectiveness of what is done by partners individually and collectively and report this to the Board, who can then in turn agree appropriate strategies and actions on ways to improve. This is a well attended and well supported group with good representation across the partnership include in all parts of health, VCS, police, social care, education and public health

The sub group has oversight of the multi agency dataset of the Board and uses this to identify areas for further consideration and where assurance is required. Section 11 of the Children Act 2004 places a duty on all organisations who work with children and young people, to ensure that they have arrangements in place that reflect the importance of safeguarding. The BSCB has used the Section 11 Audit Tool as a means of a self evaluation to support organisations in showing that they have sound, robust procedures in place and to assist in identifying improvement where needed. The audit presents an opportunity for the Safeguarding Board to assess organisations in and greatly assists with collation and analysis of data through a consistent approach. The group also oversees the Section 11 audit process and the outcome of multi agency challenge panels.

In 20-17/18 the group undertook a number of key strands of work. These included:

- Review and redrafting of the Section 11 template to produce a shared template for all statutory and commissioned organisations with a check list for very small VCS organisations
- BSCB has an established process of multi-agency challenge panels audits in Bradford selected around a central theme. There have been a number of

themes each year and more recently the themes have been Neglect and children disclosing abuse. The BSCB Case Review Sub-Group commissioned this audit as part of the wider learning from the recent Learning Lessons Review. Further audits are planned around JTAI themes including children affected by criminal exploitation and organised crime.

- A deep dive into the number of Section 47 enquiries being undertaken as Bradford appeared to be an outlier. This included several meetings with Police and Social care colleagues attended to discuss the issues. This work resulted in some changes to practice.
- A further look at the low number of ICPCCs as a result of section 47's. This also emerged for the data as an area where Bradford is an outlier. This work is still on-going.
- A review of neglect data collected by agencies to support the JTAI theme.
- Work with Education Safeguarding colleagues to develop and implement the section 175 audits to schools and review of the outcome of this work.

f. Joint Targeted Area Inspection (JTAI)

The role of the JTAI Sub Group is to lead the partnership response to the deep dive themes identified by JTAI. This group was originally set up to prepare for JTAI Inspection, but after Bradford's successful JTAI inspection on Domestic Abuse in 2017, the decision was made to continue the group to review the response to each theme, using the JTAI themes as a framework for partnership improvement work.

In 2017/18 the group looked at the themes of Neglect and Exploitation and followed up on actions from the DA action plan.

For each theme a self evaluation is completed for the theme, performance measures are considered and a multi agency challenge panel is held. This work allows the identification of learning which is collated into an action plan.

In 2017 the main areas of work of the sub group were;

- Assurance on the actions from the domestic abuse action plan which were finalised and the responsibility passed to the Domestic and Sexual Violence Board
- The neglect self assessment which demonstrated that this was an area in which data collection was difficult and that what reaches social care is only the tip of the iceberg of cases. To support the early help work a neglect toolkit was developed and the outcomes of the section 175 audit in schools was reviewed as this is where significant amounts of neglect comes to light in early help
- A self assessment on exploitation is planned for October 2018

g. Safeguarding in Professional Practice

The Safeguarding and Professional Practice Subgroup has continued to meet bi-monthly and is chaired by Jim Hopkinson, Deputy Director, and Children's Social Care. This group reviews policies and procedures which are scheduled for a refresh or otherwise identified as in need of review.

Over the past 12 months this has included work on producing and launching a new Pre-Birth Assessment, the Resolving Professional Disagreement and Escalation Policy, Forced marriage, and the Multi-Agency Bruising Protocol for Children not Independently Mobile. The issue of obesity as an addendum to the Neglect strategy has been considered. In addition there has been consideration of the policies associated with JTAI themes including, most recently, the need to develop agreed multi-agency definitions and responses to children at risk of exploitation through Serious and Organised crime.

Attendance amongst sub-group members has been strong and the membership of the sub-group is kept continually under review. There have been changes to voluntary sector representation over the year.

The Safeguarding and Professional Practice Subgroup links to the West Yorkshire Consortium Policy and Procedures to allow the opportunity for sharing learning, developing best practice and consistency of approach wherever possible across West Yorkshire.

h. Safeguarding in Education

The Education Sub-group has now secured a new chair with new additional members. This is positive and will allow for greater achievement and progress going forward.

The Education Sub-Group is a small group of people mainly from an education background – primary through to further education – who look at all aspects of safeguarding within their education remit. The group has already made marked progress in investigating a number of safeguarding issues that impact on some of Bradford's most vulnerable learners. The group is eager to support the BSCB in the work they do to ensure children and young people in the District are safe and feel safe. While accepting there is much work to do, the group have identified a number of priorities going forward and look forward to the challenges ahead.

Key areas of work have included:

- Elective Home Education
- Children Missing Education
- Prevention and Early Help transformation work
- Child Mental Health
- Bullying (Conference)
- Anti-social Behaviour & Offending Behaviours
- Voice of the Child
- SEND School Nurse Escalation Process/Flowchart
- Learning from SCR's
- Section 175 Audit

Future work will be around;

- Sexual Health in Education
- CSE and LGBT vulnerable groups
- Allegation Management (LADO)
- Communication with the wider school network

The key priority will be to establish if the ever-increasing group of children in receipt of Elective Home Education and those Missing Education are being robustly and sufficiently tracked to ensure they are fully safeguarded when unattached to mainstream/universal services.

The challenge of the group has been to ensure solid membership of the group, of which has now been achieved with a chair in place and vice chair to ensure continuity.

A second challenge for the group is communicating big messages to all schools and academies. There is no simple format that would currently allow the group to forward findings/messages or just important updates/information to all of Bradford schools.

Many of the members to the group are relatively new, however, the group is establishing strong links with relevant services for children and young people to increase learning and provide updates. There are many competing agendas facing the group so prioritising is essential. Communicating the groups work is something that requires further exploration but an important aspect of its work. The group will seek to widen discussions and ensure wider participation in important matters.



i. Child Death Overview Panel (CDOP)

The Child Death Overview Panel reviews the deaths of all children under 18 years who are resident in the district via a multi-agency panel using standard processes outlined in Working Together 2015. The new Working Together national guidance will outline the new proposals for Child death reviews; more detail is expected in late July 2018. CDOP aims to understand why children die, identify potentially modifiable causes and use the findings to make recommendations across networks and organisations to reduce the risk of similar deaths in the future.

CDOP held 8 meetings in 2017/18, reviewed 69 deaths during that time and there were a total of 58 deaths reported in 2017/18. CDOP held an Annual away day in April 2018 to discuss and further analyse all the data for 2017/18 and the previous 10 years of CDOP to identify themes over that time. This informs the current 2017/18 report, and the Modifiable Action Plan and Issues log ensure all key actions and recommendations are captured and completed in a timely manner. The CDOP Away Day also looked at audits of Sudden Infant Death Syndrome (SIDS) and Co-sleeping deaths over the last 3 years and also deaths in children with Learning Disabilities in detail.

CDOP continues to note that nearly three quarters of all deaths are due to genetic conditions or perinatal/neonatal events (43% and 29% respectively over 2017/18) and that South Asian children are over-represented in the % of deaths; mainly due to genetic conditions. In addition, White British boys are more likely to die than White British

girls overall and also have more unexpected and modifiable deaths. Overall infant mortality rates have reduced significantly over the 10 years but are now plateauing in recent years; child mortality has reduced but to a much lesser extent and both remain higher than regional and national rates.

Key areas for focus for recommendations from 2017/18 for the 19 potentially modifiable deaths identified include the following; significant risk factors – obesity and smoking in pregnancy and consanguinity, SIDS and co-sleeping with two or more risk factors such as smoking, specific clinical incidents over a range of areas, road traffic accidents, suicide/unascertained death and foreign body ingestion.

CDOP will continue to ensure all recommendations within the Modifiable Action Plan and Issues logs are completed and hence reduce the risk of future similar deaths in the future. CDOP will continue to monitor deaths and review as they occur and will have a further Away Day in 2019. In addition, this next year will focus on effective planning and implementation for the new Working Together and particularly the Child Death Review Guidance due in July 2018.

The latest CDOP report for 2017/18 can be accessed via the BSCB website via http://bradfordscb.org.uk/?page_id=104

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 2017/18 the group:

- Cascaded information and learning on key safeguarding issues including Early Help, domestic violence, modern slavery, CSE, coercive control, mental health, hate crime
- Ran an event aimed to support organisations in the use of the section 11 safeguarding audit tool.

- Developed a new safeguarding policy template for VCS organisations to use
- Promoted BSCB training to the sector and ensured that VCS specific training was available through Bradford CVS' training team. This included designated officer training and training for trustees.
- Cascaded learning and safeguarding developments to the sector
- Contributed voluntary and community sector experience, views and knowledge to safeguarding board and sub groups

The groups information reaches 300 organisations and safeguarding news features amongst the most read items when send out information.

90 individuals attended training and briefings on safeguarding aimed at the VCS. Feedback included:

“Excellent. Lots to take away, investigate and implement”

“I am now more confident in what the responsibilities of my organisation are. As a result of attending this event I will ensure volunteers and staff running sessions with children are fully trained.”

k. Safeguarding in Health Group

This group brings together the Designated, Named and lead professionals for safeguarding children from local health organisations, both commissioners and providers. The purpose of the group is to ensure an effective and coordinated response to safeguarding children issues across the health economy, and to promote and share best practice. The group continues to act as a central point of contact for partner agencies wishing to consult, contact or inform health organisations across the district. Summarised minutes are submitted to BSCB.

During 2017-18 the group has expanded, with new members welcomed from Mountain Health care, CGL drug and alcohol services and Local Care Direct.

The group receives feedback from members on safeguarding children activity and changes in individual organisations, and from the health members of BSCB and each sub-group. The group also reviews and contributes to consultation on policies or procedures. During the last year this has included the dental neglect strategy, the procedure for pre -birth assessment, the neglect strategy and the immobile baby protocol.

The focus of the group throughout the year has included Early Help, childhood obesity, Signs of Safety, effective and safe information sharing, health representation in the MASH and learning from local case reviews.

The group receives findings from safeguarding audits – from both individual organisations, and the cross-health audit group. Outcomes are used to review and improve practice.

Priorities for next year include managing the challenges presented by the re-procurement of health visiting and school nursing services, and the effects of the proposed cuts to the Early Help budget. In addition, the group will need to look at the health implications of the new edition of 'Working Together to Safeguard Children'.

Chapter 10 – The View of Children and Young People



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Local authorities in England have a statutory duty to safeguard and promote the welfare of children. Bradford is committed to listening to children to the 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 this voice.

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

There are many innovative ways that partners communicate with children and consider their views in shaping their future and protecting them. As outlined the use of tablets by children social workers to allow children to express their views is a simple but effective method of capturing the voice of the child.

The Children's Trust is responsible for the Children, Young People and Families' Plan. One of these priorities is about how the services hear the voice of children and young people. Across Bradford there are a number of groups that capture views of children.

Young People's Challenge Panel - a local opportunity for young people to come together to share concerns and comments, or to speak directly to adults who make key decisions in relation to services for young people. This may be decision makers and budget holders within the Council, health or education. It may be those who buy services or those who deliver services for young people.

Young People's Forums / Networks / Youth Voice Events - these are on subjects that are identified by young people and the district as priorities. These enable young people to come together to discuss things that are important to them and to identify actions they can take themselves or, where they can, work with others to make things better. They are also used to talk about things that may need to be taken to a challenge panel for further discussion with key decision makers.

Bradford Youth Work – Youth Voice Standards - These are the underpinning standards which are being developed that will help organisations make a judgement on how good they are at listening and responding to young people's voices. These standards will be used by organisations so they are better at supporting young people who use their services. They will mean young people have access to a wider range of opportunities to have their voices heard.

Social Media Engagement - This is a growing opportunity to talk to a wider group of young people in the district to seek their views on particular issues or developments. This is intended to be used for one-off consultations so we can better understand what's important for young people. Social media will also be used to promote the opportunities to attend Youth Forums, be part of a Network or District Youth Voice Events.

Bradford Council Children' Services has appointed its first Social Media Apprentice. The role is to help create some stronger and more effective links with children and young people, using a range of social media platforms. Social media platforms will be used to distribute safety messages, capture young people's voices and opinions and to create interaction around key issues affecting their lives. The apprentice will also be working with professionals in the department to encourage and empower their increased use of social media.

The BSCB has used the Section 11 Audit Tool and the Section 175 Audit Tool as a means of a self evaluation for organisations and schools to evidence the voice of the child. From the perspective of schools and audits received, 91% of schools feel they provide a platform to show that children's views are listened to, valued, respected and taken seriously, whilst around 30% of schools indicated that an area requiring improvement and 87% of schools reported confidence in that all children are safe and report they feel safe at all times in school and at work-based placements, alternative provision placements, after-school services or activities. The Section 11 survey considers similar questions in capturing views of children in the design and delivery of services, given information around safety, and the organisation provides feedback on the views expressed. The audit will be undertaken in 2018 and again analysis will inform future thinking and planning for partners.



Chapter 11 – Future Challenges and Priorities

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 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 city has outlined the new model and will major changes to its “**early help and prevention**”. The changes have required significant restructuring, which will lead to the loss of over 200 posts to meet budgets.

The VCS have identified 4 main areas that present a challenge for the forthcoming year, and BSCB and other partners also recognise their potential impact.

- Sustainability / Funding for VCS organisations
- Impact of early help and prevention
- Vulnerable learners which included children educated at home, children missing in education, excluded children and supplementary school
- CSE services for victims and future funding / commissioning arrangements

The BSCB maintains oversight of the latter 3 through the risk and challenge log and Business Planning Group.

Safeguarding partnerships are now considering the emergence of organised crime, modern day slavery and criminal exploitation as new threats in a similar way to the same conversations in the last decade around child sexual exploitation. This takes into account national thinking around criminal exploitation and the published Home Office guidance “**Criminal exploitation of children and vulnerable adults: county lines**” <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

This work involves other Boards such as the CSP and SAB in raising awareness and understanding within the BSCB and how the Board can support strategies and action plans to improve service delivery to children within the District. This is being developed under the banner of “**complex safeguarding**”. Bradford continues to recognise the impact of CSE and how to improve from local and national learning. The BSCB has recognised the increased demands upon partners for those children who are affected and remain vulnerable.

The final published version of Working Together to Safeguard Children will result in LSCB becoming non-statutory and nationally, each LSCB is currently looking at the legislation and considering the implications around safeguarding arrangements, and changes to serious case reviews and child death overview panels.

Chapter 12 – Conclusion

As the partnership understanding of safeguarding and vulnerability improves, it also appears that vulnerable people are subject and exposed to an increased range of risk factors. In order to protect children it is essential that that current partnership structures are able to respond to new threats, without silos or duplicating work and resources.

The unrelenting challenge for all agencies is reducing budgets and increasing demands which bring organisational review and reshaping to deliver more with less. The BSCB and its partners continue to look to economies of scale, more joint resourcing and real, meaningful cooperation in practice.

The BSCB continues to benefit from an experienced and mature partnership, and has continued to evolve and adapt throughout the year. Two experienced and dedicated chairs will be leaving the Board in 2018, Dr Shirley Brierley and Dr Kate Ward. Both have worked tirelessly in Bradford to protect children and both leave their legacy for others to work to their high standards. Bradford is very grateful for their contributions.

The Childrens Commissioner commented, after visiting Bradford, that the “**relationships and support from adults is very important for children and Young People**” and was one of the best things about Bradford.

“**It’s important to have people who just get you but some people are shy and need help to say what they want and how they feel.**”

The Board is acutely aware of the value of learning from the past. Whilst serious case reviews remain a key focus for learning and improvement, the BSCB continues to look at every other opportunity to protect our children. The case review sub-group now incorporates a wider remit and collectively the BSCB is working with Safeguarding Adult Reviews and Domestic Homicide Reviews, to maximise opportunities. The BSCB has also recognised the value in learning from cases, namely the multi-agency challenge panels and also as part of the CSE group. These allow all partners to test whether policies, procedures/guidance are working effectively, whilst also providing valuable learning for agencies. The panel are able to conduct challenging and difficult conversations with open and honest discussions with agencies recognising the learning and where improvements are required.

As outlined, the new Working Together legislation will impact upon future safeguarding arrangements. Historically, partners across Bradford have evolved and adapted to new and emerging safeguarding challenges with optimism and enthusiasm. This will benefit future reorganisation as the BSCB’s priorities and structure has taken into account current and future needs. The new arrangements provide a chance to renew focus on safeguarding across partners including an increased focus on early intervention and prevention. The guidance offers considerable opportunities for new innovation and local adaptability to make a difference to children in Bradford.

Bradford continues to focus upon its young people through a number of initiatives. The benefits are now visible of the strong partnership through the Opportunity Area Board, with DfE colleagues and key stakeholders securing investment in the key priorities for Bradford around education, skills and social mobility. Also, the City of Research goes from strength to strength, making Bradford one of the most exciting evidence based research centres in Europe. Bradford will host a start for the UCI Road World Cycling Championships in 2019. There will be plenty of opportunities for young people and families to get involved and hopefully find a future winner of the Tour de France.

Finally, the BSCB produces a number of newsletters throughout the year, if you would like to subscribe, please follow the link

<https://content.govdelivery.com/accounts/UKBMD/bulletins/1fe540e>

Hyperlinks

Performance

<http://bradfordscb.org.uk/wp-content/uploads/2018/08/Performance-for-Annual-Report-2017-18.doc>

CDOP

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

BSCB Website

<http://bradfordscb.org.uk/>

Home Office guidance “**Criminal exploitation of children and vulnerable adults: county lines**”

<https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

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

Please call 01274 434361

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Child Death Overview Panel (CDOP)

Annual report 2017-18

Bradford Safeguarding Children Board

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Appendix 1 (CDOP): Membership of Bradford CDOP

Appendix 2 (CDOP): Terms of reference of Bradford CDOP

Appendix 3 (CDOP): Preventable and modifiable factors definitions and 10 categories for cause of death

Appendix 4 (CDOP): Infant and child mortality rates

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

1. Introduction

Since 1st April 2008, the Bradford Safeguarding Children Board (BSCB) established the Child Death Overview Panel (CDOP) to accommodate the national guidance and statutory requirement which was updated in Working Together to Safeguard Children 2015¹. 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 Review² was published in early 2016. The review had been undertaken to review the role and functions of Local Safeguarding Children Boards (LSCBs), and the government published its response in May 2016 and this included a review of the CDOP process. The government wanted to introduce a more flexible, simpler statutory framework for LSCBs but still focused on engagement of key partners in particular the local authority, health and police with a continued multiagency approach. It is proposed that the responsibility for CDOPs will remain statutory and will move from the Department for Education to the Department of Health. Following consultation draft Working Together guidance was published in April 2018 and the Working Together Guidance was published in early July 2018; a detailed Child Death Review Guidance relevant to CDOP will be published late July 2018^{3,4,5}. CDOP will become a statutory responsibility of both the Clinical Commissioning Groups (CCGs) and Local Authority.

This report details the work of the Child Death Overview Panel (CDOP) during 2017/18. Having been established for ten 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 8 complete years of reviewed deaths (100%) from 2008/09 to 2015/16, and near complete reviewed deaths (96%) in 2016/17 (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 <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>

3 <https://www.nspcc.org.uk/what-we-do/news-opinion/government-consultation-working-together-guidance/>

4 https://consult.education.gov.uk/child-protection-safeguarding-and-family-law/working-together-to-safeguard-children-revisions-t/supporting_documents/Working%20Together%20to%20Safeguard%20Children.pdf

5 <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

2. Child deaths reviewed by CDOP in 2017/18

During the year April 2017 – March 2018 (2017/18), 58 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 2017/18 (1st April 2017 – 31st March 2018) Bradford CDOP reviewed 69 child deaths; these reviews included 29 deaths that occurred in 2017/18, 33 deaths that occurred in 2016/17, and 7 deaths that occurred in previous years. Overall, 77% of deaths were reviewed within 12 months which is similar to national data where 76% of all deaths were reviewed within 12 months⁶.

2.1 Demographics (age, gender, ethnicity), 2017/18

Of the 69 cases reviewed⁷, approximately two thirds (67%) 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 females (54%) than males (46%) which differs from the national data for 2016/17⁸, where the reverse of this is evident. However, to note that this is only one year of reviews. South-Asian children were over represented compared to the population of the Bradford district:

- 67% (46) of the deaths reviewed occurring in children under 1 year of age
 - 45% (31) of the deaths reviewed occurred in the neonatal period which is from birth to 28 days
 - 22% (15) of the deaths reviewed were children aged 28-days–1 year
- 33% (23) of the deaths reviewed were children aged 1-17 years of age
 - 10% (7) of the deaths reviewed were children aged 1-4 years of age
 - 16% (11) of the deaths reviewed were children aged 5-13 years of age
 - 7% (5) of deaths reviewed were children aged 14-17 years of age
- 46% (32) were Male
- 54% (37) were Female
- 65% (45) were children of South-Asian ethnicity
- 29% (20) were children of White British ethnicity
- 6% (4) were children of 'Other'⁹ ethnicities

An estimated 532,539 people live in the Bradford District¹⁰, 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 65% of child deaths reviewed are recorded as being from a South-Asian background. The 2017/18 findings above are also similar to analysis of the 2008-2018 data in Section 3.

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

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

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

9 'Other' ethnicities in this case include those categorised as African, and Mixed.

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

2.2 Causes of death, 2017/18

Of the 69 cases reviewed, where it was possible to classify the cause of death into one of the ten categories¹¹ used nationally, **72% were due to Category 7 and Category 8 deaths:**

- 30 (43%) deaths were categorised as chromosomal, genetic and congenital anomalies (Category 7)
- 20 (29%) deaths were categorised as perinatal/neonatal events (Category 8)
- 19 (28%) 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 2008-2018 data in Section 3.

2.3 Expected/Unexpected deaths, 2017/18

Child deaths fall into the two categories of either expected or unexpected. As set out in Working Together to Safeguard Children (2015)¹² 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 69 cases reviewed, 32% (22 deaths) were unexpected and 67% (46 deaths) were expected. In one case it was not known whether the death was expected or unexpected

Between April 2008 – March 2018, 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, 2017/18

See Appendix 3 for the definition of modifiable classification current for 2017/18. 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 69 cases reviewed a total of 19 deaths were considered to have modifiable factors (28%). These modifiable deaths were in the following categories:

- Category 2 (suicide or deliberate self-inflicted harm)
- Category 3 (trauma and other external factors)
- Category 4 (malignancy)
- Category 6 (chronic medical condition)
- Category 7 (chromosomal, genetic and congenital anomalies)
- Category 8 (perinatal/ neonatal event)
- 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 Appendix 3) which has ensured modifiable factors are now in line with other CDOPs and

¹¹ See Appendix 3 for 10 categories for cause of death

¹² http://www.workingtogetheronline.co.uk/chapters/chapter_five.html

national figures. Nationally the percentage of deaths considered to be 'modifiable' was 27%¹³ in 2016/17, which is similar.

Summary of the CAUSAL FACTORS noted for the 19 modifiable deaths:

- **RISK FACTORS:**
 - Obesity & Smoking –Category 7 & 8 (2 deaths - both risk factors present)
 - Consanguinity – Category 7 (3 deaths)
- **ACCIDENTS:**
 - Road traffic accident – Category 3 (1 death)
 - Ingestion of foreign bodies – Category 3 (2 deaths - both unascertained)
- **SIDS & CO-SLEEPING:**
 - All deaths with at least 2 risk factors & often multiple risk factors e.g. smoking, drugs, co-sleeping, sofa sleeping etc – Category 10 (5 deaths)
- **CLINICAL INCIDENTS:**
 - Range of Incidents – Categories 4,6,7,8 (4 deaths)
- **SAFEGUARDING & NON IMMUNISATION:**
 - Category 9 (1 death)
- **SUICIDE/UNASCERTAINED:**
 - Category 2 (1 death - cause of death unascertained)

Recommendations from the 19 modifiable deaths reviewed in 2017/18:

- Deaths linked to smoking & obesity in pregnancy – district action to reduce smoking in pregnancy and district wide actions (Healthy Bradford) and local services for women who are obese and are smoking in pregnancy (2 deaths)
- Deaths where Genetic condition linked to consanguinity – Every Baby Matters Recommendation 7 group actions increasing genetic inheritance awareness (3 deaths)
- Road traffic accident – specific road safety recommendations (1 death)
- Ingestion of foreign bodies – awareness via Newsletter and alerts (2 deaths)
- Sudden Infant Death Syndrome (SIDS) with co-sleeping and risk factors – continued awareness raising across the district and assurance from key organisations and staff regarding their approach with families, and e-training around Safe Sleeping re-launched (5 deaths)
- Clinical incidents – serious incident recommendations and further in depth audit undertaken into deaths in out-of-hours services by CDOP (4 deaths)
 - Root Cause Analysis (RCA) improvements in foetal heart monitoring and handover guidance
 - Serious Incident – standard operating procedures for children with transplants
 - Serious Incident – delay to diagnosis of heart condition and specific recommendations made
 - Internal investigation of potential delay to diagnosis via CT Scan
- Safeguarding & Non Immunisation issues – ensured appropriate services and support were in place, informed a Learning Event with staff and NHS England led actions to increase Pertussis vaccination in pregnancy (1 death)
- Suicide/Unascertained – Learning Event with staff (1 death)

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

¹³ <https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2016>

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 where it was identified that actions could be taken to improve services and support for families in the future or specific actions needed with an individual family. Identifying these potential 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 2017/18, 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.

Figure 1: Issues identified by CDOP, 2017/18

Key risk factors/issues identified	Proposed specific action
Smoking, diabetes and obesity in pregnancy all common risk factors which have been increasingly noted; not causal for the particular cause of death on individual level.	<ul style="list-style-type: none"> • District wide actions to reduce smoking, diabetes and obesity • Specific actions in place for maternity services to manage diabetes, obesity & support to stop smoking
Genetic inheritance issues & consanguinity as a risk factor. Commonly genetic diagnosis is unclear - in many cases genetic tests are awaited and this can take many months to arrive	<ul style="list-style-type: none"> • Genetic counselling offer; ensuring referrals • Every Baby Matters Recommendation 7 work to increase awareness • Ensuring family members are made aware of genetic risk and appropriate tests undertaken • Chase up all genetic tests as quickly as possible
Non-viable babies e.g. <23 weeks	<ul style="list-style-type: none"> • Monitoring of all cases and awaiting new Guidance
Domestic abuse and safeguarding issues were very common across all deaths reviewed	<ul style="list-style-type: none"> • Ensure flags for future pregnancies where relevant and any follow-up support is in place • Pre-birth assessment pathway now in place
Mental health issues and isolation	<ul style="list-style-type: none"> • Ensure parents linked to appropriate services
Vulnerable at risk young mothers, including those leaving or had left care – in some cases at risk of CSE or domestic abuse	<ul style="list-style-type: none"> • Ensure follow up contacts with Looked After Children (LAC) and/or at risk of Child Sexual Exploitation (CSE)
Limitation of Treatment Agreement (LOTA) & advanced care plans – good practice.	<ul style="list-style-type: none"> • Monitor use of LOTAs and follow up where use identified as not fully compliant
Delays to review at CDOP	<ul style="list-style-type: none"> • Red flag system now in place to monitor delays
Variable levels of bereavement support – noted good practice frequently for support provided by the Forget Me Not Hospice and Martin House Hospice	<ul style="list-style-type: none"> • Continue to monitor Bereavement support for families and note good and poor practice. Bereavement Services report due in spring 2018
Specific areas: Family unaware of Post-mortem result, issues with sterile cleaning fluids	<ul style="list-style-type: none"> • Ensure family are aware of Post-mortem report • Local change in policy for use of sterile cleaning products in place
Cause of death judged differently to Coroner e.g. unascertained vs SIDs & Co-sleeping	<ul style="list-style-type: none"> • Discussions with Coroner taken place and 6 month follow up planned
Insufficient details -children who died abroad	<ul style="list-style-type: none"> • On-going monitoring
Sudden death of a child when parents not prepared for this event	<ul style="list-style-type: none"> • On-going work by Paediatricians & antenatally to ensure parents are prepared for possible sudden death with congenital heart disease
Massive haematemesis procedures	<ul style="list-style-type: none"> • Protocol was reviewed to ensure as robust as possible

Key CDOP Activity in 2017/18:

- Total of 8 meetings in the year which included some extended meetings to ensure more cases could be reviewed.
- Annual Away Day held in April 2018 to review all data and understanding for 2017/18 and audit of Sudden Infant Deaths presented and discussed.
- CDOP database updated and additional fields added.
- Awareness raising over the year for SIDS and co-sleeping and risk factors, foreign bodies and other key areas via regular Newsletters.
- Continued use of Red Flag System established around long delays to review or significant issues 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 in 2017 which was well evaluated and took part in training events throughout the year.

3. Child deaths reviewed by CDOP between 2008/09 – 2017/18 (10-year period)

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 age¹⁴, resident in Bradford District who died between 1st April 2008 and 31st March 2018.

Figure 2: Child deaths reported to and reviewed by CDOP, 2008/09-2017/18

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	Total
Notified	85	108	108	70	68	66	80	61	68	58	772
Reviewed	85	108	108	70	68	66	80	61	65	29	740
% Reviewed	100%	96%	50%	96%							

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

A total of 740 deaths of the 772 notified deaths (96%) 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 32 outstanding deaths to be reviewed at March 2018, which is lowest number for some time. 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 – 2017/18

Of the 740 cases reviewed¹⁵, most deaths were in the first year of life (69%), particularly within the first 28 days. Overall, South-Asian children are over-represented in the deaths (62%) compared to the under-18 South-Asian population of Bradford district (37%). A higher proportion of deaths is noted in males (53%) compared to females (47%) which is similar to national data for 2016/17 (56% of death in males and 44% females)¹⁶. Also there was higher proportion of deaths in White British boys as noted below:

¹⁴ Up to the 18th birthday and described as 0-17 years

¹⁵ NB: Due to rounding, some percentage totals may not correspond with the sum of the separate figures.

¹⁶ <https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2017>

- 69% (508) of the deaths reviewed occurred in children under 1 year of age
 - 43% (319) of deaths reviewed occurred in neonatal period (birth to 28 days)
 - 26% (189) of deaths reviewed were children aged 28-days – 1 year
- 31% (232) of the deaths reviewed were children ages 1-17 years of age
 - 13% (96) of the deaths reviewed were children aged 1-4 years of age
 - 11% (80) of the deaths reviewed were children aged 5-13 years of age
 - 8% (56) of deaths reviewed were children aged 14-17 years of age
- 53% (394) were Male
- 47% (346) were Female
- 62% (460) were children of South-Asian ethnicity
- 29% (217) were children of White British ethnicity
- 9% (63) were children of 'Other'¹⁷ 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 (61%) than in girls (39%); 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 – 2017/18

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, 2008/09-2017/18

Period 2008-2017	
Expected deaths	73% (540)
Unexpected deaths	26% (194)
Unknown whether death was expected/unexpected	1% (7)
Total	100% (740)

Source: Bradford CDOP review data

Of the 740 cases reviewed¹⁸, 26% (194) were unexpected deaths and 73% (540) 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).

¹⁷ 'Other' ethnicities in this case include African, East Asian, Eastern European, Mixed, White Other, and Other

¹⁸ NB: Due to rounding, some percentage totals may not correspond with the sum of the separate figures.

From the 8 complete years of reviewed deaths from 2008/09 to 2015/16 and near complete reviewed deaths between 2016/17 and 2017/18, the difference between expected and unexpected deaths remains generally unchanged.

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	2017/18	Total
Expected	78%	78%	80%	75%	66%	79%	70%	68%	74%	67%	73%
Unexpected	19%	22%	19%	24%	33%	21%	30%	32%	26%	32%	26%
Not Known	3%	0%	1%	2%	1%	0%	0%	0%	0%	1%	1%
Grand Total	100%										

Source: Bradford CDOP review data

3.3 Causes of death, 2008/09 – 2017/18

Of the 740 deaths reviewed over the last 10 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% (318) of deaths were categorised as chromosomal, genetic and congenital anomalies (Category 7)
- 31% (227) of deaths were categorised as perinatal/neonatal events (Category 8)
- 26% (192) 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%)¹⁹.

Genetic conditions 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 (32%) 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; also, in some families where the rare genes which cause autosomal recessive conditions are common and cousin marriage has been practised for several generations the risk can be much higher²⁰. Consanguinity is common in South-Asian families locally and 53% of all South Asian children who died due to Category 7 as a whole are from families who have married their cousin. Sporadic causes account for 33% of all Category 7 deaths and in 85 cases (34%), the genetic cause of the Category 7 deaths was unknown. Improvements in genetic testing in the future will enable a more accurate diagnoses to be made in many of these presently 'unknown genetic cause' deaths.

Overall numbers and proportions of deaths are reducing except for Category 7 and Category 10 in under 1 year olds, and Category 7 in 1-17 year olds (Figs 12,13,14,15).

3.4 Modifiable factors, 2008/09 – 2017/18

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 740 cases reviewed, a total of 99 deaths were considered to have modifiable factors (13%). This is less than nationally (27% in 2016/17) but it must be noted that

¹⁹ <https://www.gov.uk/government/statistics/child-death-reviews-year-ending-31-march-2016>

²⁰ <https://borninbradford.nhs.uk/our-findings/different-findings-in-a-nutshell/babies-born-with-serious-conditions/>

the methodology for this has changed since April 2016 and in 2016/17 and 2017/18 this increased to 28% which is more in line with national data.

Key demographics to note of the 99 modifiable deaths:

- 60% (59) were children ages under 1 year of age
- 40% (40) were children ages 1-17 years of age

- 52% (51) were Male
- 48% (48) were Female

- 48% (48) were children of South-Asian ethnicity
- 39% (39) were children of White British ethnicity
- 12% (12) were children of 'Other'²¹ ethnicities

For this 10-year period the following themes for potentially modifiable causes of death which have continued up until 2018:

- Sudden Infant Death in Infancy (SIDS) and Co-sleeping with risk factors
- Specific clinical incidents over a range of causes
- Road traffic collisions
- Accidents
- Risk factors around Consanguinity, Obesity & Smoking in pregnancy
- Serious Case Reviews and safeguarding issues in a small number of cases
- Suicides (nil since 2016)

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

- Drownings in bath and death in fires
- Asthma

4. Actions & lessons learned

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

- SIDS and co-sleeping and risk factors awareness & organisational response audited
- Serious Case Review (SCR), Safeguarding issues & Clinical incidents – range of actions by organisations via SCR recommendations and serious incident action plans – CDOP seeks assurance all actions completed
- Road traffic collisions – road safety actions in place and specific organisational actions
- 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
- Suicide audit and monitoring fed into Suicide Prevention Action Plan for the district
- Safeguarding – work by all organisations as part of the BSCB Action plan

²¹ '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. In addition, the updated Child Death Review Guidance will be published in late July 2018 and will be the Local Authority and CCGs have joint statutory responsibility for CDOP and will be reporting to the Department of Health and NHS England has a key role nationally and regionally.

The current focus for 2018/19 is:

- Continue to monitor new child deaths over 2018/19 and any changes in demographic profile or causes of death
- Continue to update and monitor Modifiable Action Plan/Issues Log
- Ensure new Working Together and CDOP Guidance is implemented
- Training about CDOP and CDOP findings presented in Safeguarding Week
- Key findings to be fed into key groups e.g. Every Baby Matters groups, Maternity Partnership
- Annual Away Day for in depth analysis May 2019
- Continue to focus on:
 - SIDS & Co sleeping – awareness and organisational response
 - Suicide monitoring & Suicide Prevention Plan for district
 - Smoking/obesity/consanguinity & genetic risk – district wide actions led via Maternity & Children’s Programme Board, Every Baby Matters Group and other Key partners
 - Serious Case Reviews, Safeguarding issues & Clinical incidents – ensuring all actions identified in recommendations are fully implemented
 - Accident Prevention & 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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July 2018

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	Vicky Cotter	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	Susan Tinnion	Service Manager Children's Social Care
BDCFT	Amanda Lavery	Safeguarding Service Manager

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 website²².

22 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) from birth up to the age of 17 years 364 days 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 an annual report that is aggregated and anonymised

Accountability

The Child 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.
- Conflicts of Interest will be declared at each meeting regarding case involvement by panel members.

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 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 severe 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 palsy 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).

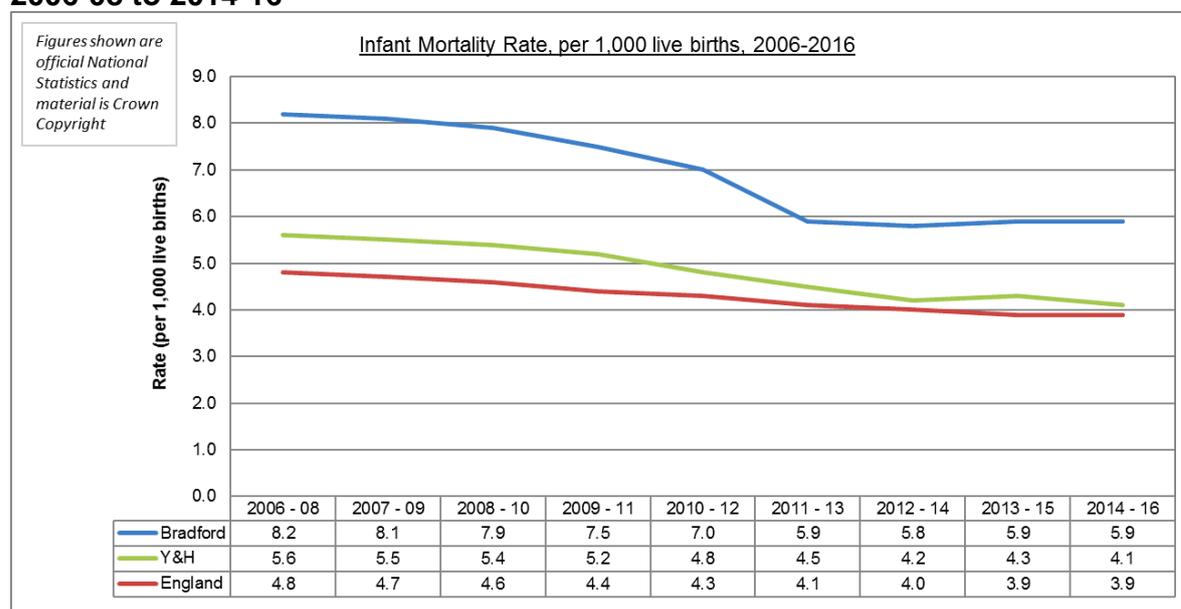
APPENDIX 4 (CDOP): Infant and child mortality rates

Figure 1: Mortality rates, 2014–2016

	Infant (<1 year) mortality rate, per 1,000 live births	Child (1-17 years) mortality rate, per 10,000 population
Bradford	5.9	17.8
Yorkshire and The Humber	4.1	13.2
England	3.9	11.6

Source: PHE, Child Health Profiles 2017

Figure 2: Infant mortality rates for Bradford District vs National/Regional rates, 2006-08 to 2014-16



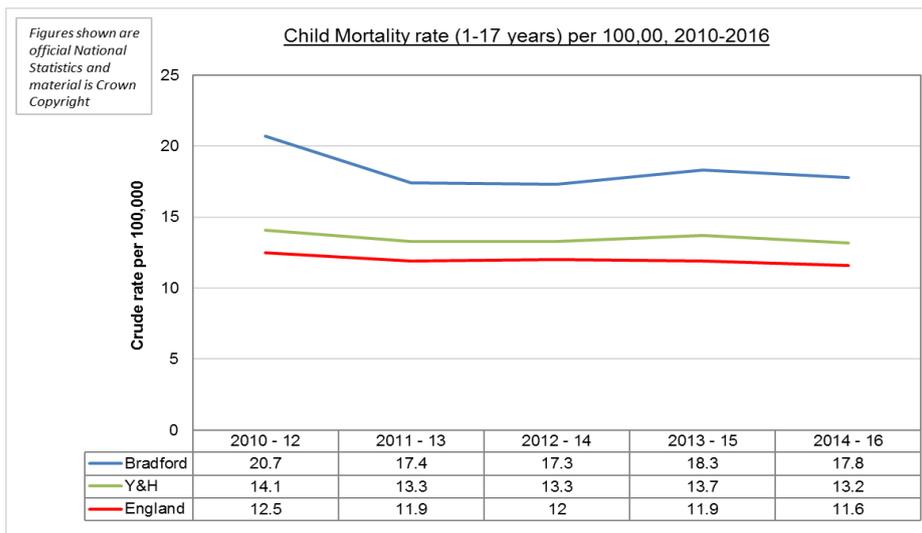
Source: Office for National Statistics (ONS) data

Figure 3: Infant mortality rates in the most deprived quintiles Bradford District, Region and England during 2007-09 to 2014-2016

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
2014-16	Data unavailable	5.9	4.1	3.9
IMR change between 2007-09 and 2013-15	-4.0	-2.2	-1.4	-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



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, 2008/09-2017/18

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	Total
Notified deaths	85	108	108	70	68	66	80	61	68	58	772
Reviewed deaths	85	108	108	70	68	66	80	61	65	29	740
% of deaths reviewed	100%	96%	50%	96%							

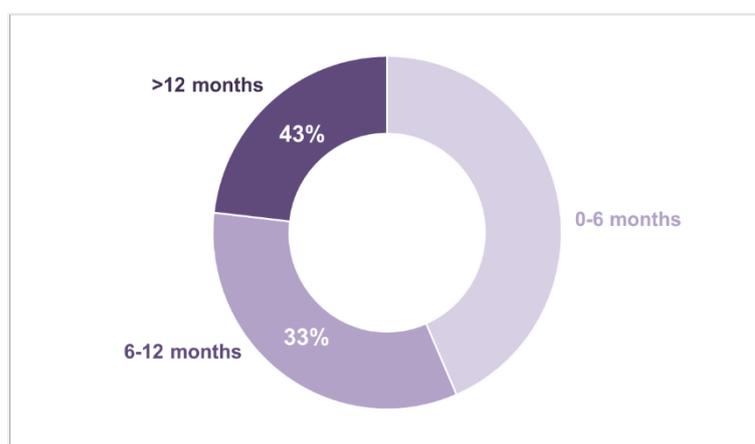
Source: Bradford CDOP review data

Figure 2: Numbers of deaths notified to the CDOP by age category and year of death, 2008/09 to 2017/18

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Under 1 year	63	77	74	44	45	47	50	41	47	40
1-17 year olds	22	31	34	26	23	19	30	20	21	18
TOTAL	85	108	108	70	68	66	80	61	68	58

Source: Bradford CDOP notifications data

Figure 3: Percentage of reviews completed within 12 months of the child's death – 2017/18



Source: Bradford CDOP review data

Analysis of deaths reviewed

Characteristics of the child deaths reviewed between April 2008 and March 2016²³.

Age

Figure 4: Age distribution of all reviewed deaths, 2008/09-2017/18

	Number	Percentage
Under 1 year	508	69%
1-17 years old	232	31%
TOTAL	740	100%

Source: Bradford CDOP review data

Figure 5: Age distribution of all reviewed infant deaths, 2008/09-2017/18

	Number	Percentage
Under 28 days	319	63%
28 days to 2 months	96	19%
3 months to 1 year	93	18%
TOTAL	508	100%

Source: Bradford CDOP review data

Figure 6: Age distribution of all reviewed child deaths, 2008/09-2017/18

	Number	Percentage
1-4 years old	96	41%
5-13 years old	80	34%
14-17 years old	56	24%
TOTAL	232	100%

Source: Bradford CDOP review data

Gender

Figure 7: Gender distribution of all reviewed deaths, 2008/09-2017/18

	Number	Percentage
Male	394	53%
Female	346	47%
TOTAL	740	100%

Source: Bradford CDOP review data

²³ 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, 2008/09-2017/18

	Number	Percentage
South Asian	460	62%
White British	217	29%
Eastern European	25	3%
Mixed ethnicities	20	3%
Other ethnicities (includes African, East Asian, White Other and Other)	18	2%
TOTAL	740	100%

Source: Bradford CDOP review data

Figure 9: Ethnicity of all reviewed deaths by gender, 2008/09-2017/18

	% of deaths		Total
	Male	Female	
South-Asian	50%	50%	100%
White British	61%	39%	100%
All Other ethnicities	50%	50%	100%
ALL ETHNICITIES	53%	47%	100%

Source: Bradford CDOP review data

Category of death

Figure 10: Category of death distribution of all reviewed deaths, 2008/09-2017/18

	Number	Percentage
Category 1	7	1%
Category 2	7	1%
Category 3	34	5%
Category 4	26	4%
Category 5	23	3%
Category 6	24	3%
Category 7	318	43%
Category 8	227	31%
Category 9	43	6%
Category 10	28	4%
No category assigned	3	0%
TOTAL	740	100%

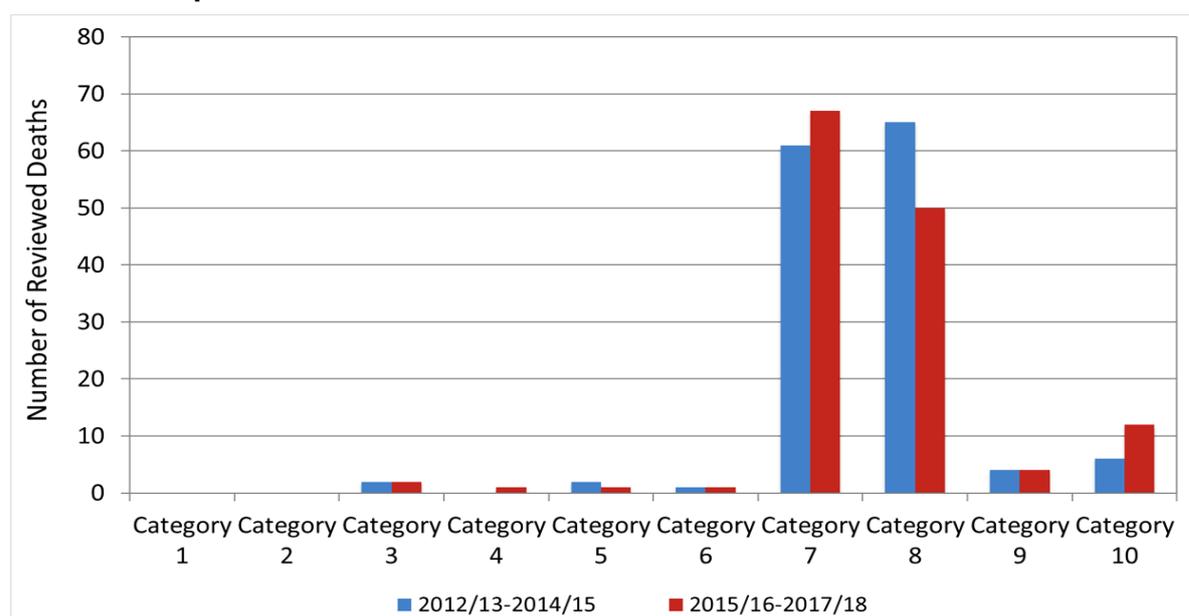
Source: Bradford CDOP review data

Figure 11: Comparison to national CDOP data: proportion of reviewed deaths by category of death, 2009/09–2017/18

Proportion of reviewed deaths by category of death		2016/17	2008/09-2017/18	Difference (percentage points)
		National	Bradford	
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%	4%	-3
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%	4%	-3

Source: National CDOP review data, and Bradford CDOP review data

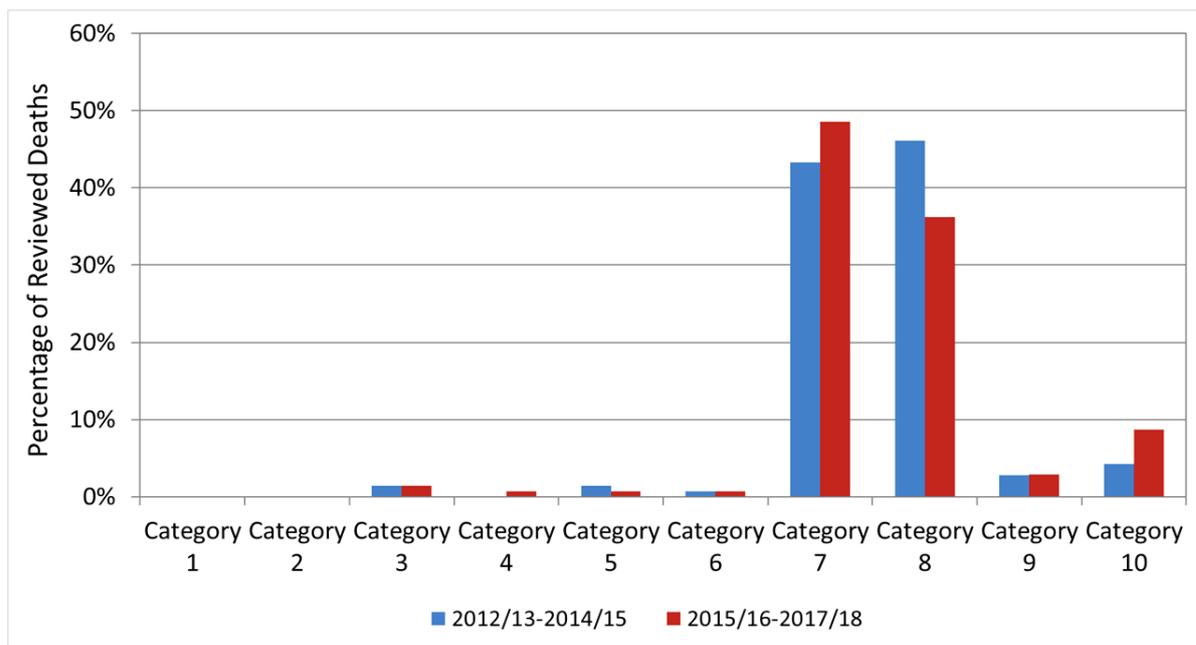
Figure 12: Numbers of reviewed infant deaths in each category of death, 2012/13-2014/15 compared to 2015/16-2017/18



Source: Bradford CDOP review data

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

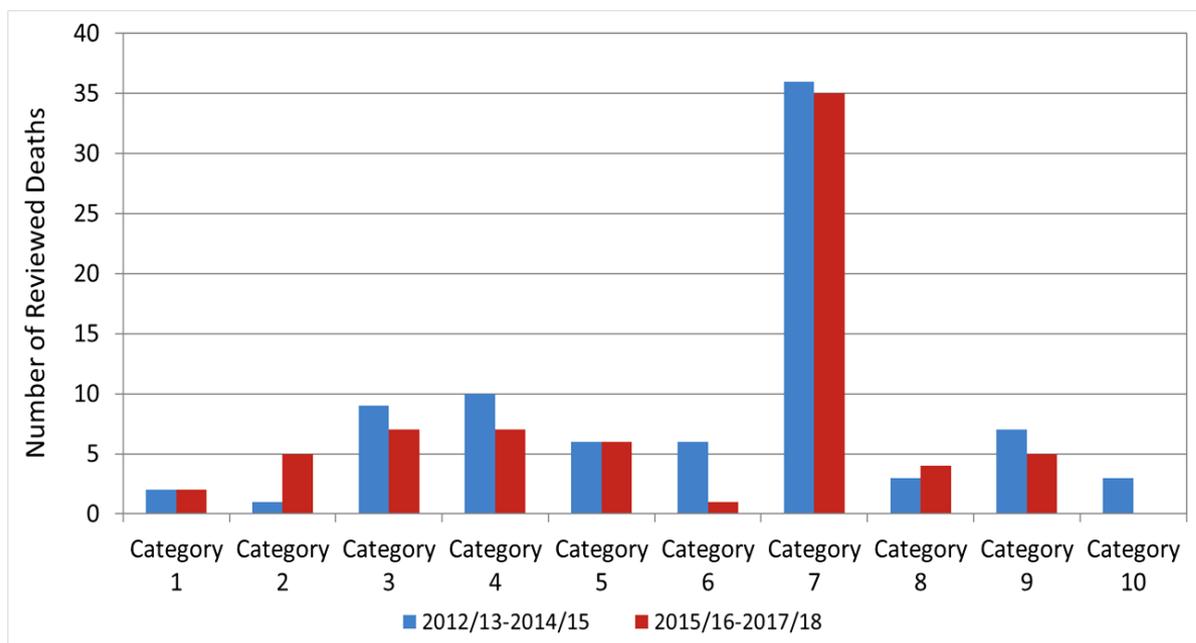
Figure 13: Proportion of reviewed infant deaths in each category of death, 2012/13-2014/15 compared to 2015/16-2017/18



Source: Bradford CDOP review data

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

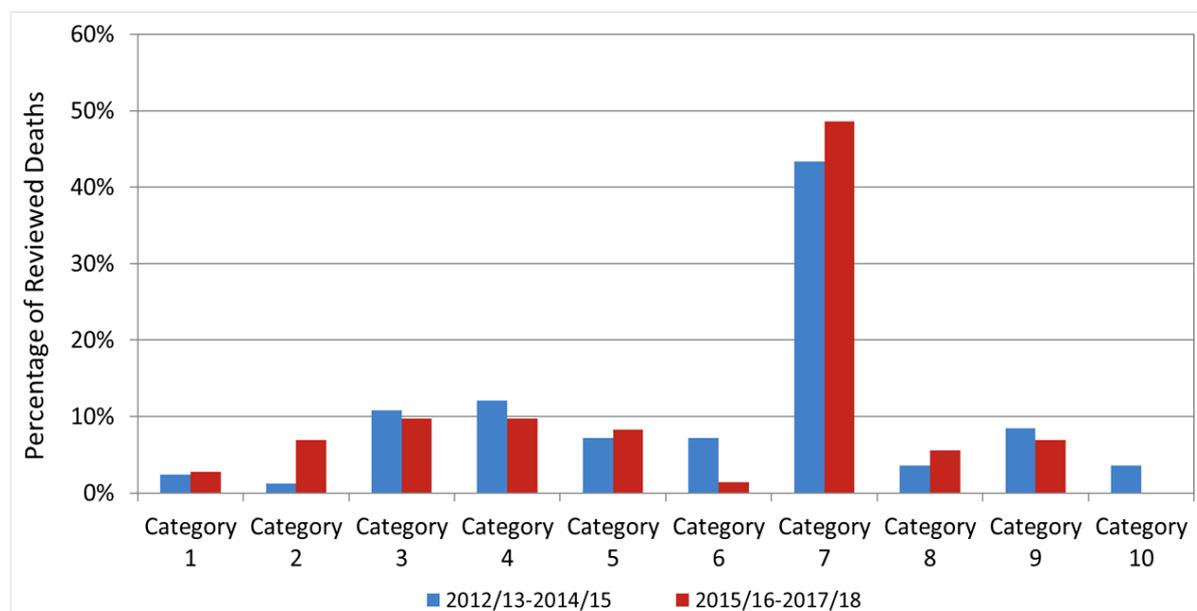
Figure 14: Numbers of reviewed child deaths (1-17 years old) in each category of death, 2012/13-2014/15 compared to 2015/16-2017/18



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

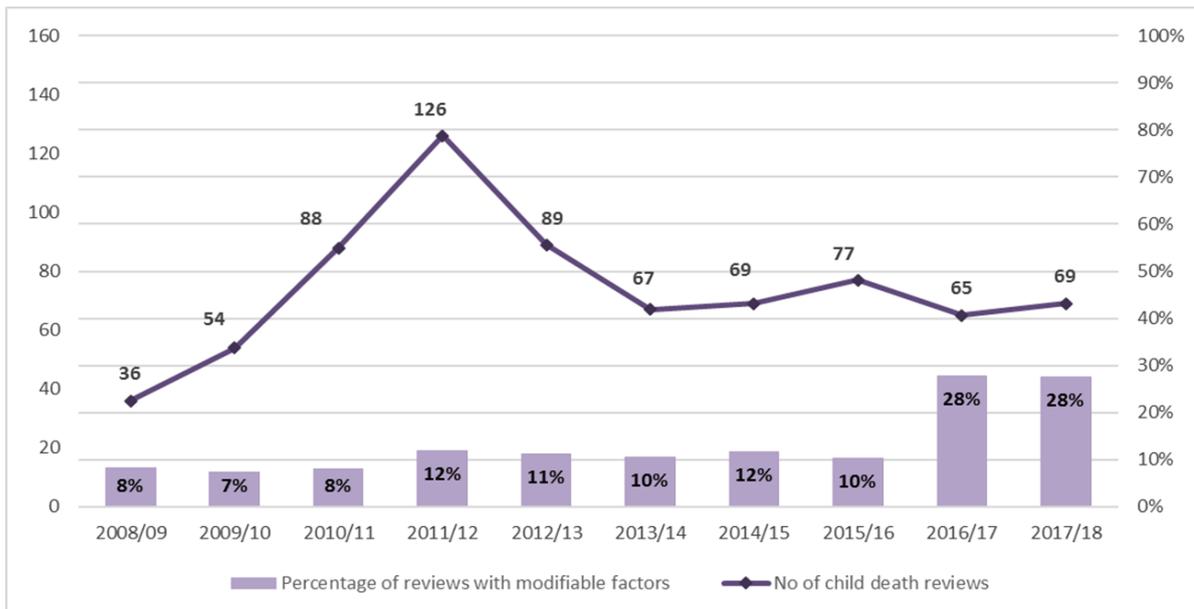
Modifiability

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%

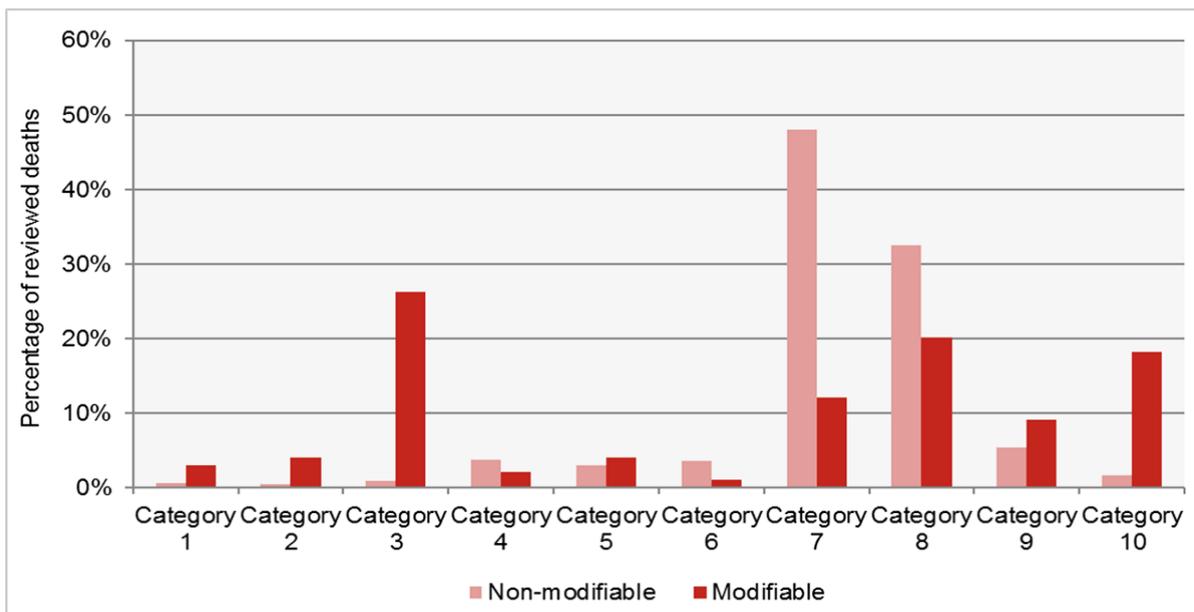
Source: Bradford CDOP review data

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

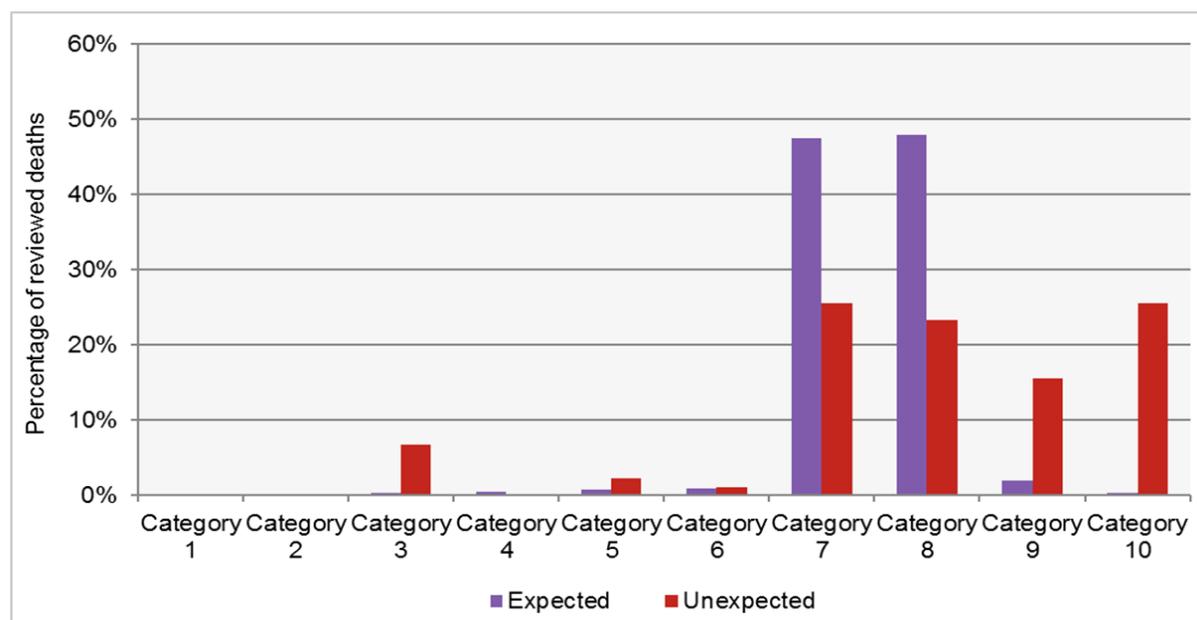
Expected/unexpected deaths

Figure 19: Expected/unexpected classification of all reviewed deaths, 2008/09-2017/18

	Number	Percentage
Expected	540	73%
Unexpected	194	26%
Unknown	6	1%
TOTAL	740	100%

Source: Bradford CDOP review data

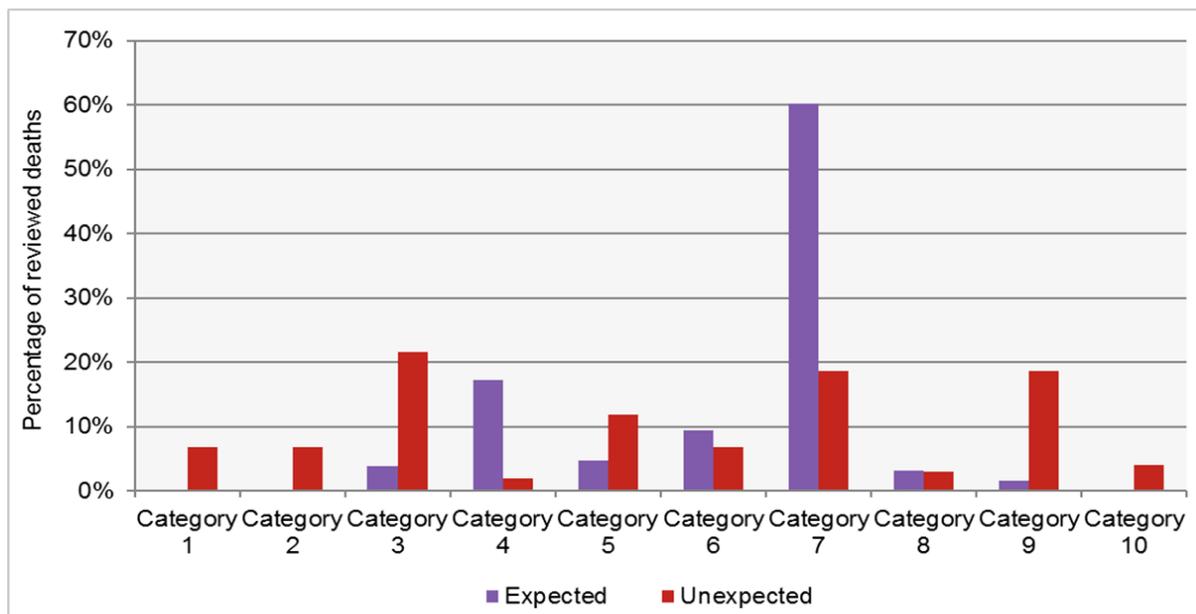
Figure 20: Proportion of expected/unexpected infant deaths in each category of death, 2008-2018



Source: Bradford CDOP review data

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

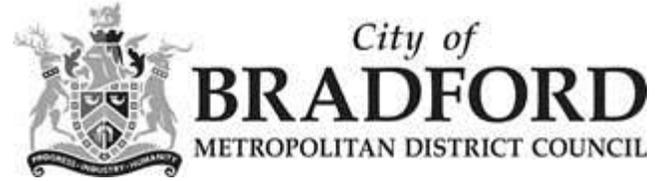
Figure 21: Proportion of expected/unexpected child deaths in each category of death, 2008-2017



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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Report of the Interim Strategic Director Children's Services to the meeting of Children's Overview and Scrutiny Committee to be held on 13 February 2019

AB

Subject:

Special Educational Needs and Disability reforms

Appendix 1 of this Report is not for publication

Summary statement:

This report provides an overview of the developments and progress in respect of the delivery of the SEND reforms.

Interim Strategic Director
Gladys Rhodes White

Portfolio:

Education, Employment and Skills

Report Contact: Marium Haque
Phone: (01274) 431078
E-mail: Marium.haque@bradford.gov.uk

Overview & Scrutiny Area:

Childrens

1. SUMMARY

- 1.1 This report provides an overview of the developments and progress in respect of the delivery of the SEND reforms.

2. BACKGROUND

- 2.1 Under the Children and Families Act 2014 and the SEND Code of Practice (2015) statutory guidance, the local authority, health services, early years settings, schools and further education providers have statutory duties to identify and meet the needs of Children and Young People aged 0 to 25 years who have Special Educational Needs or Disabilities (SEND). Local area inspections of responsibilities for children and young people with special educational needs and/or disabilities are carried out under section 20 of the Children Act 2004. SEND Inspections of all local authorities and local areas over the period May 2016 to May 2021 will be undertaken to assess how effectively these duties are being met. Inspections are a 10 day process and can be called at 5 days notice. An inspection of the Bradford area is imminent.
- 2.2 The Local Authority (LA) and relevant partners have undertaken a process of Self Assessment in preparation for the pending inspection. The SEND Strategic Partnership Board has been re-launched with clear terms of reference, multi agency membership and 4 clear project work streams supported by the SEND Transformation and Compliance team. The 4 work streams which comply with the SEND Code of Practice 2015 are: Integrated Assessment and Service Delivery, Joint Commissioning, Co production and Engagement and Preparing for Adulthood
- 2.3 Nationally the delivery of the SEND Reform agenda has proven to be challenging with many Local Authorities reporting concerns regarding adequate finances and resourcing to support the delivery of the SEND Reforms as well as having sufficient provision to meet the needs of C&YP with SEND.

3. OTHER CONSIDERATIONS

- 3.1 As part of the self assessment process the LA and Health (through the 3 Bradford area Clinical Commissioning Groups (CCGs)) have completed Audit tools which feed into the Self Evaluation Framework (SEF). The Local Authority Audit Tool was updated, refreshed and circulated to SEND Strategic Partnership Board members for further moderation in January 2019. The CCG has recently updated their Audit tool which it will be subject to the same moderation and review process involving the SEND Strategic Partnership Board. The RAG ratings in the LA Audit Tool contain a large number of Amber ratings (Partial Compliance and Work in Progress), many of which could revert to Red or non compliance if progress is not sustained or quick enough. This and the work of the SEND Transformation and Compliance team have identified a number of areas which require immediate action to be taken.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 Consideration needs to be given as to whether or not current resourcing is adequate to aid rapid recovery

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The self assessment process has identified a number of priority areas where action needs to be undertaken immediately by ensuring:

- The completion of Education Health and Care (EHC) assessments within the statutory 20 week assessment period is improved rapidly. In 2017 the national return reported this as 12%. Performance during 2018 is 22%. Work is underway to overhaul existing and implement new processes to enable a more efficient delivery model for EHC Assessments
- The Compliance and Quality of existing EHC Plans is improved by establishing a quality assurance process to review existing EHC Plans and sign off new EHC plans over a 12 months period. The rationale behind a 12 month period is to enable all existing EHC Plans to be amended and quality assured as part of the Annual Review process. It is important that the Annual Review is used as the vehicle to make the changes as it is not feasible to make changes to an EHC Plan outside of the Annual Review process. As such it will take 12 months to complete these changes for the existing 3600+ EHC Plans as well as provide quality assurance to the circa 700 new assessments & plans annually.
- SEND Identification, Assessment and Review processes are developed and implemented, including the allocation of a Caseworker system for existing EHC Plans and all EHC assessments.
- Data Accuracy and Recording includes an interface to Social Care and Health
- Outcomes in EHC Plans for Children and Young people with SEND fully reflect their needs
- Sufficiency and diversity of SEND Placements and Provision across the District. Scoping work has begun and the findings have been presented to Schools Forum in January 2019 setting out a timeline for delivery for the establishment of 350 additional specialist placements from September 2019. This will include special school placements and developing the resourced provision model.
- Joint Commissioning arrangements are established and in place to enable the delivery of integrated services across the Local Authority and health providers, including detailing arrangements for the commissioning of bespoke highly specialist provision.

5.2 Areas that the CCG, in partnership with the Local Authority, need to take action immediately:

- Although an updated CCG Audit tool assessment has recently been submitted, the judgements have not yet been validated against evidence.
- Ensuring the quality and consistency of Health advice into EHC assessment process supports the requirements as set out in the SEND Code of Practice
- Developing a collective agreement that the pathway on ASD (Autistic Spectrum Disorder) identification and assessment. Currently there is a waiting list with a waiting time of just over 2 years. This is non compliant with NICE (National Institute for Clinical Excellence) timescales and a Plan is being developed to address this as a high priority.
- Waiting lists for access to specialist services eg SALT (Speech and Language Therapy) need to be reduced so that services are timely and meet assessed need

- Access to CAMHS (Child Adolescent Mental Health Services) is clear, transparent and supports the identification and provision for C&YP with SEND, including the transition into Adult Mental Health Services
- 5.3 The SEND Action Plan and the wider Local Area Improvement Plan that supports the self evaluation, needs to be appropriately resourced. Service improvements are already in progress, but given the multi agency and long term nature of some of the areas of concern these will need to be challenged, phased and embedded over the next 12 months.
- 5.4 The SEND Strategic Partnership Board, which monitors highlight reports from the 4 work streams could monitor progress on the SEND Action Plan and establish further reporting linkages as required. The SEND Strategic Partnership Board is a multi-agency Board that is chaired by the Deputy Director, Education & Learning and the Vice Chair is the CCG Director of Commissioning.
- 5.5 As well as key Local Authority and CCG Officers, the membership of the SEND Strategic Partnership Board includes schools, colleges, parents, health providers, public health and VCS representatives. This representation is also reflected in each of the 4 work streams. The 4 work streams are:
- ❖ Integrated Assessment & Service Delivery
 - ❖ Joint Commissioning
 - ❖ Preparing for Adulthood & Transitions
 - ❖ Co-production and Engagement

6. LEGAL APPRAISAL

- 6.1 Duties on local areas regarding provision for children and young people with special educational needs and/or disabilities are contained in the Children and Families Act 2014 (the Act) , Regulations and in the 'Special educational needs and disability code of practice: 0 to 25 years' (the Code of Practice). The Code of Practice is statutory guidance published by the Department for Education (DfE) and the Department of Health (DoH). The duties came into force in September 2014.
- 6.2 The Minister of State for Children and Families has tasked Ofsted and the Care Quality Commission (CQC) with inspecting local areas on their effectiveness in fulfilling these duties.
- 6.3 A Framework for inspecting local areas under section 20 of the Children Act 2004 sets out the key inspection principles which should be read alongside the Code of Practice and the 'Handbook for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities'.
- 6.4 The inspection handbook is a guide for inspectors on how to carry out local area inspections. The framework and handbook are made publicly available to help ensure that local authorities and health services, early years settings, schools, further education providers and other organisations are informed about the process and procedures of these inspections and to support local areas in their self-evaluation and

on going improvement. It is also available to young people, parents and carers to help ensure that they are aware of how these inspections are carried out.

6.5 Inspections will evaluate how effectively the local area meets its responsibilities, and not just the local authority. The local area includes the local authority, clinical commissioning groups (CCGs), public health, NHS England for specialist services, early year's settings, schools and further education providers.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 SEND Code of Practice is aimed at supporting C&YP aged 0-25yrs with Disabilities to have their needs identified, assessed and met as quickly as possible to ensure that they have the best possible chances to achieve their potential and have timely access to services across education, health and care.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 There are no direct sustainability implications resulting from this report

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 There are no direct greenhouse gas emission implications resulting from this report

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 There are no direct community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

7.5.1 As identified in paragraph 7.1.

7.6 TRADE UNION

7.6.1 Staff and Trade Unions will be briefed on the implications of the SEND Action Plan.

7.7 WARD IMPLICATIONS

7.7.1 All wards.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

7.8.1 n/a

7.9 IMPLICATIONS FOR CORPORATE PARENTING

7.9.1 Looked after Children with SEND, particularly those with an EHC Plan, will benefit from the improvements outlined in this report.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.10.1 There are no specific data protection implications.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 Appendix 1 of this Report is not for publication.

8.2 In view of the business affairs content of Appendix 1, “business affairs” includes contemplated, as well as past or current, activities of the Local Authority, the public interest in maintaining the exemption outweighs the public interest in disclosing the details contained within that Appendix.

9. RECOMMENDATIONS

9.1 The recommendations are for Overview and Scrutiny to note and comment on the contents of this report and the strength of the draft SEND Action Plan against the areas for rapid improvement.

9.2 To refer the draft SEND Action Plan to the Executive together with any recommendations for approval

10. APPENDICES

10.1 Draft SEND Action Plan – Not for Publication

10.2 The SEND Strategic Partnership Board Terms of Reference

11. BACKGROUND DOCUMENTS

11.1 None

SEND Strategic Partnership Board Terms of Reference

Purpose

The purpose of the SEND Strategic Partnership board is to:

- develop best policy, practice, service and provision for children and young people with SEND across the Local Area
- ensure that services are child and family centered and responsive to need
- collaborate more effectively across services, school, settings, MATs etc. for the benefit of children and young people with SEND
- build capacity
- establish the local offer for SEND across all services
- intervene in a timely and effective manner where appropriate
- ensure sufficiency of places
- collaborate to ensure signposting, QA and safeguarding of children and young people

Membership

Alijan Haider	Director of Strategic Partnership, NHS Bradford District, NHS Bradford City & NHS Airedale, Wharfedale & Craven CCGs
Angela Vinnecombe	Executive Headteacher, Ingrow, Long Lee Primaries
Ann Andrew	Headteacher High Park Special School
Annette Jackson	DMO Consultant Paediatrician, Community/Neuro-disability, Bradford Teaching Hospitals NHS Foundation Trust
David Byrom	Head of Service LA & Resources, CBMDC
Debbie Jowett	Manager of SENDIASS, Barnardo's
Dianne Richardson	Headteacher, Swain House Primary
Dominic Wall	Executive Headteacher, Southfield Grange Trust
Gail Southeran	Riddlesden St Mary's CE Primary School
Gareth Flemyng	Service Manager (Disabilities), Disability team, CBMDC
Ian Morrel	Headteacher, Titus Salt School
Jenny Cryer	Assistant Director Performance, Commissioning & Partners, CBMDC
Jim Hopkinson	Deputy Director, Social Care
Julia Elliot	Children & Families Services Operational Manager, BDCT
Julie Bruce	Chair, The Parents' Forum for Bradford and Airedale (PFBA)
Lynn Donohue	Strategic SEND and Behaviour Manager
Marium Haque (<i>Chair</i>)	Deputy Director, Education and Learning
Mark Anslow	Head of Service, Targeted Early Help, CBMDC
Gladys Rhodes White	Interim Strategic Director, Childrens Services
Navtej Chohan	Principal, Shipley College
Peter Horner	Bradford CVS
Rob Mitchell	Health & Wellbeing (Adults)
Ruksana Sardar-Akram	Senior public health manager, Public Health, CBMDC
Ruth Hayward	Head of Commissioning (Women and Children's), NHS Bradford District and City and Airedale CCGs
Sally Townend	Social Care Transitions
Sasha Bhat	Head of Commissioning (Mental Health), NHS
Sharon Bowring	DMO Consultant Paediatrician, Airedale NHS Foundation Trust
Wendy Utlej	Down Syndrome T&SS and Parent



CCGs working together

Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG

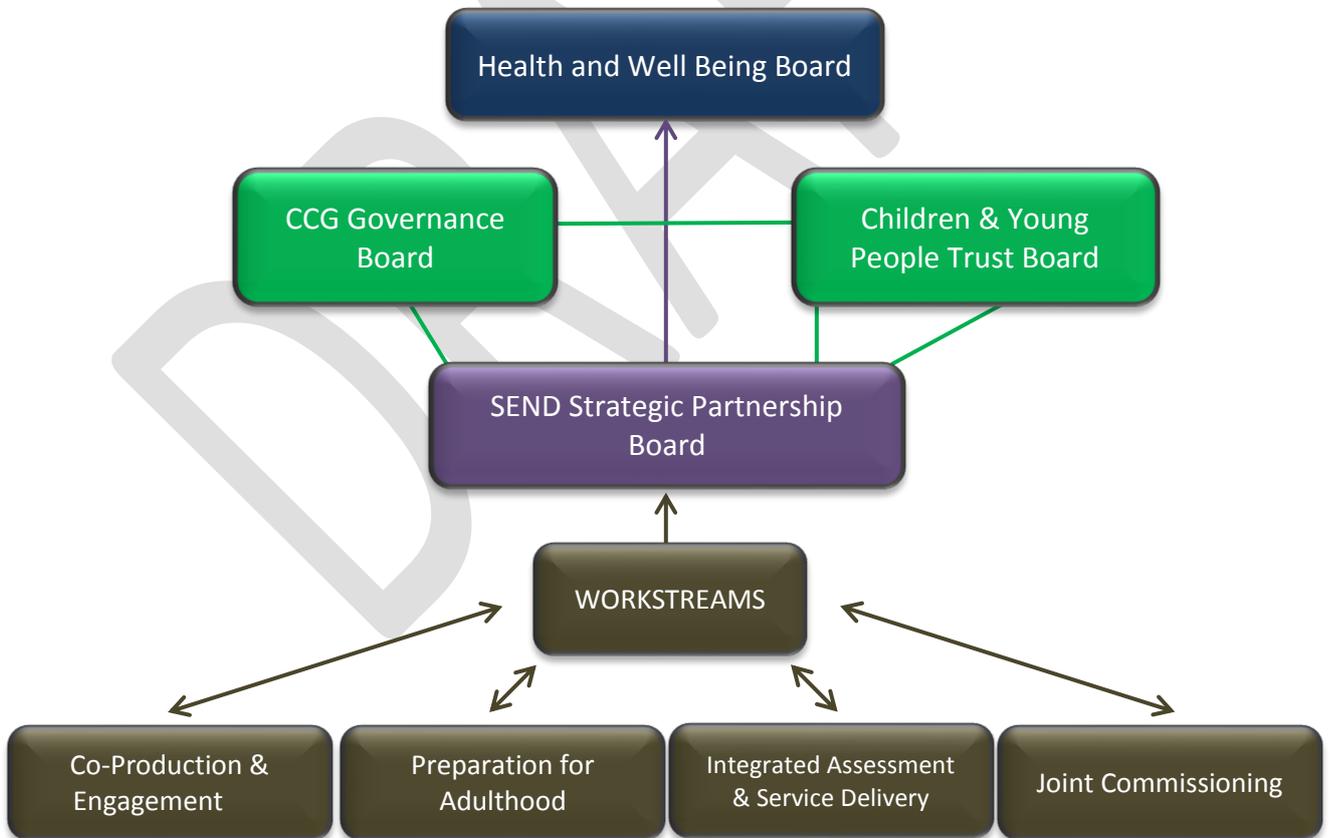


MEMBERSHIP

NB: NO SUBSTITUTES WILL BE ACCEPTED OTHER THAN THE IDENTIFIED DEPUTIES FOR EDUCATION PROVIDERS AND THE VOLUNTARY COMMUNITY SECTOR (VCS)

Governance structure

- The SEND Strategic Partnership Board (SPB) reports directly to the Health and Well Being Board (H&WBB), CCG Governance Board and Children & Young People Trust Board on a quarterly basis with updates of progress.
- Set the Bradford area Strategy for Children and Young People with Special Educational Needs and Disabilities.
- Annually it reports on each priority and the impact against the outcomes framework.
- Monitoring progress of the SEND Workstreams on a regular basis.
- Colleagues responsible for awareness-raising at other boards (those in Green) ensure they are up to date from the SPB meetings. Reports to these groups can be verbal or by using the tracker. The frequency of these reports needs agreeing by each board.
- The format of reports to the H&WBB needs agreeing.



The function of each Board



CCGs working together

Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG



Health and Well Being Board

The Health and Wellbeing Board brings together leaders from the local health and care system, including the Council, the NHS and the Community and Voluntary sector.

The Board provides strategic direction to a wide range of organisations that organise health and wellbeing services, and supports people to:

- take good care of their own health, fitness and wellbeing
- help more people to take control of their health
- have more of a say in how their health and care needs are met.

Children's Trust

Bradford Children's Trust is a local partnership of organisations responsible for the strategic framework and delivery of services to children, young people and families.

SEND Strategic Partnership Board

The purpose of the SEND Strategic Partnership board is to:

- develop best policy, practice, service and provision for children and young people with SEND across the Local Area
- ensure that services are child and family centred and responsive to need
- collaborate more effectively across services, school, settings, MATs etc. for the benefit of children and young people with SEND
- build capacity
- establish the local offer for SEND across all services
- intervene in a timely and effective manner where appropriate
- ensure sufficiency of places
- collaborate to ensure signposting, QA and safeguarding of children and young people

WORKSTEAMS

The purpose of the SEND Partnership Board Workstream is to:

- take responsibility for the operational management of the SEND developments across the local area. These will be determined by the SEND Code of Practice 2014.
- prepare reports on progress for the SEND & Behaviour Partnership Board
- oversee the readiness of and prepare stakeholders for any Ofsted/CQC inspections and external reviews related to SEND
- to act as an interface between the Programme Board and those responsible for actions and working with the wider stakeholders.

Review

The membership, purpose, terms of reference and frequency of SEND Strategic Partnership Board Workstream meetings to be reviewed annually.

Frequency of meetings

Each month



CCGs working together

Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG



Ways of working

- Join the Behaviour and SEND strategic groups in order to develop a more cohesive strategy that supports children and young people in Bradford
- Deepen multi-agency collaboration across the Education, Health and Care teams so that we work in a more cohesive and joined-up way
- **Ensure services consider the voice of child and/or parents/carers.**
- Work together efficiently and smartly in order to maximise resources, expertise and time
- Celebrate and explore ways in which we can harvest our collective professional capital by sharing best practice, expertise and knowledge across all teams
- Know and understand how our strategy sits within the national and local changing education landscape
- Use the self-evaluation for the Local Area SEND inspection as an opportunity to have deeper understanding of the individual and collective roles, responsibilities and accountabilities to our own service and the Ofsted inspection of the local area

DRAFT



Report of the Chair of the Children's Services Overview and Scrutiny Committee to the meeting to be held on Wednesday 13 February 2019

AC

Subject:

Children's Services Overview and Scrutiny Committee Work Programme 2018-19

Summary statement:

This report presents the Committee's Work Programme 2018-19

Cllr Mike Gibbons
Chair – Children's Services O&S
Committee

Report Contact:
Licia Woodhead
Overview and Scrutiny Lead
Phone: (01274) 432119
E-mail: licia.woodhead@bradford.gov.uk

Portfolio:

**Children and Families
Healthy People and Places**

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

1.1 This report presents the Committee's Work Programme 2018-19.

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. OTHER CONSIDERATIONS

3.1 **Appendix 1** of this report presents the Work Programme for 2018-19.

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.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

None

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

7.8 IMPLICATIONS FOR CORPORATE PARENTING

None

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None

10. RECOMMENDATIONS

10.1 That the Work programme 2018-19 continues to be regularly reviewed during the year.

11. APPENDICES

11.1 Appendix 1 – Children’s Services Overview and Scrutiny Committee Work Programme 2018-19

12. BACKGROUND DOCUMENTS

None

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Democratic Services - Overview and Scrutiny

Childrens Services O&S Committee

Scrutiny Lead: Licia Woodhead tel - 43 2119

Work Programme 2018/19

Description

Report

Agenda

Wednesday, 13th February 2019 at City Hall, Bradford.

Chair's briefing 29/01/2019. Report deadline 31/01/2019.

- 1) Children's Services Improvement Board
- 2) Young Carers
- 3) Bradford Safeguarding Children Board - Annual report
- 4) Special Educational Needs and Disability reforms
- 5) Children's Services O&S Work Programme

Standing item. The Committee will receive an update report on the work of the Children's Services Improvement Board.

Gladys Rhodes White

The Committee will receive a report on Young Carers to include details of progress made with GPs developing methods of identifying and referring young carers.

Jim Hopkinson

The Committee will receive the Annual Safeguarding report

David Walmsley / Mark Griffin

The Committee will receive an update on the progress of delivering and implementing the SEND Reforms in the District.

Marium Haque

The Committee will consider its work programme and make changes as necessary.

Licia Woodhead

Wednesday, 20th March 2019 at City Hall, Bradford.

Chair's briefing 04/03/2019. Report deadline 07/03/2019.

- 1) Children's Services Improvement Board
- 2) Schools Forum
- 3) Children's Services Performance Outturn report
- 4) Progress of the Fostering Service

Standing item. The Committee will receive an update report on the work of the Children's Services Improvement Board.

Gladys Rhodes White

The Committee will receive information on the work of the Schools Forum

Andrew Redding

The Committee will receive a report on performance against the Key Performance Indicators for the the service.

Gladys Rhodes White / Philip Witcherley

The Committee will receive a report on the progress of the Fostering Service.

Jim Hopkinson

Wednesday, 10th April 2019 at City Hall, Bradford.

Chair's briefing 26/03/2019. Report deadline 28/03/2019.

- 1) Children's Services Improvement Board
- 2) Local Cultural Education Partnership

Standing item. The Committee will receive an update report on the work of the Children's Services Improvement Board.

Gladys Rhodes White

The Committee will receive a report on what the cultural offer for young people could look like.

Marium Haque

Childrens Services O&S Committee

Scrutiny Lead: Licia Woodhead tel - 43 2119

Work Programme 2018/19

Description

The Committee will receive a report on a number of key areas related to school organisation in the Bradford District.

The Committee will receive an update on the progress of the District PRU.

Report

Ian Smart

Marium Haque

Agenda

Wednesday, 10th April 2019 at City Hall, Bradford.

Chair's briefing 26/03/2019. Report deadline 28/03/2019.

- 3) School Expansion Programme, Education Capital Funding, and Academy Conversions
- 4) The District Pupil Referral Unit