

# Safeguarding Vulnerable Children

## Why is this important to Bradford?

Children who require safeguarding and who are 'looked after' by the local authority are amongst the **most vulnerable** in our District. Safeguarding has been defined as "*Protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best life chances*" (Working Together to Safeguard Children, 2018).

Legislation sets out the statutory requirement for three safeguarding partners (Local Authority, Police and Clinical Commissioning Groups) to work together, with relevant agencies, to safeguard and promote the welfare of children in the area. However, everyone who lives and works in Bradford District has a responsibility to safeguard children and protect them from harm.

***This JSNA section provides an update to the [JSNA section 4.1.14 'Safeguarding Vulnerable Children'](#) which was published in January 2014.***

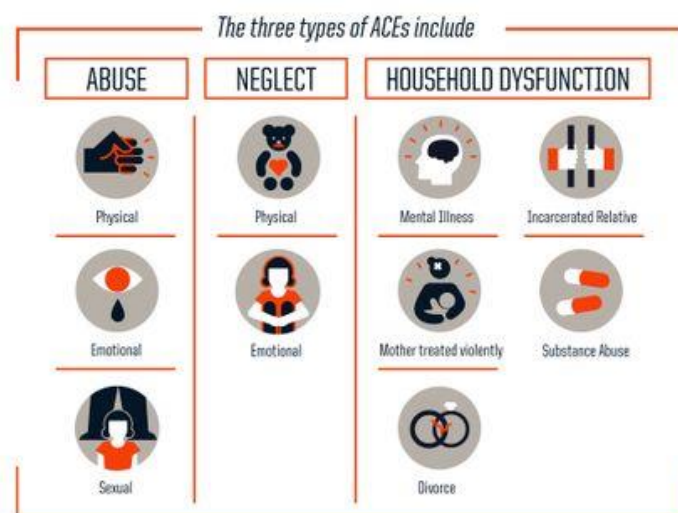
## Strategic context

**National Context:** ['Working Together to Safeguard Children' \(2018\)](#) is the latest revised statutory guidance on inter-agency working to safeguard and promote the welfare of children in England. It requires safeguarding partners to publish a '**threshold document**' which sets out the process for early help assessments, early help service provision, and referral criteria for Children's Social Care assessment. The document assists practitioners to identify the level of need, alongside guidance on proportionate responses.

**Local Context:** ['Bradford Safeguarding Children Board' \(BSCB\)](#) and its [Business Plan \(2016-18\)](#) oversees the delivery of statutory requirements of the Local Safeguarding Children Board (LSCB) to meet the needs of local children and young people. One of the core functions of the BSCB is to monitor and evaluate the effectiveness of the work by the Board's partners individually and collectively, and to advise them on ways to improve. This is facilitated by the multi-agency performance dataset which collates data from across the partnership about safeguarding activity. ['Bradford Children, Young People and Families Plan' \(2017-20\)](#) includes '*safeguarding the most vulnerable and providing early support to families*' as one of six priorities identified.<sup>3</sup>

## What do we know?

**Adverse Childhood Experiences:** Research has found that adverse childhood experiences (ACEs) have lifelong impacts on health and behaviours, and they are relevant to all sectors of society. Those with 4 or more ACEs are more likely to have been in prison, develop heart disease, frequently visit the GP, develop type 2 diabetes, have committed violence in the last 12 months or have health-harming behaviours (high-risk drinking, smoking, drug use). We all have a part to play in preventing adversity and raising awareness of ACEs.



**A more detailed health needs assessment on ACEs is expected to be published as part of the JSNA in Summer 2019.**

**Referrals to Children’s Social Care:** Children’s Social Care (CSC) receives referrals from the public or professionals when there are concerns about the welfare of a child. A referral may result in an initial assessment of the child’s needs, the provision of information and advice, referral to another agency or no further action.

**Table 1: Number of children referred to Children’s Social Care (2009-2018)**

| Number of children                          | Year  |       |       |       |       |       |       |       |       | Trend |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|   | 09-10 | 10-11 | 11-12 | 12-13 | 13-14 | 14-15 | 15-16 | 16-17 | 17-18 |       |
| <b>Referrals</b>                            | 7547  | 5777  | 4712  | 4609  | 5246  | 5011  | 5549  | 6474  | 7599  | ↗     |
| <b>Section 47 Enquiries</b>                 | 1539  | 1534  | 1431  | 1844  | 1810  | 1938  | 2351  | 3202  | 3398  | ↗     |
| <b>Initial Child Protection Conferences</b> | 504   | 441   | 376   | 406   | 568   | 569   | 540   | 649   | 612   | ↗     |
| <b>Child Protection Plans</b>               | 405   | 379   | 390   | 374   | 577   | 513   | 511   | 559   | 570   | ↗     |
| <b>Children Looked After</b>                | 885   | 888   | 896   | 875   | 880   | 880   | 848   | 927   | 987   | ↗     |

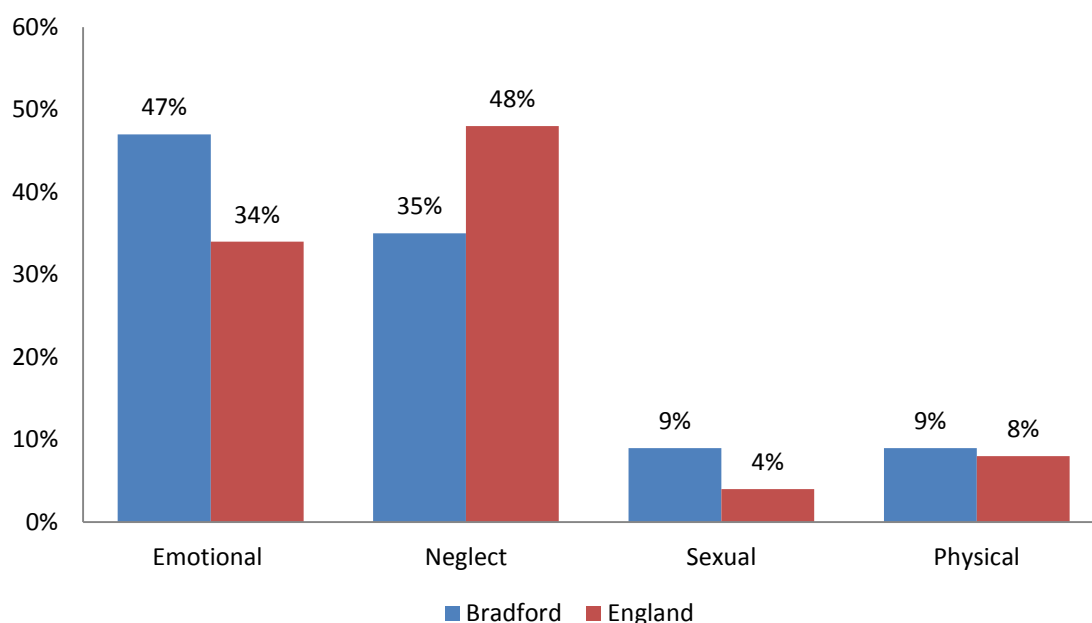
Source: CBMDC

Table 1 shows that **7,599 referrals** were received by CSC in 2017/18, a 17% increase from the previous year. This is the highest number of referrals since 2009/10 when the high numbers were attributed to the high-profile of the [Baby Peter Serious Case Review](#). The local referral rate of 538 per 10,000 (child population) is not significantly different to the national rate (548 per 10,000). The majority of referrals (94.5%) required further action from CSC. 19% of referrals were re-referrals (within 12 months of a previous referral). This was lower than the national re-referral rate (21.9%) during the same time period.

**Child Protection Investigations:** In Bradford District approximately 45% of referrals were escalated to **Section 47 Enquiries** (child protection investigations) in 2017/18 compared to 29% nationally. Bradford’s rate of 231 Section 47 Enquiries per 10,000 child population is **higher than the national rate** (157.4).

**Child Protection Plans:** A Child Protection Plan (CPP) contains details of how CSC will check on the child's welfare, what changes are needed to reduce the risk to the child, and what support will be offered to the family. Of the **570 children and young people subject to a CPP** as at 31st March 2018, there were slightly more females than males. Bradford District’s rate per 10,000 child population was 40.2; lower than the national rate (43.3). Figure 1 shows that most children subject to a CPP in Bradford experience emotional abuse, followed by neglect, sexual and physical abuse.

**Figure 1: Different categories of abuse assessed of children subject to a CPP , 2017/18**



Source: CBMDC

**Assessments carried out by CSC:** **10,744 assessments** were completed in 2017/18 (a 5% increase from 2016/17). The most common factors identified within the assessments were domestic violence towards the parent (22.6%); parental mental health (16.4%) and emotional abuse (14.7%).

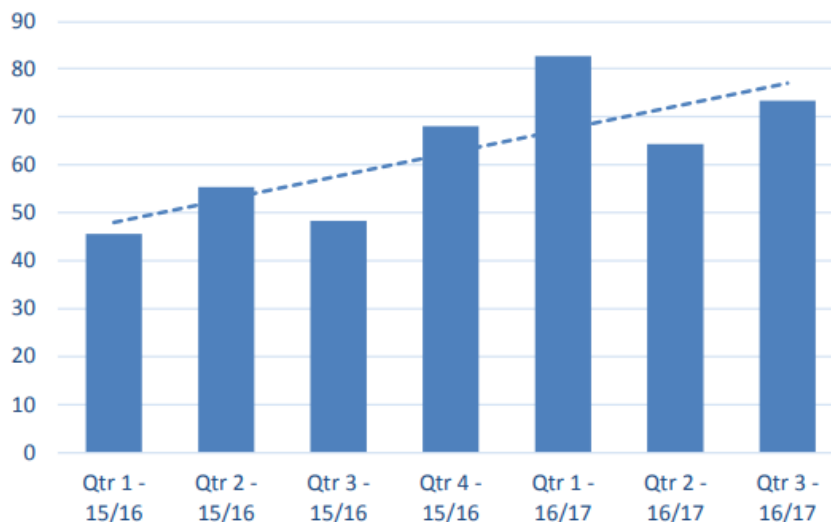
**Looked After Children:** There were **987 looked after children** at 31 March 2018 in Bradford District, which is a 6.4% increase from the previous year. Nationally the number of children looked after has continued to rise over the last nine years. In Bradford the rate of children looked after was 66 per 10,000 child population in 2017/18. 89% of children looked after in Bradford District was due to abuse and neglect reasons. Over two thirds of looked after children were placed with foster carers. 33 looked after children were unaccompanied asylum seeking children; an increase on last year’s figure of 22.

**Youth Justice:** In Bradford District there were **270 first time entrants** into the **youth justice system** in 2017 (an increase of 18.3% from 2016). The rate of first time entrants into the youth justice system in Bradford District in 2017 was 455 per 100,000 of 10-17 population, which is much

higher than the national average (292) and our statistical neighbour family group (316). 28 young people received a custodial sentence in 2017/18 compared to 44 in the year before (a 36% reduction). Bradford District has observed a **reduction in young people re-offending**, whereas nationally the trend is increasing. Those young people re-offending present a range of challenging behaviours.

**Child Sexual Exploitation:** The number of **referrals** of children & young people at risk of Child Sexual Exploitation (CSE) to the CSE Hub has been **increasing** (see Figure 2). It is thought that the increase in referrals to the CSE hub is due to increasing awareness across Bradford District. This is backed up by the data, which show spikes in the numbers of referrals following awareness-raising events.

**Figure 2: Number of referrals to the CSE Hub**



Source: CBMDC

**Domestic Abuse:** Domestic abuse can seriously harm children and young people. The NSPCC has identified that children who witness domestic abuse may become aggressive; display anti-social behaviour; suffer from depression or anxiety; not do as well at school due to difficulties at home or disruption of moving to and from refuges. **Children were present at 34.5% of the domestic incidents** that were reported during the year to 30 September 2017. This was the highest rate across West Yorkshire.

### What Assets do we have?

**Early Help** is a way of giving families the support they need as quickly as possible to find solutions to small problems before they become big ones. It can involve GPs, health visitors, schools, colleges, children’s centres, school nurses, youth services, child care or other community settings working together on a day-to-day basis. The **Early Help Gateway** is made up of workers and managers from Early Help, the Police, Families Information Services, social workers and Primary Mental Health Link Workers. The Gateway provides advice and guidance and links to groups and services near the family, one of the district-wide Early Help Teams or a Cluster Team/Panel.

The **Joint Targeted Area Inspection (JTAI)** of the multi-agency response to children living with domestic abuse in Bradford (2017) found:

*“Leadership within children’s social care is effective, and senior managers are creating a healthy environment in Bradford for effective social work to flourish”.<sup>6</sup>*

*“There are very effective multi-agency arrangements within the Multi Agency Safeguarding Hub (MASH), particularly between the police and children’s social care, with a dedicated domestic violence hub. This means that for children who have witnessed domestic abuse, agencies work together well to ensure a speedy response”.*

Bradford continues to develop **the Signs of Safety (SOS)** model throughout the partnership. This provides a consistent way of working for practitioners working with children and families. The approach supports more direct work with children and families. Families lead the plans and practitioners support them to keep children safe and well. Bradford is one of the largest local authorities in the UK using SOS with over 1,000 staff across the partnership having been trained.

## **Gaps / challenges / opportunities**

Government cuts mean the Local Authority is facing unprecedented pressure on its budgets and this has led to changes in the way **Prevention and Early Help** will be delivered in Bradford District. The changes focus on targeting more support to those families who need it most and having one family, one plan, and one key worker, ensuring that families get the right support at the right time. The aim is also to build greater self-care and resilience within families and communities so they can help themselves.

The Government’s revised Working Together 2018 statutory guidance outlines local authority areas must begin their **transition from LSCBs to safeguarding partner and child death review partner arrangements**. Safeguarding partners must publish their planned arrangements, and should notify the Secretary of State for Education when they have done so. The transition must be completed by 29 September 2019. This provides a great opportunity to shape local safeguarding arrangements in a way that works best for Bradford District. Part of this involves plans for closer working of the strategic boards on the cross-cutting themes and key areas, and in particular to further our understanding and approach to tackling complex safeguarding where there are multiple vulnerabilities.

A **system-wide approach to considering ACEs and building resilience** is being developed, led by Better Start Bradford in collaboration with partners. Once developed, the proposal will be shared with the Bradford and Airedale Health and Wellbeing Board.

## **What are we doing about it and what does the information presented mean for commissioners?**

The JTAI evaluation identified a need to strengthen commissioning arrangements to ensure these are based on a comprehensive understanding and analysis of prevalence patterns and trends of domestic abuse. This is particularly relevant given the changing demographic of the city and the high number of recent migrants. There is on-going work reviewing current commissioning processes across boards and service providers aimed at identifying potential efficiencies and developing processes for integrated commissioning.

## References and additional information

1. [Department for Education \(2018\) Working Together to Safeguard Children July 2018: Statutory guidance on inter-agency working to safeguard and promote the welfare of children. London: DfE.](#)
2. [Department for Education \(2015\) Children's Safeguarding Performance Information Framework January 2015. London: DfE.](#)
3. [City of Bradford Metropolitan District Council \(2017\) Bradford Children, Young People and Families Plan 2017-20](#)
4. [Hughes K, Ford K et al \(2018\) Sources of resilience and their moderating relationships with harms from adverse childhood experiences, report 1: mental illness](#)
5. [Bradford Safeguarding Children Board \(2016\), Strategic Plan 2016-18](#)
6. [Ofsted, Care Quality Commission, HM Inspectorate of Probation, HM Inspectorate of Constabulary and Fire & Rescue Services, and HM Inspectorate of Constabulary \(2017\)](#)