**Appendix B – Feedback from our Partners**

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| **Partner Key Agency Achievements and Impact**  | **How each agency has responded to the feedback from children, young people and their families who have received safeguarding interventions from their agency.** |
| **Bedfordshire Police** |
| * MVAWG is embedded in strategic governance (Gold/Silver/FTTCG) and remains a key priority for the force.
* Power BI dashboards and performance frameworks in place. Enhanced performance management with Detective Inspectors sign off and new robust process for some crime types for example Neglect, Rape and SSOs and GBH offences.
* Scrutiny panels (DA, RASSO, stalking) review victim care and outcomes. These are chaired by an independent chair, allowing for feedback, learning and reflective practise.
* New Victims and Witnesses Board monitors compliance with the Victims’ Code.
* New Commissioned services for KIDVAs and CHISVAs have commenced in April 25, providing therapeutic support for our child victim recovery. This has streamlined our approach with services now providing support for both adults and children.
* New Silver groups for CSE and DA chaired by Detective Superintendents across the Public Protection Unit with analysts providing daily scanning around these thematic crime areas and highlighting persons of concern, repeat victims and perpetrators and high-profile cases alike. These new monthly meetings provide an extra layer of scrutiny, holding officers and supervisors to account and provide an opportunity for learning and reflective practise.
* Multiagency Child Protection Team – Bedfordshire Police have a qualified Detective Constable suitable for working within the new MACPT at Luton Townhall. The officer will be seconded and become embedded into the team in August 25 to represent Police. The advert to recruit a civilian member of staff suitably qualified will continue to be published to find a longer-term approach to the team.
* Safeguarding/Child Abuse Training - Pan Beds training across the 3 Local Authorities including Working Together and Neglect training and a new Child Sexual Abuse 2-day course being run originating from the NSPCC. Further to this, Bedfordshire Police have contributed towards a series of Multi agency training days, being funded through the Luton Pathfinder project, on back-to-basics Section 47 investigations for practitioners. Internal training on Child Protection, Safeguarding and Voice of the child has been rolled out over the past 2 months to all front-line Patrol teams.
* Op Encompass - During this review period Bedfordshire police have invested in the use of technology to improve the response to Operation Encompass, the statutory requirement to notify education providers when a child has been involved in a domestic abuse incident. The prompt response to such incidents ensures that the child’s education provider is aware of the incident and can best respond to and support the child in the aftermath of the incident. The use of Bedfordshire polices’ ‘Nectar AI’ system in response to Op encompass has enabled a more timely and comprehensive approach. The system can identify relevant cases, so improving the accuracy of responses and is also able to undertake the ‘administrative’ functions so speeding up the time taken to process an Op Encompass notifications. A case example of the evidence of the improvement seen, is in a case whereby there was a significant DA incident, involving parties open to MARAC, due to the children in the household not having been entered on the Athena systems ‘POLE’ data this case would historically not been picked up, however Nectar was able to identify the children from the system and prompt an Op Encompass response, so ensuring our ability to safeguard and support children within DA is enhanced.
* Police Quality Assurance manager has been working with partners to drive improvements in relation to the nature and quality of police referrals. Regular multi-agency referral audit meetings have been implemented that allow a detailed exploration of content, timeliness and effectiveness of work being referred to MASH. The findings from these reviews are then used to inform practice improvements for police.
* Philomena Protocol – Police have been working with the sider partnership to implement the Philomena Protocol. This is the process whereby looked after children who are identified as being at risk of have going missing have a focused response document completed, giving the care giver an opportunity to better understand any underlying issues or context to missing episodes, therefore being able to consider intervention work. It then provides a detailed personal document that can be used should the child go missing to assess risk and provide lines of enquiry to locate them. The use of the protocol promotes the safety of those at risk children and ensures a swifter, better informed response.

Education and Diversion * Education and Diversion Team statistics – During the academic year 2024/25 the Bedfordshire Police Education and Diversion team have to date engaged with 58,252 children and young people with 762 early interventions being undertaken. The team have also delivered 574 educational inputs and have supported 300 partner events.
* Pol Ed **–** In April 2024 Bedfordshire Police provided high quality lesson plans and assemblies on a range of policing priorities to all educational establishments in the county through the Pol-Ed programme [A positive force in education | Pol-Ed - A positive force in education](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pol-ed.co.uk%2F&data=05%7C02%7CVicky.Macleod%40beds.police.uk%7Cf174125041c14247011f08dda76d5b08%7Ca3c59d1bb8f142999d6a39ad8f570422%7C0%7C0%7C638850810305820795%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=7K7Tdzut14m5o%2F8AJnk0pGgAAwRvs3jd6FWOegNaAQM%3D&reserved=0). To date 99% of all schools and other educational establishments across the county are signed up to use the resources (with 100% sign up across Bedford Borough and Central Bedfordshire). So far this academic year 69,690 children and young people have received a Pol-Ed input which includes 2,700 receiving an input around MVAWG, 1,740 receiving an input around harassment, 3,260 receiving an input around digital safeguarding and 2,460 receiving an input around sexual related offence.
* School based meetings - The Education and Diversion Team continue to hold regular Education and Police partnership forums allowing attendees to discuss current safeguarding themes and looking at ways to work together to tackle concerns. In addition, representatives from the Education and Diversion team sit on the three local authority regular DSL forums.
* Youth cabinets - The education and Diversion team have worked with both the Bedford Borough and Central Bedfordshire Youth Cabinets around key safeguarding areas with workshops taking place with both sets of young people to empower the elected members to work in partnership to tackling specific topics. The Bedford Borough Youth Cabinet picked up MVAWG as part of their work around community safety and the team are working with them to deliver a campaign in two areas of Bedford based around the “Ask for Angela” scheme but aimed at young people
* VR headsets - Through home office funding 35 VR headsets have been purchased by the force with part of their use to engage and educate students around key policing priorities by immersing them in realistic situations including several safeguarding themes. A new campaign called “Lost boys” has recently been launched which includes a VR film based around CCE.
* Amber– In January 2025 the Amber unit was relaunched for Luton seeing two E&D police officers and two youth workers from the Luton Youth Partnership Service working together to provide a first response service for specific incidents in order to prevent exclusions and assist DSL’s with initial safeguarding incidents.
* Theatre in Education **–** Theatre in Education continues to be an important opportunity to provide education to children and young people across Bedfordshire. This academic year has seen 15,192 attend a performance and follow up workshop around MVAWG
 | Voice of the child- an area of focus and features heavily on our own delivery plan governed by the Force Victims Board: * Survivors Voice programme to be commenced using local services to support. This will be run similar to the DA Survivors Voice. Local commissioned services are being approached to be part of this including ECP who currently provide our CHISVA service.
* Listening Circles to be established where the voice of young people can be used to contribute to policy and process changes. There are several schools interested to be involved. Analytical data to be used to prioritise areas where this would be most impactful.
* Collaboration with the Hope Collective project and the new VEPP (Violence Exploitation Prevention Partnership) to run a ‘Hope Hack’, a large conference with young people across Bedfordshire to gain their views and opinions on areas in policing, which will be used to promote change internally.
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| **Bedfordshire Fire Service:** |
| The following data has been collected from the period April 2024- March 2025 inclusive relating to our safeguarding referrals for CBC:

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| **Local Authority** | **Child (0-17)** | **Female child** | **Male child** | **Gender not known** |
| **Central Bedfordshire Council (CBC)** | **18** | 6 | 6 | 6 |

For child referrals, for CBC, 24 referrals were made in 2023-24, which has decreased to 18 this year (25% decrease). As a Service, 93% of BFRS safeguarding referrals this financial year were made for adults and 7% for children, this reflects our demographic where we are more likely to attend incidents and visit individuals as adults than as children and so explains our low number of child referrals compared to adult overall.  For the child referrals made with this financial year, across all three local authorities including CBC, neglect/acts of omission was the main concern raised when making a safeguarding referral. Through this financial year, a number of the safeguarding team have received Designated Safeguarding Officer training from the NSPCC and there have been developments made to the level 1 children’s safeguarding training offer, which will be rolled out in the 2025-26 financial year. A new level 1 children’s safeguarding online training package has been developed and is to be launched May 2025, a revised level 1 adult safeguarding online training package will be launched at the same time, both training packages will be annually recertificated by all staff. An in-person level 1 training package incorporating adult and child safeguarding has also been developed for new recruits and will continue to be worked on during the 2025-26 financial year ready for the next recruits’ course. The level 2 training package has also been refreshed ready for those staff members who require re-training after 3 years and staff members who have moved into respective roles that require this training. This refreshment has incorporated learning from Safeguarding Team members own CPD (continued professional development) courses that have been attended within this financial year to ensure ongoing development with any up-to-date changes. A new training schedule for the next financial year has also been developed to support the roll-out and will allow training to be a strong focus for 2025-26.  In terms of the outcomes for children, young people, their families, and safeguarding practice, improvements to staff awareness and training has directly impacted referral numbers for ourselves and has also ensured that all staff are aware of the importance of sharing information in a timely manner with sufficient detail. This hopefully improves outcomes for children within our local communities including CBC, as it ensures that we work as efficiently as possible within our safeguarding partnerships. | (Case study: Names and some minor details have been amended). The following case study is taken from our SAFE young firesetter intervention scheme, where our youth officer engaged with Child X following a referral made by a family worker. Within this case, the positive impact on Child X can be understood, and therefore this will hopefully continue to have a positive impact on the safety of both Child X and his wider family:Child X was referred into our scheme by a family worker. I met the child, mother and school staff along with the family worker at the school for a TAC. In that meeting, the family worker closed their file and we begun our intervention.  The child was persistently fires setting in close proximity to home and had created burn marks in the home. Recently he suffered burns to his face in an incident outdoors and was the victim of an accident in the home involving a wax burner.He also had friends engaging in firesetting. Mother was very stressed and was also having to deal with his non-attendance of school, ADHD symptoms and unusual sleep patterns.  To build a relationship with the child has taken time, patience and a level of creativity as Child X often sleeps in the day and won’t attend school willingly. He has a mistrust of services and does not take their good intentions seriously.  His attitudes are slowly changing, and it's hoped that ongoing work with Child X will enable him to become a leader in his peer group rather than a follower. Through the scheme, we are also supporting Child X’s emotional wellbeing and self-esteem building as well as encouraging him to understand the dangers of his actions. |
| **Central Bedfordshire Domestic Abuse Service:** |
| Commissioned a new KIDVA service to support children and young people living with high-risk domestic abuse. KIDVAs provide advocacy, safety planning and ensure the voice of the child is heard at MARAC and the Local Partnership Board meeting. IRO and KIDVA pilot to include a KIDVA at all ICPC’s, providing specialist safety planning and advocacy for family’s and their children as soon as they enter the CP journey. Embedded an IDVA within the IFD to support with domestic abuse referrals and the daily domestic abuse meeting. The impact will mean a daily multi agency discussion regarding standard/medium risk rated referrals involving DA that would otherwise have been closed. Contact with family’s offering a pathway to safety and support from an voluntary sector specialist agency at an earlier point in their journeys with CS. Delivering basic and safeguarding training to all frontline CS professionals on Domestic Abuse and identifying and assessing risk. Delivered safeguarding level 3 training to GP’s and practice managers. Developed a CAPVA (Child to Parent Violence and Abuse) toolkit and directory for practitioners supporting families. Contributed to the CAPVA multi agency case audit. Started to collect data and information on numbers of children subject to CP and CIN plans that are living with high-risk domestic abuse.  | Voice of the child at MARAC is ensuring safety planning for children (and not just adult victims) is being considered by all agencies. Gives opportunities to link professionals working with the family to share information and hear the child or young persons lived experience. Voice of children and young people shared at the Local Partnership Board highlights what has worked really well for young people living with high-risk domestic abuse and where challenges are faced. The LPB chair is the AD for CS and able to make decisions about how to improve children and young people’s journeys and bring back to the meeting for resolution. |
| **Bedfordshire Hospitals:** |
| The following achievements took place in 2024/25:Implementation of the following took place and supported the board priorities alongside learning identified in SARs/ CSPRs/DARDR’s/LeDer etc. * Implementation of Oliver McGowan Training for Learning Disability and Autism
* Developed a 16 Days of Action programme in support of the Violence Against Women agenda which included support from external partners and training sessions for acute staff
* Commenced Specialist Safeguarding training for nursing/ midwifery students at the University of Bedfordshire to support increased awareness of safeguarding practices and processes during acute hospital placements
* Implemented a new High Intensity Users Panel to support the identification of vulnerable adults, with modern day slavery, domestic abuse, drug and alcohol addiction etc. at the forefront of identification
* Implementation of a new referral system/ data collection for Paediatric Safeguarding
* Implemented a new pathway to improve the data collection and monitoring of Mental Health Detentions in hospital. Quarterly reports are now available to ensure board oversight.

Successful implementation and/ or continued funding for the following services also took place during 2024-25:* New Emergency Department Navigators Service– To support individuals whereby there are concerns of exploitation aged 10-25
* New onsite Specialist Drug and Alcohol Team who support patients during their inpatient hospital stay and ongoing care in community
* The Trust has employed a transitions/ Send Nurse to support with transition from children’s services into adult services within the acute Trust. This nurse alongside the clinical teams support the gradual process of preparing young people for adult healthcare, and when required also support with decisions on appropriate services and locations of care.

Development of the following cross site guidance/ policies etc. were also completed:* New Standard Operating Procedure (SOP) on the management of allegations against staff
* New Restraint and Restrictive Practices Policy alongside newly developed care plans and risk assessments.
* New Cross site Domestic Abuse Policy
* New Learning Disability Policy
* New Learning Disability Strategy

The team have also presented at regional and national forums regarding hospital safeguarding procedures deemed as good practice. These included the following:* Bedfordshire domestic abuse and violence against women and girls conference
* EoE Crossing pathways: integrating best practice within health and DA
* EoE Foundation in Paediatric Surgical Nursing – Safeguarding Adults & Children Presentation

Recognitions received in 2024/25:* Received the Innovation of Care Award in December. This was related to work undertaken within the Trust for their contribution to Domestic Abuse Practices within the hospital
* Commendations in recent Domestic Abuse Related Death Reviews (DARDR’s) in recognition of Domestic Abuse Practices within the Acute Trust.

It is evident in the last year that our continued collaboration between the Adult Safeguarding team, Safeguarding Children and Safeguarding Midwifery teams is supportive of our ‘Think Family’ ethos. As a result, the link between adults presenting with adult safeguarding concerns is regularly identified, whereby as a child there may have been previous safeguarding involvement in childhood. This structure supports and improves the level of communicated handovers of care into the various servicesThe Safeguarding Team have continued to deliver training to staff, as appropriate to their roles in a variety of forms including E-Learning packages, Face to Face training, through virtual platforms alongside role modelling in clinics/departments and hospital inpatient wards. This has remained a priority for the Trust. The team have responsibility for delivering Level 1, 2 and 3 safeguarding training to staff dependent on roles and responsibilities. They also oversee prevent, MCA, Gillick competency and Fraser guideline training. In addition to this, the team have also developed and held a specialist safeguarding conference on Neglect and Self Neglect attended by over 100 participants and supported by external partners. This concentrated on the learning from recent Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs) alongside transitional needs within safeguarding. The Trust will continue to support the Key Priorities set out for the CBSCP, however internally the following Key Priorities have also been identified for the Trust in 2025/26:* Development of Mental Health Act Policy to ensure robust pathways and processes are in place for patients detained under the Mental Health Act in the acute setting.
* Continue with the delivery of Safeguarding Training to increase training compliance, skills and knowledge base across both hospital sites.
* Review the model (including capacity) of both hospital sites Safeguarding teams to ensure appropriate resource levels to meet the increasing complexity of safeguarding activity within the hospital setting.
* The Trust focus areas for 2025/26 will be exploitation and homelessness. This will commence with a focus review and gap analysis, followed by any actions and recommendations that are identified within these workstreams.
* Challenges were noted in 2024/25 in relation to the Immobile Injury Pathway cross-site. Audits were completed with learning disseminated, and an increase in awareness of this pathway via training. This will remain a priority for 2025/26.

There has also been a request for the pathway to be reviewed by system partners. The number of notifications received, remained high and similar in number to that of 2023/24. Various categories of abuse where identified within the referrals received. Mental Health and wellbeing concerns (Parental, Perinatal and child focused) was identified as the highest category, with Domestic Abuse closely behind. Quarterly reports are completed by the safeguarding team. These reports are not only reviewed by executives internally but were also shared with the safeguarding partners and CBSCP within the local area. Each report details the activity and outcomes of safeguarding cases identified within the trust alongside reports on CSPRs, SARs, Domestic Abuse Related Death Reviews (DARDR’s), training and audits. Regular Case studies and their outcomes are also featured at Board level. Alongside the quarterly reports, the team completed highlight reports for the internal executive boards, which have also been shared externally at various safeguarding meetings. In the past year, highlight reports have been completed and focused on the trust’s response to perinatal mental health, domestic abuse and restraint and restrictive practices. Internal audits were also completed and reported on both internally and externally. | All information relating to a person’s interactions, views and wishes are recorded within their existing medical records. This information is also shared with the professionals involved in a person’s care to ensure robust risk assessments and care plans are created that allow the voice of the adult/ Child to be at the centre of our involvement. Adults and Young People who have accessed hospital services have played an active role in the co-ordination of feedback and service improvement. In addition, some have also represented their peers at meetings. This includes adults, parents and young people whereby they would be able to give feedback independently. This information is then collated and used to improve services in the future as well as identifying good practice that could be replicated elsewhere.*Staff regularly engage patients in a* conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. At the earliest opportunity, the child/ parent guardian (as appropriate) at risk is asked what they want to happen alongside what their desired outcomes are. This is evidenced within the safeguarding referrals alongside hospital records within the trust. In addition to this, the Safeguarding Team remain operational and also support this when regularly reviewing patients within their care whilst supporting staff to achieve this outcome. Views and wishes is then evidenced via documentation within the medical records alongside the internal safeguarding records.The Trust also work with the Neonatal Maternity Voice Partners (NMVPs) to coproduce and improve service delivery within Maternity services. A member of the Safeguarding Team attends the voice of the child subgroups alongside other meetings whereby children & young people inform professionals of their views. Co-production remains one of the Trusts key priorities and commitments for 2025/26. Bedfordshire Hospitals are currently developing a Trust wide structure to deliver coproduction.The Trust also have external services whereby they are commissioned to be based within the hospital. These services regularly support in the development of policies, procedures and pathways. Some of these services include the following:Mental Health (ELFT)Learning Disability (ELFT)Victim SupportSt Giles Trust. ResolutionsPath to RecoveryThese organisations have supported the improvement of health outcomes in not only delivering services but also shaping their design and advocating for, representing and amplifying the voice of the patients they care for. |
| **BLMK – Integrated Care Board** |
| BLMK-ICB continues to work well as a statutory partner, working together with the local authority and police to ensure that their functions are exercised for the purpose of safeguarding and promoting the welfare of children in Central Bedfordshire. This includes the key areas of focus; Neglect, Child Sexual Abuse (CSA), Exploitation, Mental Health & Emotional Wellbeing and understanding where gaps in service provision at local level exist. The ICB continue to engage with board sub-groups for neglect, CSA and exploitation and to input into policy, pathways and multi-agency initiatives. We have engaged with the development of a neglect dataset, training, awareness raising, promoting GCP2 and voice of the child conference. We have contributed to multi-agency audits and work around multi-agency chronologies. The ICB have introduced a GP safeguarding audit tool, which is used in support visits to GP practices to highlight what safeguarding practice looks like and where support may be helpful. During the last 12 months the safeguarding team carried out supportive safeguarding visits to 33 GP practices. These visits were led by the Named GP for safeguarding, and the Designated Nurses for Adults and Children.We have provided safeguarding training for GP and practice colleagues. We have delivered 10 level 3 adult and children safeguarding training sessions with attendance of 168.The team have delivered 9 safeguarding bitesize themed training sessions with attendance of 126.12 MCA bitesize training sessions have been delivered to 228 attendees.The ICB continue to develop the Primary Care Forum and have held 3 forums which count towards GP’s safeguarding training hours, which were attended by 307 GPs.We have strengthened links with the quality and primary care team to ensure early identification of potential risk and a multi team response.The statutory requirements for the ICB are set out in the Safeguarding Accountability and Assurance Framework developed by NHS England. The ICB contributes to the national safeguarding tracker, this is to enable greater scrutiny and better understanding of the themes and learning from statutory reviews. It is populated with information regarding Child Safeguarding Practice Reviews, Rapid Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews.The ICB is assured that commissioned services have appropriate safeguarding arrangements. Contracts contain a safeguarding statement and commissioned health partners have regular contract meetings and provide regular returns and exception reporting.The ICB ensures that internal safeguarding arrangements are sufficient, and that safeguarding is embedded in practice. The ICB has developed a training matrix to ensure all ICB staff are trained in safeguarding to the appropriate level for their roles and responsibilities as set out in the Intercollegiate Guidance document.We offer a safeguarding supervision offer to any patient-facing colleagues in the ICB and in health provider organisations.Designated professionals provide support to the system around escalations and resolving blockages.The ICB have promoted and helped to develop the Child Protection Information Sharing Service (CPIS). This system enables health and social care to share information securely to proactively protect Children and Young People. All Children who are on a Child Protection Plan and Children in Care are now flagged in 7 health care settings including: A/E departments, walk in centres, maternity services, ambulance trusts and out of hours services. Work is underway for CPIS to be expanded to cover all health care settings.Following learning from case reviews of both Children and Adults the ICB have set up a transition workstream. Transition planning and preparedness for transition are now seen as fundamental and should follow best practice to commence preparation for adulthood as indicated by the young person and their needs. The Deputy Chief Nurse chairs the regional East of England Transition Network meeting. Local health partners transition leads are linked into this meeting to ensure transition remains a priority.Future developments include an internal review of the safeguarding team structure and redevelopment of roles.A safeguarding community of practice will be established to engage all safeguarding leads across health, share learning and best practice and promote a health economy approach. | The ICB has patient participation groups and encourage commissioned services to host patient participation groups.The ICB has employed experts by experience to help deliver the Oliver McGowan programme with Autism Bedfordshire. In the last year this training was by attended by more than 5000 health staff across BLMK.People and their families are fully supported to engage in the Continuing Health Care assessment process. Following an assessment people are asked for their views and feedback. In relation to commissioning care via continuing healthcare, there is a robust assessment framework to guide the multi-disciplinary team in decision making. The ICB has a quality monitoring process to ensure everyone is treated consistently and fairly. Where there are appeals there is a formalised process with NHSE escalation and oversight.The ICB has a ‘working with people and communities’ strategy. This strategy builds on the Working with People and Communities Guidance, published by NHS England in September 2022. The strategy responds to what we have heard from people and those with protected characteristics about their lived experiences, in accessing health and care. The strategy also responds to the findings of the Denny Review (BLMK ICB, 2023) and the co-designed recommendations. Our aim is to ensure resident’s voices, including those of seldom asked or listened to communities, are at the very core of the work to shape health care and wellbeing in BLMK.Designated professionals attend the Corporate Parenting Panel and engage with the Children in Care Council to understand the views and feelings of this group of Children and young people. The ICB supports co-production in reviewing and developing services.The ICB hosts the Child Death Review arrangements across Pan Bedfordshire and has a well-established Child Death Overview Panel. The ICB is currently reviewing with providers how we ensure robust bereavement support for bereaved families. |
| **Bedfordshire Probation Service** |
| We have structured development days and staff are receiving training in relation to safeguarding and how this is implemented within our work.Mandatory safeguarding training exists for probation practitioners including e-learning and classroom training to be renewed every 3 years. This training package has been updated over the past few years. Probation has recently implemented a mandatory professional register for qualified probation officers. As part of this, all qualified probation officers are required to have in date e-learning and classroom learning for child safeguarding, adult safeguarding and domestic violence by September 25. As part of our competency framework, all practitioners are also required to keep their e-learning up to date which includes their safeguarding e-learning.All cases have safeguarding checks completed during the pre-sentence report stage to inform the pre-sentence report and ensure appropriate decision-making regarding curfew and requirement suitability. Practitioners are making safeguarding and police checks again post-sentencing to inform initial sentence planning and safeguarding information should be utilised when assessing risks and writing initial assessments. We have improved the process through which this is completed, meaning that case administrators now assist in the completion of these checks on behalf of practitioners and ensure that returns are logged correctly on our internal systems.A close-up of a number  AI-generated content may be incorrect. Where safeguarding issues are present, or on the receipt of checks where safeguarding issues are identified, practitioners need to make referrals to the relevant social services and attend any meetings. Where a social worker is already identified, practitioners should be linking in with them. Escalation processes have been utilised from both sides within the Probation Delivery Unit- PDU- whereby there have been barriers, please note the PDU covers 3 local authorities.All Middle managers were in attendance to a quarterly leadership forum where the voice of the child was presented. Managers were encouraged to begin to implement this in probation work moving forward. This is an ongoing bit of work which managers will consider moving forward. We are currently undertaking a review of our YOS transitions and are looking to implement an approach to this into 2025. We will increase awareness with practitioners about what Early help is but there is a gap for practitioners here where we are not readily made aware or invited to these. Our local audit tool process looks at safeguarding checks and highlights the quality of recording in our assessments. The audits asks the following questions: Has liaison been undertaken with Children Safeguarding Agencies to inform the risk assessment, Risk Management Plan and Initial Sentence Plan?Are there issues identified in this section which require prompt action by the PP or line manager? A blue pie chart with black text  AI-generated content may be incorrect.As above this data then informs the themes upcoming development days, these are also discussed during local quality boards and strategic plans implemented to address areas of concern. | * Based on the nature of our work we don’t receive direct feedback from the people on probation in relation to safeguarding interventions. Our local audit process allows for quality checks of our assessments and ensures the focus remains on safeguarding. Our audits and findings from these then inform our approach to our development days and the topics which staff are trained and briefed on.

 * Staff as mentioned above, complete mandatory training and this is a requirement for professional registration.
* We have also completed a joint Central Bedfordshire Safeguarding Children Partnership: Multi Agency Risk Webinar and this was well received by staff and practitioners and to increase the awareness across agencies.
* We had a representative at the Central Bedfordshire Safeguarding Children Partnership Neglect Audit, and we are actively seeking to participate in these spaces.
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| **Central Bedfordshire Council – Children’s Services** |
| **Establishing Strong Leadership with our Partners** Children and Families Services received a full inspection in March 2025 with an outcome of good across the board. The report notes that since the previous inspection in 2022, when we were also judged to be good, Central Bedfordshire Council has continued to provide good quality services for children and families. The areas for development identified at previous inspections have been successfully addressed and other services positively developed. Our leadership has prioritised investment in support for the most vulnerable children and the new Director of Children’s Services (DCS), and new Service Director for Education, SEND and Inclusion, have continued to champion the experiences of children across the Council. Improvements in services are making a tangible difference to children and families. Particular strengths were noted in our relational Social Work practice and the quality of direct work with children in need of help and protection. We have effective services to young carers, those at risk of missing and exploitation and those children aged 16 or 17 who present as homeless provide specific support to these vulnerable groups of children. Our Children with Disabilities (CWD) service is effective, supported by specialist staff; we invested in a new Designated Social Care Officer (DSCO) to support both Social Care and SEND services. Most of our children in care are making progress and are living in safe and stable homes, and our care leavers receive sensitive support as they transition to adulthood. Our relationship with our partners is generally strong, although there is some variation in the effectiveness of partnership working. Whilst many children and families are being well supported by partnership working with Police, health and education colleagues, making a tangible difference to children’s experiences, we have some work to do to further strengthen our information-sharing and collaboration at the front door. Senior leaders are working together to improve on this position. CBC also invested in a Head of QA; the quality assurance (QA) evaluation criteria and grading baselines were reframed, and a new QA Framework embedded. Our QA reach now extends across Children’s Social Care, SEND and Education, giving us a robust view of our safeguarding arrangements. The mechanism for reframing the baselines included simplifying the grading and evaluation criteria and improving the audit tools to focus on the outcomes for the child and the impact of our intervention and support. We undertake monthly full case manager audits collaboratively with practitioners and managers, ensuring that good practice is celebrated, and actions can be discussed and progressed without delay. We have a mature programme pf partnership thematic dip-sampling and auditing to further strengthen our relationships. We routinely gain feedback from children/family and partners through manager audits which allows us to respond and act on their feedback in real time. To provide an additional layer of scrutiny, we have a programme of Senior Leader dip-sampling sessions which includes Heads of Service, Service Managers, Service Directors, the Director of Children’s Service, Elected Members and the Chief Executive, which ensures leaders are directly involved in quality assuring our work and understand what life is like for children in CBC. The feedback from these sessions has been extremely positive; leaders have firsthand experience of analysing practice through reading children’s records, and a sound working knowledge of how our work is judged. This further supports how well we know ourselves and how we work together. A CBC Performance Framework was also implemented in 2024 and complements the QA Framework; we hold monthly Quality Performance and Impact (QPI) meetings for all services, ensuring there is a mix of operational and senior managers, plus a range of independent ‘critical friends’ (i.e. QA service, CP Chairs, and partners). These meetings provide a supportive arena in which to scrutinise children’s outcomes, performance information, data and child/family and professional feedback, ensuring that services are focussing on the right things, and that they plan accordingly. The priority areas are reviewed regularly; they feed into team and service plans and to all other strategic meetings and Boards. Finally, we amalgamated our Assessment, Family Support, and targeted Early Help into one service – named Family Help to further enhance our early help and protection offer. Within that, we introduced the role of Family Practitioner (FP); these professionals are alternatively qualified to Social Workers and complement the early help and Child in Need (CIN) work and where there are child protection concerns, FPs will work alongside the Social Worker but not case hold. FPs have oversight of a Social Work Manager. We continue to offer a high number of Family Group Conferences and work with our multidisciplinary workforce and partners to capture all of the Family Group Decisions that are made at all aspects of the child’s journey. Involving families alongside high-quality support from within our Family Help services, keep children safe. **The impact?**Senior leaders have been responsive to changes in demand; they work together to ensure that children are the priority across the Council. The commitment of the leadership was evident to the Inspectorate; they acknowledged that our leadership prioritises support for the children in Central Bedfordshire, which is reflected in the protection of frontline services.Overhauling our QA arrangements provides us with an in-depth and dynamic lens on the quality of practice. Amalgamated professionals into one Family Help service are affording children and families more consistency. Assurance activity tells us that the quality of our assessments, interventions, and direct work is of good quality, and we are making a difference to children. In addition: * - Our arrangements provide independent, additional rigour, scrutiny, support and development.
* - Our programme includes every leader throughout the council from the Chief Exec through to practitioners.
* - Our influence and reach are expanded from Early Help through to statutory services and partnership working.
* - Our approach provides consistency in the benchmarking and grading and focus’ on children’s outcomes and impact, enabling us to have a shared understating of quality and work together better.
* - The feedback and views from children, families and partners are acted upon in real time.
* - Outcomes are balanced; they draw out and validate good practice as well as identifying the learning.
* - Our approaches protect and prioritises single and multiagency learning and development.

Our leadership continues to have congoing strategic and operational conversations with our workforce, partners, and families about how we continue our partnership working and how we shape our response to the Government’s Families First Guidance (published March 2025). **Effectively learning from Case Reviews**We have a mature multiagency partnership who considers, analyses and oversees the learning from case reviews through the Case Review Group within the Safeguarding Partnership. Our approach to case reviews has matured over this reporting period; partners are collaborative, supportive, transparent and open and the Case Review Group fosters a no blame, learning culture. There were two Safeguarding Practice Reviews in CBC during this reporting period, where sadly, the children had both died. We have been proactive in offering wrap around support to all involved as soon as is possible – we act immediately, offering reflective spaces for those directly involved. Reflective sessions have been and are held with practitioners, managers and partners (where possible and appropriate) directly after the event and throughout any formal or informal processes to ensure staff have a safe arena in which to share their reflections - and for us to adopt and progress any learning. We have facilitated single and multiagency reflective sessions that have seen over 250 participants attending. Safeguarding Practice Review action plans and learning events are coordinated and overseen by the Safeguarding Partnership ensuring the key learning is disseminated and reviewed in a timely manner. Where children’s cases have not met the threshold for a formal review, we offer the same level of support and reflective spaces to all concerned. Learning from Case Reviews are mandatory workshops for all staff and take place each quarter as a minimum. Update sessions are held with those directly involved as an SPR progresses. It is also important our senior leaders understand and learn from formal and informal reviews, therefore reflective sessions are regularly held with the Chief Executive, Director of Children and Families, Senior Leadership Team and Elected Members. Senior leaders are regularly updated and appraised of all children. **The impact?**We have identified themes in the SPRs and other reviews that have received targeted focus and attention. Development has included the Partnerships’ priorities of neglect, sexual abuse, exploitation and mental health and wellbeing through undertaking thematic assurance activity, by changing processes and guidance, by introducing multiagency chronologies and ensuring development opportunities are available to all staff to undertake good quality assessments. The themes from case reviews however continue to tell us that practice across the partnership is still not consistent, therefore we must join together better to ensure we improve practice collectively. **Back to basics training**We are very proud at how we close the learning loop. We have a range of mechanisms for engaging staff in learning and development. It is an expectation that learning and development will be reflected in one-to-one and group supervision and through the annual appraisal system as well as regular meetings and forums within the Performance Framework. At the time of the reporting period, a model of joint systemic multiagency group supervision was being developed. This is to be a platform where children with complex needs and risks are discussed with partners. This is welcomed by partners and will be overseen by the Safeguarding Partnership. The next reporting period will assess the impact of this approach. Learning and development is prioritised in CBC; over this reporting period, we have undertaken multiple single and multiagency workshops (including workshops led by parents and co-delivered workshops with partners) and reflective sessions for over 500 staff. Partners attending includes (list not exhaustive) Children’s Centers, Police, Health (including GPs, CAMHS, safeguarding and nursing leads etc.), Housing, Head Teachers and Designated Safeguarding Leads in schools - to further promote the basics. Professionals routinely rate the quality of workshops and reflective sessions, as ‘excellent’, sessions are deemed ‘impactful’, ‘thought-provoking’ and ‘relevant’. The impact of the workshops and reflective sessions strengthens our relationships and improves practice. Workshops and sessions have included the following themes: * Effective assessments
* Effective plans
* Thresholds
* Management Oversight and Supervision
* Best start in life
* Safeguarding in SEND
* Parent’s lived experiences
* Purposeful visits
* Think family and genograms
* Sexual abuse – including risk assessing, indicators and supporting and assessing the non-offending adult
* Neglect
* Domestic Abuse and the impact on Housing, survivors, non-fatal strangulation and suffocation
* Direct work
* Working Together principles
* Understanding Supervision Orders
* How to make a good referral
* Learning from Case Reviews, Rapid Reviews and Safeguarding Practice Reviews
* Management oversight and supervision

**The impact?**The QA service has predominately led the development offer this year; our workshops are targeted to the areas in need of the most attention. QA, along with our Principle Social Worker, provide a wraparound service to all professionals and partners, at all levels. We have has delivered one to one, whole team and service support, offering practice development, systemic supervision, reflective spaces, coaching and mentoring to practitioners, managers, senior leaders, their teams and services and to partners. The group supervision, reflective spaces and workshops ensure the workforce is supported, the learning is fostered and further embedded, so that we can see improvements in practice. **Neglect**To assess our understanding of neglect and its impact, the whole partnership undertook a deep dive audit. The number of children with Child Protection Plans for neglect remains high and accounts for circa 47%; the aim was to seek assurances that understanding and working with neglect is a priority for children in Central Bedfordshire, and that partners were working with families and each other, in collaboration. The audit tested whether neglect was identified as a risk factor, whether neglect was prioritised when assessing children’s needs and plans, whether interventions were of a good standard and having a positive impact, and whether working with neglect was overseen by good quality management. There were some excellent examples of multiagency, collaborative approaches, with timely, progressive and protective actions taken; neglect was generally identified as a risk factor, and referral information was sufficient. All children selected had a Graded Care Profile (GCP) or it was planned for which showed a positive shift in professionals understanding and assessing neglect earlier. This is an improvement from previous assurance activity. For sibling groups, we saw better individualised planning, ensuring each child’s lived experiences were taken into account, again an improvement from previous audits. Areas for improvement included using the GCP as an intervention tool and not a standalone assessment and for more partners to undertake GCPs alone, or jointly with Children and Families services (by far the most GCP completions came from Children’s). All partners could improve their understanding of neglect's impact on children's development, particularly teenagers and the complex needs they often have, and the impact neglect can have on life opportunities. Whilst all children had coproduced safety plans, contingency planning, and exit planning could be strengthened to ensure families have ongoing support available to them. There could also be better communication of statutory meetings (CIN meetings/reviews and CP Conferences) and their outcomes to ensure all relevant partners are present and are all clear of the next steps. **The impact?**This was a positive, ambitious multiagency audit; the deep dive evidenced collaborative approaches and overall good quality grip on neglect. The audit highlighted the importance of multiagency collaboration in addressing neglect, leading to improved outcomes for children. The partnership identified the areas of good practice and outcomes and agreed the emerging themes and areas for development. The outcomes for each child will be tracked and actions progressed by each agency. The outcome of the audit recommends repeating the audit annually and expanding it to a Pan Bedfordshire audit to ensure continuous improvement. This will be decided through the Partnership Pan Bedfordshire Assurance Group. **Exploitation** Central Bedfordshire’s response to exploitation has anecdotally been positive; specialists situated within the Integrated Front Door ensure children who go missing from home and care and the at risk of exploitation are prioritised. To test this a deep dive audit was completed. Professionals’ overall approach to exploitation is good; practitioners are tenacious to engage with children and families, children are being seen alone, and indifferent settings and direct work is being completed. For the children rated Good and Outstanding the identification of exploitation concerns, and the analysis of risk and history, are clear. Parents’ views are gained as the earliest opportunity; full professional input and MASH checks (where appropriate) are completed. Decision making is analytical and well-balanced, initial safety plans and pathways are also clear. Of those that require improvement, whilst some information is gathered, there could have been more work completed at the front door, and the safety planning could have been further developed, before being passed on to operational teams. There are some examples of excellent partnership working, where disruption strategies and risk reduction work is evident – these children and families are feeling the positive impact of a coordinated response to exploitation. Risk is reduced for most children. The quality of the exploitation assessment tools themselves however, varied. 31% were RAG rated good, 69% required improvement to be good. Of note - this did not impact on the assessment of risk, which is completed in other ways (through statutory assessments, reviews, care planning and supervision). The good quality exploitation assessment tools have clear and SMART actions; the child and family voices are present and risk mitigation and risk reduction is realistic. Of those requiring improvement, the risks and impact could be more explicit and the actions SMARTer to enable them to be regularly measured. For the majority of children, the tools were completed at the start of the intervention but not updated at regular intervals to reflect fluctuating circumstances. This is despite work being undertaken and where relevant, exploitation being reflected in the child’s care plan. Further triangulation of the risks should be reflected in the exploitation tools themselves and not seen as a standalone tool. Safety planning also varied in quality. Some are SMART and include the impact of risk; parenting capacity is considered and is supported to help reduce the risk of family breakdown. Good quality safety plans reference further services available should concerns escalate. For others, the safety planning is too generic and not updated to reflect the child and family’s current circumstances. **The impact?** Having a Child Exploitation Lead has improved the oversight auditing children at risk of exploitation; they are providing consultation, support and oversight directly to operational teams. This is well-utilised and often includes mapping, geographical hot spots, disruption meetings with partner agencies and reflective discussions looking at trauma informed thinking and systemic practice. Continuation of this, coupled with the intensive support provided by the QA Service and Principle Social Worker in respect of workshops, targeted and focused development sessions, is seeing good quality assessments, improved safety planning and that reviewing risk is kept as relevant and dynamic as is possible. Next steps are to work with our Pans Bedfordshire colleagues to improve how we coordinate our responses to exploitation across the Borough. This is being progressed by the three Statutory Leads.**Child Sexual Abuse**The NSPCC undertook a Pan-Bedfordshire multiagency CSA Snapshot survey in the spring/summer of last year to understand the confidence levels in working in this complex area and to identify the practice strengths and areas of learning. Overall, the survey found many examples of good practice and good multiagency working, but it also found some inconsistencies including the need for a local strategy and framework. We are progressing the learning through the Pan-Bedfordshire multi-agency learning and development offer, including the identification of signs and symptoms of Sexual Abuse and intervention, incorporating e-safety, digital media and sexual exploitation. The number of children with Child Protection Plans for Sexual Abuse is low, reflecting national trends - we are curious about that and recognise this is an area of work that requires continued scrutiny. To ensure we are confident to identify and address concerns about sexual abuse, we have also delivered bespoke workshops to all practitioners, managers, senior managers and to partner agencies to raise the identification of risk, harm and impact and risk assessing offenders and the non-offending adults. **The impact?**There is a level of confidence that the identification of sexual harm and abuse and its impact is identified and understood as soon as we become aware of it. The workshops have been impactful and have increased confidence (tested through workshop evaluations). That said, we know this type of abuse is uncomfortable and can be missed therefore we will continue to offer single agency and multi-agency webinars and face to face workshops focusing on risk assessments, impact, supporting the non-offending adult and safety planning. That way, we are ensuring our learning and development offer is dynamic and relevant. In addition to assurance work and independent oversight form our Partnership, our Child Protection Chairs have initiated an internal quality assurance programme to scrutinise plans to ensure children are supported under the correct categories. We continue to work closely with our staff and partners to ensure that children’s needs are met through oversight and assurance activity. Leading the Sector-Led Improvement (SLI) Eastern Region (of which Child Sexual Abuse is a priority), ensures best practice is shared and understood and assurance activity is undertaken at a regional level. **Mental Health and Wellbeing**Children and Families Services have taken a partnership approach to mental health and wellbeing. Our 0-19 Healthy Child Programme (HCP) is provided by Cambridgeshire Community Services NHS Trust, which offers universal and targeted support for children. It includes health visitors and school nurses who deliver evidence-based interventions to support maternal and family mental health and resilience. We launched our Everything OK Website to provide information and support for children to navigate key life stages and make informed choices. It has received significant engagement and won an award for its impact. Our Pre-School Emotional Health and Wellbeing Programme supports children aged 3-5 showing signs of behavioural challenges; it includes trauma/ACE awareness training for practitioners, the "Five to Thrive" approach, and the "Parenting Puzzle" programme for parents and carers.We are proud of the Building Resilience Programme (Brook). This programme is available to secondary schools and includes a whole-school approach, peer support, and 1:1 guided self-help sessions. It aims to build resilience among children and has engaged a significant number of students, teachers, and parents. The PSHE Association Membership for education settings in Central Bedfordshire are offered funded membership to the PSHE Association, which provides resources for teaching PSHE, RSHE, mental health literacy programmes and healthy relationships. The membership has been widely used and positively received by schools. We introduced an Operational Manager for Residential Services (OMRS) sitting within the Children with Disabilities Service to oversee the in-house residential provisions and develop additional resource across Central Bedfordshire and the spectrum of need including our children with social, emotional and mental health needs (SEMH), as well as children with disabilities. We recognise that the emotional and mental health needs for Children Seeking Sanctuary can be different to those of other care experienced young people. In recognition of this we are in partnership with the Refugee Council for the ‘My View’ pilot offering a specialist emotional support through 1:1 therapy offers, education and engagement workshops and psycho-education groups.Our Drug and Alcohol Treatment and Support (Aquarius) and Family Drug and Alcohol Court (FDAC) services provide specialist support for children and their families using substances or affected by another's substance misuse. It includes prevention campaigns and structured support. FDAC provides an alternative form of care proceedings for families where parental substance misuse is a primary concern. It has shown some positive outcomes in keeping families together, however we know we need to provide intervention and preventative services to children and families earlier.**The impact?**We know tackling child and adult mental health is complex and all partners and services are stretched to meet the demand. We have had over 6 million campaign impressions and 22,816 visits since the launch of our Everything OK Website for example. Positively, we have seen high satisfaction rates among professionals and parents, with significant improvements in children's behaviour and parents' mental well-being with our Pre-School Emotional Health and Wellbeing Programme and Building Resilience Programme. But we know we need to do more to strengthen our partnerships between health, education, and Children and Families services to provide holistic support for children and their families.  | We’re proud to say we have at least tripled the amount of feedback we have received in the last year. As part of overhauling the way we quality assure our work, we have increased the volume of feedback we gather by introducing a range of mechanisms. As well as our formal routes through the public facing Customer Service for Compliments and Complaints, and gathering service level feedback upon closure, we consider the direct views of children and families essential to our day-to-day work; listening to children and families and hearing about their lived experiences has become ‘business as usual’ for us. We have gained feedback on average in two thirds of our assurance work including audits. The findings from direct voices are fed through to individuals, teams and services. Here are some examples of the ways we are listening to children and families, and some of the ways we have used their views and the views of our staff and professionals as a result:* **We actively seek feedback from families through all our assurance work**. Children and family feedback provides us with ‘real time’ insights into the effectiveness and quality of our services. We randomly call and contact parents before, during and after intervention to gage their views and experiences. We regularly hold ‘*feedback frenzy’* weeks where QA Service, managers and leaders protect time to gather as much feedback as possible. The findings are rich and qualitative and enable us to act and learn immediately. The impact is that child and family feedback has helped identify areas where our services are performing well and where improvements are needed. Encouraging children and their families to provide feedback empowers them to have a voice in the services they receive, and it offers us a direct perspective on their experiences.
* **Engagement with children and families through direct work activities.** We are capitalising on our commitment to really listen to our children and families about what has worked well for them and what needs to be improved. Activities include tailor made, service led focus groups as well as surveys and community focus groups and surveys, with children, families, and partners including Police, Health, Public Health, SNAP Parent Carer Forum and our voluntary organisations. We’ve reached over 2000 people across Central Bedfordshire; children and family feedback gathered in this way has helped us coproduce our refreshed Children and Young People’s Plan (CYPP). We have also been able to co-produce a Children in Care survey ready for roll out. Overall, direct work activities have seen an increase of 220% from previous engagement.
* **We use national surveys to inform our work.** The Schools and Student Health Unit survey (SHEU) undertaken by Public Health through schools, received 8300 responses. The Youth Parliament Make Your Mark (MYM) campaign received 5600 responses, all of which we consider as part of truly hearing the voices of children. The responses from SHEU and MYM have directly fed into our work with the Children and Young People Plan. Understanding the national landscape as well as the local landscape helps us continuously improve. It has also helped shape our services (such as Family Help), so we can implement the right changes at the right time.
* **Our parent-led workshops** are a great way for us to hear and learn from parent’s direct lived experiences. We value the opportunity to meet and sit with parents to reflect on their experiences and learn from them. In addition, we regularly invite parents in to talk to us; this has provided us a level of insight into their world and has helped us reframe how we communicate and collaborate. Parents are feeling more assured and confident in how we are listening to them and respond; it keeps us accountable and responsible. This view is further tested and supported through our ‘SNAP’ Parent Care Forum (PCF).
* **We use tailored surveys for children and families, our staff and other professionals** to ensure that we are providing the right services at the right time, specific to them and their needs. Reaching out to more children and families and to our staff and partners is ensuring we are asking the right questions at the right time, and we’re able to tailor our work accordingly. We’ve been able to better understand what’s working well and where we need to improve; for example, we know children and families appreciate the meaningful relationships they have with their workers, but that they would like us to focus on transition to adulthood. This has changed the way we work with our Care Leavers for example.
* **We use Mentimeters, Keeping In Touch Teams chats and surveys to capture live, ‘in the moment’ feedback** **from our staff.** These mechanisms are used during catchups, meetings, development sessions, workshops and other information sharing and learning forums to measure staff knowledge, confidence levels, wellbeing, and knowledge and to measure the effectiveness and impact of our practice. Gaging staff feedback is leading to a more competent, confident, motivated, and effective workforce, ultimately improving practice and outcomes. Workforce feedback helps facilitators know they sessions are focusing on the right things and that delivery is effective. Staff regularly feedback that the sessions have changed their practice, improved their confidence, enhanced their skills, and improved the quality of their work.
* **Test the Temperature annual survey** conducted by our SNAP Parent Carer Forum is incredibly useful for us to understand the lived experiences of our families who have children with Special Education Needs and Disabilities (SEND). Surveys have highlighted that communication is the key to effective engagement. To help us improve, we invited parents to run a workshop with local professionals, including Central Bedfordshire Council, BMLK ICB, and health partners. The goal is to discuss these concerns and work together on solutions. As a result of the annual survey, SNAP PCF developed the 6 Cs, which we, as a whole Council have committed to; the 6 Cs are shared values designed to improve SEND services and enable families to hold us all to account. The 6 Cs are:
* **Communication** – open, transparent dialogue, active listening, clear and respectful communication.
* **Co-production** – equal partners, involvement in decision-making.
* **Care**– Empathy and compassion, prioritise well-being, tailored approach for individual needs.
* **Consistency** – reliability and uniformity, clear standards and protocols, regular evaluation and improvements.
* **Clarity** – clear objectives and instructions, minimise ambiguity, clear guidance on roles and responsibilities.
* **Commitment** – dedication and perseverance, leading by example, a culture of accountability and recognition.

An important part of hearing the direct views of children and families is also learning from complaints. We hold monthly learning sessions with partners to understand what we do with complaint and how we learn. Here are a few examples of what was said and what we did in response: * Really listening to parent’s views. What have we done: we have implemented new mechanisms for feedback and tracking. We have started monthly feedback phone calls in CWD and CSC operational teams to track communication and child/family experience. We hold parent led workshops (2 so far) with other dates in train, with all operational managers, Heads of Service, ADs – further learning from experiences. Our partners facilitate regular EHCP Annual Review workshops.
* Timeliness of Education Health and Care needs assessments is poor. What have we done: we have reset our timeframes and expectation from 3 working days to 5. We are making a concerted effort to meet with parents and communicate directly, treating each complaint seriously, listening to parents, acknowledging they have been heard.
* Responding to families in a timely way. What have we done: we are taking more of a personal approach: we’re picking up the phone and have a conversation in more of a ‘real time’.
* Safety in school for SEND children. What have we done: we have worked with SEND for change including our head teachers and partners. We have put in the S19 process which works effectively. We consult and advise on pathways in exceptional circumstances to provide education where school is not appropriate. We now have a ‘working and family group’ to address the issues, resulting in a new draft policy in train and have undertaken workshops with parents.
* Panels and decision-making forums are confusing. What have we done: created a ‘de-mystifying’ suite of documents on our local offer website to ensure families have clear and easy to understand information.
* Families found data and dashboards confusing and difficult to understand: A parent/carer working group is now in place with performance colleagues to improve the dashboard; KPIs have been agreed as a result.

We know there is more to do – we’re focusing on ensuring any changes and transitions are clear and that we continue to include children and families in our decision making. Professionals speak highly of having positive working relationships and note the working together is of good quality. Professionals would like to be informed consistently of outcomes of meetings and decision making, and for meeting minutes to be shared expediently. In a response, we have improved our management information system to evidence when and how information has been shared. We have also increased our partner workshops focussing specifically on communication and maintaining and improving how we work together and how we share information. We are committed to using the feedback to shape service delivery. This remains a key priority area of development for us. |
| **Cambridgeshire Community Services** |
| **Neglect****Worked well:**CCS invested in the provision of external think whole family approach training from Professor David Shemmings on a number of topics to support their practice around abuse and neglect:* Neglect
* Human Development
* Trauma Informed Practice
* Supervision
* Analysis

In addition to this, CCS developed and delivered level 3 training which is mapped to Intercollegiate Documents for Adults, Children and Children in Care on neglect & self-neglect and domestic abuse this year.The neglect tab (on the safeguarding template accessed via CCS clinical recording system) has been redesigned and relaunched. This means practitioners can now record when there is a neglect concern. Then it leads into questions about what assessments have been / could be used to support assessment of neglect including links to the clutter scale, neglect screening tool, obesity safeguarding tool and direction to complete GCP2. The use of this tab is not fully embedded in practice but there will be a piece work of to improve this in the next year. This work will form part of a wider piece of work about the safeguarding template to make it easier for practitioners to record safeguarding information. A new guidance document will be produced to enable this and information sessions completed in order to communicate the guidance and changes. CCS has adapted their safeguarding supervision model. As a result the 0-19 team has the opportunity to bring cases more frequently. In order to focus on the neglect priority practitioners have been directed to bring cases to supervision where there are concerns about neglect specifically for large sibling groups (which has been identified as a theme internally). Support is offered within supervision to review care planning, consider the lived experience of the child and tools which can be used to promote this assessment of need.Use of Graded Care Profile 2 continues to be emphasised within training and supervision when there are any identified issues of neglect. Staff have all been offered training for GCP2 within children’s services and there is an emphasis on using this tool to support ongoing assessment of need, referrals as part of multi-agency working. Use of assessment tools eg ‘A Day in the Life of….’ Are available for staff on the intranet and are equally advocated within training and supervision to support maintenance of focus on the lived experience of a child. This year has seen the introduction of a Day in the Life tool for children with disabilities.APPLE (Appearance, Presentation, Patter, Likes and Dislikes, Environment) is used by the 0-19 team as a way to document observations and the lived experience of children. Record keeping forms part of essential to role training for the 0-19 team which includes information about APPLE and day in the life tools. In the next year there will be a CCS neglect pathway launched. This has been developed following an internal review of a Bedford family. A task and finish group will be meeting in the next year to ensure this can be embedded into practice. The pathway will focus on joint visits to reduce risk of acclimatisation to neglect concerns and an internal review of the effectiveness of neglect risk reduction to avoid drift for children. The pathway also aims to promote the use of safeguarding supervision and professional escalation as necessary. Antenatal assessments are universal with a triage system to target those assessed as vulnerable and there is continued focus on how to improve the quality of these assessments, ensure continuity of care and use analysis of assessments to ensure the correct pathway of care is identified.Domestic Abuse, Stalking and Harassment (DASH) assessments are completed as part of visits when there is an identified risk of domestic abuse disclosed or suspected. These are used to support referral to Multi-Agency Risk Assessment Conferences (MARACs) and for safeguarding referrals to the local authority social care, early help and to support ongoing universal support for children and families. In the last year CCS has been able to attend MARAC meetings to support multi agency risk assessments.The ICON Cope (Babies cry, you can cope) is led across the Pan Bedfordshire system by CCS. It is an evidence-based programme consisting of a series of brief ‘touchpoint’ interventions that reinforce the message making up the ICON acronym. These are:* Infant crying is normal and it will stop.
* Comfort methods can sometimes soothe the baby and the crying will stop.
* It’s OK to walk away if you have checked the baby is safe and the crying is getting to you.
* Never, ever shake or hurt a baby.

Incident reporting of possible non-accidental injuries to children under the age of 2 years has been improved during the year, with an increase noted in the number of incidents reported. The data is reported and scrutinised monthly and this is now being reviewed across the services in operational, clinical and safeguarding teams to ensure pathways are being followed according to the multi-agency agreed process, escalations are timely undertaken as needed and themes of learning are quickly responded to and addressed. CCS is working on a piece of work regarding preventable accidents and sharing this information with families. Local and national reviews identified the increased risk to children and the complexities associated with working with children and families with large sibling groups. The need to support a robust approach to safeguarding supervision and clinical work has progressed over the year. An aide memoire was added to the policy to support caseload review and signposting cases to safeguarding supervision. Data reporting has been progressed to try and establish a more robust mechanism for services to identify families with large sibling groups in their care. An audit of this is now planned for Quarter 3 of 2025-2026 to review the impact of this work.A CCS dietician took part in the public launch of the Pan Bedfordshire Stop, Think Neglect campaign demonstrating CCS commitment to the neglect priority.**Impact:**The ICON programme is now embedded into the system working and into clinical practice. Staff are able to support consistent messaging and approaches to reduce the incidence of abuse head trauma.Staff in CCS support the oversight of the pathway for bruising and injuries to non-mobile babies and children under the age of 2 years. They utilise the Datix incident reporting system which then enables oversight of safeguarding processes which is timely and responsive. The data is also reviewed monthly by the named professionals and operational leads to ensure that they are sighted on any learning at the earliest opportunity and are able to follow up on safeguarding actions timely.CCS requested changes to the Pan Bedfordshire young carers policy following a review of a case where there were concerns about neglect. These changes are now in place.CCS has participated in policy and procedures group to share comments and views on neglect guidance which has been developed e.g. affluent neglect. These are available on the Pan Bedfordshire procedures page and have been highlighted to practitioners.CCS participate in the Pan Bedfordshire neglect meetings and provide data which can be analysed in the group.**Barriers/challenges:**On CCS clinical system the neglect tab is not as utilised as it could be on the safeguarding template- there will be a piece of work to encourage its usage to promote good record keeping and prompt the use of tools available.**Child Sexual Abuse**Staff in CCS have had access to training packages at level 3 specifically considering the impact of sexual abuse on children and adults. The training is co-developed and co-delivered by the safeguarding teams through a think whole family lens.CCS has participated in the Child Sexual Abuse snapshot meetings and is participating in the Child Sexual Abuse Pan Bedfordshire strategy meetings. CCS contributed and participated in the learning session ‘Risk assessment and thresholds’ webinar. This learning will be shared within CCS to support practitioners understanding of risk assessments, probations risk assessments and considerations needed when supporting children at risk of sexual abuse. In the next few months this information will be shared.The 5-19 service provide basic sexual health advice including general discussions about safe sex and consent. Practitioners if appropriate would signpost young people to the Integrated Contraception and Sexual Health service (iCaSH). Any safeguarding concerns would be referred to children’s social care. Again the iCaSH service would provide the advice and make onward referrals as appropriate. Both services have access to the CCS safeguarding team duty line to seek immediate advice and guidance. CCS Chat health offer enables young people to text in requesting sexual health advice. As part of this offer they can request to have contact with a school nurse. Padlet links can also be sent out to the young person with sexual health advice. The padlet has also been sent out to schools who can share as appropriate with studentsOn the clinical recording system there are quick links available to the exploitation tool and the multi-agency submission form.**Impact:**The reflective practice sessions with iCaSH have resulted in a Bedford case supporting the development and awareness in practice of the need to robustly share information. With staff in iCaSH and safeguarding children team developing guidance to support staff decision making in complex cases where sexual abuse and assault are evident. **Barriers / challenges:**Consideration about the use of the exploitation tool by iCaSH and the 5-19 team including ways to promote its use. CCS has agreed in the Child Exploitation and Missing meeting to form part of a task and finish group to review this.**Exploitation****Worked well:**Policies for Safeguarding People: think whole family and contextual approach, Domestic Abuse and Female Genital Mutilation have been reviewed again during the year. A standard operating procedure has also been created to support staff with domestic abuse allegations, disclosures and actions to safeguard. Input and participation into all Child Exploitation and Missing, meetings.The safeguarding teams for adults and children have worked closely with the Integrated Contraception and Sexual Health team (iCaSH) to develop reflective practice sessions which consider safeguarding issues arising from their contacts with young people. Specific guidance has been shared with the teams in relation to contacting the safeguarding duty line when there are concerns indicated regarding potential child sexual exploitation or abuse. CCS practitioners attend strategy meetings and complex strategy meetings as appropriate.**Impact:**The reflective practice sessions with iCaSH have resulted in a number of cases where exploitation was an identified feature and the need to professionally challenge was evident. These professional challenges have had a positive impact on the outcome of the case for the young person allowing greater ability to safeguard them and enhanced the knowledge and skills of the practitioners involved.**Barriers / Challenges:**CCS has asked questions of the local authority in respect of their response to young people at risk of exploitation outside of the family home and the need for child protection plans to invoke the CP-IS marker. This remains an ongoing discussion which has not been clarified in the latest modifications to Working Together to Safeguard Children. CCS practitioners have been given guidance to ascertain the level of risk to a child and what type of plan they are on so this can be escalated if needed on an individual basis.Consideration about the use of the exploitation tool by iCaSH and the 5-19 team including ways to promote its use. CCS has agreed in the Child Exploitation and Missing meeting to form part of a task and finish group to review this.**Mental Health, Emotional Wellbeing****Worked well:**CCS 0-19 service continue to offer confidential texting services: ChatHealth for children in school years 7-13, and Parentline for parents with children of any age. Specialist health visitors are in post to support the Perinatal Mental Health pathway and to support other frontline staff which is continuing to be developed. As part of this offer there is an expectation in the 0-5 team that emotional wellbeing is discussed with parents/carers. These assessments include Whooley questionnaire, Generalised Anxiety Disorder (GAD) 2 and 7 and the Patient Health Questionnaire (PHQ) 9. Safety netting advice would be given regardless of the outcomes including advice to contact their GP or NHS 111. If a need is identified referrals can be made for support but a targeted health visiting provision can also be offered. This targeted offer would include emotional wellbeing sessions. Padlet’s are shared with parents and carers by the 0-5 team. This includes a section on mental health and a section on strategies to promote mental wellbeing. The DadPad is also shared with fathers/ significant carers. Practitioners have access to the Shared Care system via our clinical system. This means practitioners have been able to review this information and include in their assessments and care planning. This information would also be shared with partners when appropriate. Signposting and referrals to 3rd sector organisations including CHUMs, community mental health team and Mental Health School Teams.**Impact**Currently a yearly audit is in place to audit the use of the PHQ9, GAD 2&7 and Whooley questionnaire usage.**Barriers**If there are challenges these will be identified as part of the audit process and acted on as appropriate.**Golden threads**CCS safeguarding team share information via the bi-monthly safeguarding newsletter which has been refreshed recently. This newsletter has a think family ethos and is co-written with the adult safeguarding team. Learning from reviews is shared via the safeguarding newsletter, 0-19 locality meetings and safeguarding link meetings which capture the speciality teams and is co-delivered with the adult safeguarding team to share learning from adult reviews too. This in the past year has included sharing information about the shared care record, safeguarding information node, the registering parents and significant carers and themes such as neglect.In order to ensure the safeguarding links function well in the chain of information dissemination there has been work completed with operational teams to ensure there is a link for each service.Duty safeguarding phone line was started in September 2024 and this firmed up the communication process with the safeguarding team and ring-fenced dedicated time to the provision of advice and guidance. Feedback has been positive from practitioners.The foundation children’s safeguarding package has been updated to take a Think Whole Family approach. It has also been updated based on internal learning regarding the bruise/mark pathway for immobile children. CCS safeguarding team has a new process in place with Bedford hospital whereby calls can come directly into the safeguarding team as opposed to the hub. This has promoted a quicker response positively impacting on information sharing and reflective conversations about concerns for children. We will be reviewing this to consider practicing in the same way with Luton and Dunstable hospital.CCS has participated in audits with separate local authorities and Pan Bedfordshire audits. Following these audits action plans are developed both internally and externally. Both of which are monitored and learning is shared with practitioners.CCS practitioners have worked with children social care partners to attend child protection conferences in person to promote working relationships with families and partner agencies.CCS has agreed to work with CBC children’s social care in order to support the trial of multi-agency chronologies.CCS has worked alongside CBC in the development of their multi agency supervision provision. | **What have we done?**Co-production is at the heart of service design and delivery. Bedfordshire and Luton Children’s services employ a co-production team that work with staff, partners and service users to ensure co-production and the voice of children, young people and families is heard and acted on.Our trust ‘People Participation and Involvement Strategy’ demonstrates the approach we take, in ensuring service developments and improvements as well as strategic decision making are made collaboratively with the people who use our services. This can be evidenced via a variety of documentations including but not limited to our co-production tool-kit, which includes a co-production training package for staff, case studies on a number of co-produced initiatives we have undertaken with young people and families, as well as the trust co-production ladder which is used as a self-assessment tool to measure the level of engagement adopted within our programmes and projects as reviewed regularly by our programme board. Data monitoring of both patient feedback and patient participation is in place to review and ensure engagement activity is representative of the diverse communities that we service. CCS has a committed team to support services with Quality Improvement (QI) in order to improve service delivery and care. The team use a consistent methodology to support continuous improvement. All staff have access to and support from the team with supporting any initiatives which will support understanding of the problem or improvement area, design ideas to address the problem and deliver on the change.Recruitment processes include service user panel members. They contribute to the full recruitment process.There was some learning identified regarding pet safety and the legal obligations to report dangerous dogs e.g. XL bully dog. Work was completed with service users to develop a trust wide Pet Safety awareness SOP.As part of the patient safety incident reporting framework there is involvement from service users (safety partners). They attend the monthly safety improvement group. **Impact:**Getting support from services users means that we consider communication, wording used and processes that impact on the community. For example, in respect of the Pet Safety Awareness SOP the service users were asked what their expectations would be of a professional where pets are present. This information helped guide the SOP writing. As part of the patient safety group curious questions are asked by the services users. This allows for reflection and consideration of their questions including responses we need to put in place.Safer staffing practices includes service user views which allows for inclusion of their views by other panel members in the recruitment process. Having a service user on an interview panel also sends a strong message to candidates about CCS organisation values. **Learning:**To involve service users more in policy development and continue to have safety partners in the patient safety meetings. To share with practitioners the involvement of service users in development of processes. |
| **East London Foundation Trust** |
| ELFT maintains a robust safeguarding governance framework, ensuring effective leadership, accountability, and multi-agency collaboration across all services and boroughs. Safeguarding is a core responsibility embedded at all organisational levels, reflecting the Trust's values.The Trust contributes strategically and operationally through participation in various safeguarding partnership boards, subgroups, and local assurance meetings. This includes engagement in local audits, multi-agency training, and strategic reviews such as Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs), Domestic Abuse Related Death Reviews (DARDR), Channel Panels, and PREVENT/CONTEST Boards. The Trust Safeguarding Committee meets quarterly to provide challenge and assurance regarding safeguarding arrangements and monitors compliance. Quarterly reports are submitted, providing assurance against responsibilities outlined in CQC Regulation 13, Contractual Safeguarding requirements, the Children Act (1989/2004), and the Care Act 2014.A blue and white text on a blue and white background  AI-generated content may be incorrect.ELFT data indicates a 17% reduction in referrals to Children’s Social Care (CSC) in 2024-25 (348 referrals) compared to the previous financial year (420 referrals in 2023-24). This decline is partly attributed to challenges in accurately recording and capturing referral data within ELFT’s electronic systems, particularly when submissions are made directly via Local Authority portals and not consistently recorded on RiO. The use of multiple electronic patient record systems further complicates data collection.To address these issues and enhance accountability, the Trust has implemented an improved reporting process for CSC referrals. From 1 April 2025, all staff are mandated to complete an InPhase incident report form concurrently with any child protection referral to CSC. This measure will enable timely and accurate data capture, effective oversight by the safeguarding team and prompt, effective intervention. In 2024-25, the safeguarding team conducted several multi-agency and Trust-wide audits. Findings, learnings, and recommendations were reported to individual staff members, managers, and the Trust Safeguarding Committee. These audits were initiated in response to learning from local and/or national case reviews or internal reviews. Audit outcomes are presented to the Safeguarding Committee for assurance and to ensure relevant learning is disseminated across directorates to improve or change practice. The audit topics were: * Think Family Approach
* Voice of the Child in Adult Services
* Domestic Abuse and Practice and Reporting
* Child Neglect

**Key Themes Identified Across Audits*** Training & Supervision: Targeted efforts across all directorates to increase safeguarding competence and compliance.
* Data Quality: Enhanced InPhase reporting and audit tools introduced to improve accuracy and clarity.
* Child-Centred Practice: Renewed emphasis on capturing the voice and lived experience of children.
* Policy Alignment: Updated safeguarding policies to reflect Think Family and Domestic Abuse guidance.
* Continuous Learning: Use of repeat audits, supervision, and newsletters to drive quality improvement.

**Safeguarding Training Compliance**The Trust operates under a Safeguarding Training Strategy and Training Needs Analysis, based on the Intercollegiate Document, Safeguarding Children and Young People: Roles and Competencies for Health Care Staff. Fourth edition (2019) and Adult Safeguarding: Roles and Competencies for Health care Staff. Second edition: July 2024.**A chart with text on it  AI-generated content may be incorrect.****Safeguarding Training Compliance and Delivery*** The Trust has demonstrated strong improvement in safeguarding training compliance across both children and adult safeguarding in 2024/25:
* Level 3 Safeguarding Children training compliance rose to 89%, up from 83% in 2023/24 – a 6.7% increase year-on-year.
* Level 3 Adult Safeguarding training compliance saw a substantial rise from 62.3% to 89%, reflecting a 26.7% improvement over the reporting period.

The Safeguarding Team delivered 45 Level 3 training sessions for both adult and children’s safeguarding, training 2,763 staff members in 2024/25. While this is a 21% decrease in attendance compared to 3,485 staff in 2023/24, overall compliance improved due to more targeted training delivery aligned to strategic priorities.Combined safeguarding training compliance for adults and children exceeded 88%, evidencing a well-coordinated and effective training approach that supports the Trust’s statutory obligations and quality standards.**Training Feedback*** 96% of staff rated their confidence and knowledge as 4 or 5 out of 5 after attending Level 3 training.

**A blue and green rectangular boxes with white text  AI-generated content may be incorrect.**BAP Level 1 compliance remained consistently above the 90% target throughout 2024/25.BAP Level 3 experienced a temporary decline due to a national change requiring refresher training every three years. This adjustment led to a drop in compliance from 94% to 54% between Q4 2023/24 and Q1 2024/25. Recovery efforts have been effective, with compliance now at 83% and on track to reach the 90% target in Q1 2025/26.**Safeguarding Supervision**Safeguarding supervision for both adults and children continues to be delivered in line with Trust policies, reinforcing our commitment to high-quality safeguarding practice. Supervision remains a key mechanism for assurance, reflective practice, and professional development. It provides a structured forum for learning, supports practitioners in managing emotional demands, and enables critical analysis of complex safeguarding concerns.In 2024–25, there was a marked increase in both planned and ad hoc supervision activity across the TrustThe safeguarding supervision platform has evolved into a multi-functional tool for* Delivering bespoke training by Named Professionals
* Disseminating learning from local and national reviews
* Sharing findings from audit activity and thematic analysis

Supervision remains central to embedding a “Think Family” approach. Integrated safeguarding conversations ensure staff consider the broader familial impact of presenting issues, especially were parental needs affect child or adult safety.The most common themes discussed during safeguarding supervision are as follows:* Parenting Capacity with mental health issues
* Domestic Abuse
* Neglect
* Non-recent abuse
* Children mental health, sexual abuse risk
* LADO (Local Authority Designated Officer) issues

**Domestic Abuse** The corporate safeguarding team has developed and rolled out a number of Domestic Abuse training sessions throughout the year for the staff to raise awareness and to ensure early identification of domestic abuse among patients and staff members. The Corporate Safeguarding team is doing a Routine Enquiry QI project. This project seeks to strengthen the trust’s approach to routine enquiry for domestic abuse by embedding a robust, proactive, and patient-centred framework. The objectives are to improve identification of domestic abuse experienced by our patients and optimise response to provide a more compassionate, effective and trauma-informed approach for patients experiencing domestic abuse. The project is in its early stages and is receiving positive feedback where staff have introduced routine enquiry process.The safeguarding team organised 16 days of action to raise awareness of Domestic Abuse and also shared learnings from published DHRs and CSPRs. **InPhase reported incidents (2024-25)**All patient safety incidents reported via InPhase are reviewed by the Corporate Safeguarding team to identify indicators of abuse, neglect, or poor care. This process supports frontline decision-making and strengthens safeguarding vigilance across the Trust. In 2024–25, the Trust saw a substantial rise in reported safeguarding incidents, underlining improved awareness and reporting but also highlighting key thematic challenges.* 369 safeguarding children’s incidents were recorded in 2024–25, compared to 420 the previous year.
* Specialist Children’s Services reported the most incidents (147)
* Neglect remains the leading category, followed by emotional and physical abuse.

**Safeguarding Challenges*** Rising Complexity of Need across Age Groups. There has been a notable increase in cases involving individuals, both children and adults presenting with intersecting risks. In children, this includes a convergence of mental health concerns, school exclusion, exploitation, and neglect. For adults, self-neglect, hoarding, with co-existing mental health conditions have been increasingly reported. These complex presentations often require prolonged safeguarding input, multi –agency coordination, and multiple interventional responses from the safeguarding team that go beyond initial intervention.
* Mental Health Pressures and Perplexing Presentations- Children and young people are experiencing a sustained rise in emotional distress, self-harm, and suicidal ideation, particularly impacting schools and CAMHS services. Similarly, adults are presenting with complex and often undiagnosed mental health conditions that underpin safeguarding risks such as self-neglect and resistance to care. The Trust continues to prioritise early identification and trauma-informed responses, supported by safeguarding supervision and on-going support from the safeguarding team.
* Domestic Abuse and Coercive Control- Domestic abuse remains a persistent safeguarding concern across all demographics, including older adults, carers, and neuro-divergent populations. Despite progress, the routine enquiry QI is not yet embedded across all services, and remains a key area for improvement in 2025–26. The Trust’s ongoing QI project aims to normalise and strengthen routine enquiry into domestic abuse, ensuring staff are confident in identification of, and response to Domestic Abuse
* Exploitation and Online Harm- Nationally Child sexual and criminal exploitation, including county lines activity and intra-familial abuse, continues to affect all age groups, often compounded by online grooming and digital risk. For adults, increasing cases of modern slavery, trafficking, and exploitation are linked with homelessness, poverty, and substance misuse. Intelligence sharing across agencies remains a challenge, necessitating improvements in joint working and timely information exchange.
* Impact of the Cost-of-Living Crisis-The continued impact of economic hardship is evident in safeguarding referrals across all age groups. Families and individuals are facing heightened stress, hidden neglect, food insecurity, and housing instability. Higher thresholds for statutory intervention are reported across local systems, placing additional demand on safeguarding teams to offer sustained and holistic support.
* Systemic Pressures and Workforce Resilience-The safeguarding team experienced significant staffing shortages for much of the financial year. Despite this, the team demonstrated resilience and professionalism by absorbing additional responsibilities to maintain service delivery. Named Professionals fulfil highly specialist and demanding roles that require advanced expertise, emotional resilience, and regular opportunities for reflection and development. In recognition of this, the Trust provides monthly restorative supervision to support their wellbeing, enhance practice, and promote staff retention.
* Supervision continues to play a pivotal role in embedding a “Think Family” approach across practice. Integrated safeguarding discussions within supervision ensure that practitioners consistently consider the wider familial context, particularly where parental needs or vulnerabilities may impact the safety and wellbeing of children or other adults in the household. Supervision and training sessions also serve as key platforms for promoting transparent and collaborative working relationships. Practitioners are supported to reflect on and recognise the individual’s capacity to participate in care planning and decision-making, thereby empowering service users and promoting shared responsibility in safeguarding interventions.

The table below shows the audits undertaken in **2024-25** by the safeguarding team. A table with text on it  AI-generated content may be incorrect.**A white rectangular box with black text  AI-generated content may be incorrect.** | **CAMHS Feedback*** CAMHS has a comprehensive People Participation strategy which is very well established and principles embedded throughout the service. – CAMHS have a dedicated People Participation workforce working in partnership with senior leads, parents / carers and young people
* The team members are actively involved in a variety of service development opportunities / initiatives to ensure the voice of young people and families is considered at all stages of the planning and mobilisation.
* The People Participation team work with a range of young people who access services to ensure all needs are considered when planning services. Children from a diverse range of ethnicities and backgrounds, children with special needs and vulnerable young children are represented within the People Participation.
* Our People Participation team and members are involved in the local and Trust wide equalities networks and work stream and have shaped services based on suggestions (i.e.: LGBTQI training / record keeping on RiO)
* All ELFT services are equipped to conduct a holistic risk assessment, which always includes the voice of the child, exploring the contextual, home environment, and online risks.
* The Trust has clear expectations and guidance for staff to follow the NHS and local safeguarding board recording keeping policy and requirements.
* Individual care plans are regularly reviewed and updated within the team, MDT, and multiagency network. When emerging specific issues and concerns arise, all practitioners know what to do, i.e., escalating concerns via the Local Authority. Depending on the individual case, staff could seek managerial and safeguarding support and guidance. If necessary, health would challenge other agency decisions in order to promote the best interest of the children and young people. It is sometimes difficult to work with a plan as some families are hard to engage and it depends on network groups to work together for better outcomes.
* When service users and carers are dissatisfied with any aspect of their care, including the response to safeguarding concerns, they are directed through the Trust complaints process. Such complaints are addressed initially within the service area but if families remain dissatisfied their complaint will be formally investigated by an appropriate member of staff from a different service area/locality.
* All CAMHS referrals received into the service are screened on a daily basis for risk and then undergo a robust triage process to gather all elements of information ensuring contact and discussions with the young person are held. This is triangulated with all parts of the system where consent is shared. All referrals are discussed in a multi-agency (including early help colleagues in CBC) / multi-disciplinary meeting to ensure consistent clinical decision making across the service. Cases are either signposted or accepted into treatment according to risk and need.
* CAMHS have established relationships with key stakeholders, who together work creatively to help address some of this demand along with the Community Access Pathway services (such as MHSTs and GP based practitioners). Working under the IThrive framework the system explores ways of increasing access and engagement particularly for the vulnerable communities and groups of young people waiting for support to ensure they receive care appropriate to their level of need.
* A wide range of effective services for children and families is available through the Bedford Borough and Central Bedfordshire Strategic Partnership Boards, with information accessible via their respective websites. Practitioners are encouraged to signpost young people and families to these local services to support their needs.
* Practitioners are advised to consult the Integrated Front Door (IFD) and/or the ELFT Safeguarding Team for professional advice prior to making a referral. This collaborative approach supports practitioners in formulating concerns and identifying appropriate actions. The Threshold Document, which outlines levels of need and available support services, is widely accessible on the Central Bedfordshire website and provides clear guidance for practitioners.
* ELFT offers both ad hoc and scheduled safeguarding supervision. During supervision, practitioners are supported to consider early intervention and early help approaches, aimed at improving outcomes for children, families, and vulnerable adults.
* The Trust is committed to promoting safe transitions from childhood to adulthood, ensuring individuals are protected from abuse, exploitation, and neglect. A new co-operation and escalation protocol, developed in partnership with Central Bedfordshire Children’s and Adult Social Care, ELFT CAMHS, Community Mental Health Teams (CMHT), and the ELFT Safeguarding Teams, is currently in the final stages of approval. Once finalised, this protocol will be implemented across the Pan Bedfordshire area to strengthen multi-agency working.
* Safeguarding supervision and training sessions also promote the use of voluntary sector early intervention services, such as Link to Change and FACES, to help prevent escalation of risk. Staff are advised to continue working closely with schools to build both individual and contextual resilience in children and young people
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| **Central Bedfordshire Public Health** |
| **What we’re here to do:**The Public Health Children and Young people team within Central Bedfordshire is a service shared with two of our neighbouring councils and we are here to improve the health and wellbeing of all children, young people and their families living, working or attending education in Bedford Borough, Central Bedfordshire and Milton Keynes. Our place-based focus is specific to those living, working or attending education in Central Bedfordshire.**We do this by:*** Providing health improvement services such as smoking cessation, weight management, drug and alcohol treatment and recovery services, contraception and sexual health services, the 0-19 Healthy Child Programme and NHS Health Checks.
* Providing high quality evidence and data insights so that our councils and the NHS can understand health needs and make informed decisions.
* Collaborating with the NHS and other partners through the Bedfordshire Luton and Milton Keynes Integrated Care System (BLMK ICS) to increase the focus on prevention and health inequalities across health and care services.
* Working with the UK Health Security Agency (UKHSA) to ensure arrangements are in place to protect our residents from the impact of infectious disease and environmental hazards; and working with NHS England and the BLMK Integrated Care Board (ICB) to improve the uptake of screening and immunisations.
* Working with colleagues in planning, transport and housing and with workplaces to help create healthier places for people to live, learn, work and play.

**What has worked well?*** **PH in Education**: we have assisted settings to be prepared if they face circumstances of suspected suicide or unexpected death, ensuring the risk of contagion is reduced and allowing education communities to be prepared for such situations.
* **Sexual Health**: we continue to support settings to have the necessary resources to provide high quality relationships and sex education and ensure that young people are confident where to access support, advice and sexual health care.
* **Drug and Alcohol, Smoking and Vaping**: Settings have an informed high quality policy that ensures settings provide not only a high-quality curriculum but also consider the most effective way to supportively manage any drug or alcohol or smoking/vaping related incidents.
* **Heath Protection**: We work to engage with those communities who may be most hesitant to access immunisations and vaccinations and work to understand any barriers, this has been particular over this past year to the flu vaccination and supporting small outbreaks.
* **Maternity & Teen Parents**: The teen parent pathway is in place to ensure all teen parents are in receipt of care throughout their chosen journeys to ensure best outcomes for all. We have particularly focused upon tracking referrals throughout the pathway to identify some blocks and inconsistencies. We champion those identified modifiable factors such as obesity and smoking during pregnancy and promote support to reduce these factors that can negatively effect the chance of a healthy pregnancy and a healthy baby.
* **0-19 services**: please see the individual submission from the 0-19 service to understand their extensive contributions.
* **Early Years**: we continue to support our 0-19 services to provide the best start in life for children and their families and to identify any signs of potential neglect and escalate at the earliest opportunity. This follows through the learning that is identified both in case review groups and CDOP to ensure that this filters through to all PH commissioned services. Also, as part of this work we are ensuring that families have access to Healthy Start vitamins and that as many facilities as possible are part of Free to Feed, encouraging mothers to breastfeed their babies.
* **Oral Health**: Following the recommendations of a recent children and young people’s oral health needs assessment, fluoridation funding was reallocated to enhance the work of the Oral Health Improvement team and enable the 0-19 team to distribute toothbrushes and toothpaste to children in early years and reception settings thus aiming to reduce dental decay and extractions.
 | Within Public Health we are not a service that has a caseload or provides direct safeguarding interventions. but rather we work in a broad way to provide evidence and insights on population health to inform service planning by the Council, the Health and Wellbeing Board and our partners in in the local health and care system. One of our key roles within the population. health and intelligence team is to produce the Joint Strategic Needs Assessment (JSNA) and in regard to safeguarding the Children and Young Peoples Chapters which allows partners to understand their population. As part of our Health and Wellbeing Self Review for Education settings, we encourage pupil voice as every part of this process from policy, practice and review to really reflect a young person-centred provision for health and wellbeing.The Children and Young Peoples Public Health team co-ordinate the SHEU academic young people’s survey which continues to provide a wealth of information and progress on a wide range of topics that helps to inform settings and the wider landscape with a current picture of the pupils thoughts and feelings.An example of this survey work has been the extensive project to improve hydration opportunities in education settings whilst ensuring that young people feel safe, secure and able to use toilet facilities frequently. We will begin to fully understand impact of this when analysing the next survey which will be Autumn 2025.The “Everything Ok” website is a website designed to help young people to find the help and support they need when they’ve got questions about their thoughts or feeling again as a reflection of information gleaned initially from the SUEU survey. |