

Luton Safeguarding Children Partnership Yearly Report 2023-24 – Partners Safeguarding Snapshot

Bedfordshire Hospitals Foundation Trust

2. Agency achievements and challenges - What has been your agency's key child safeguarding achievements between 1 April 2023 and 31 March 2024 to meet the priorities of the LSCP Business Plan

When reviewing hospital activity and its effectiveness against the Boards key priorities in 2023-24, each area has been separated below to allow discussion in detail:

Domestic Abuse

- Bedfordshire Hospitals consist of two sites currently due to a previous merger between Bedford Hospital and the Luton and Dunstable Hospital.
- Safeguarding Teams are present on both sites, with each site having a designated lead for safeguarding within Adults, Midwifery and Paediatrics.
- In addition to this, the Trust has 2 IDVAs in place from victim support on each site.
- Domestic abuse Training is available in various forms. This can be completed as a standalone training package online, face to face or via generic safeguarding training at all levels.
- The Trusts safeguarding teams have individuals trained whom complete risk assessments and protection planning with individuals suffering from Domestic Abuse. In addition to this staff are also trained on how to respond to Domestic Abuse with certain areas such as Maternity and the Emergency Department receiving a higher level of training due to increased numbers of Domestic Abuse cases seen in those areas.
- Domestic Violence packs are readily available in all clinical areas. These packs are to support staff with materials/ risk assessments and contact numbers etc. they may require when dealing with a case. These packs also include fact sheets/ supportive advice for staff on how a victim can stay safe within a domestic abuse relationship or if they chose to leave relationship.
- In addition to this, the Trust commissions the use of Lip Balms that are stocked in various areas of the hospital such as the safeguarding office, A&E, Maternity and paediatrics. These Lip Balms have the number of the National Domestic Abuse Helpline secretly embedded into the bar code of the product and are given to victims that may return to an area whereby they are suffering from Domestic Abuse.
- The team are also in receipt of mobile phones whereby one can be given to a victim fleeing from abuse as a mode of maintaining contact with professionals and family etc.
- Finally the Trust has a Domestic Abuse Clinic available each week. This was commenced as a pilot in June 2021 in response to the Trust safeguarding teams not being able to access victims that attended hospital out of hours/ weekends. An appointment is made with the

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individuals consent by the treating professionals for them to return to hospital. During this appointment and if safe to so, they would be met with a safeguarding professional, a clinician and IDVA (if consent gained). A full assessment/ review can take place with appropriate risk assessments and onwards referrals completed.

- This was made permanent and also expanded to cover Bedford hospital over the past 12 months. IN addition to this the Trust have also become DA hubs within the past 12 months. This allows individuals to attend hospital and seek support for DA despite not being a patient at that time.

Neglect

What is going well

- Neglect is one of the Categories of Child Abuse and is a key component of our Safeguarding Training and day to day practice.
- Child health, development and wellbeing are at the core of Paediatric Care.
- Paediatricians and Children's Nurses are trained in child development and work in partnership with families.
- When a child is admitted to hospital it is standard practice to record their presentation, weight, height, and any developmental delay.
- The names of those with parental responsibility are also recorded alongside who is accompanying the child at the time.
- In the acute hospital, contacts with children and young people are often very short. The additional stress and anxiety of a sick child being in hospital, can make any assessment of parenting difficult, as people often behave differently when under stress and dealing with a sick child.
- If a child presents to hospital and staff have concerns about a child's safety or wellbeing, a contact with CSC would be made in or out of hours, to discuss the risk with a Social worker and obtain any relevant history.
- The Safeguarding Children Team have a system of 'information sharing' electronic forms for all hospital staff to share a concern about a child 24/7. This allows staff to share any level of concern with the Safeguarding Team which would include concerns that would not meet the threshold for CSC or the Emergency Duty Team out of hours.
- These forms are picked up in office hours by the safeguarding team. A number of these forms will raise concerns that potentially could be signs of neglect, (for example an unkempt child, a child with unsuitable clothes for the weather, very underweight child, developmental delay without known cause, poor interaction between child and parent etc.)
- The Safeguarding Team review this information, look at the history for any previous concerns known, liaise with health visitors/School Nurse etc. and check if the child is known or open to CSC. (CP-IS is checked for all Emergency Department attendances of children).

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- When some context is gained, a decision will then be made on what action is needed – i.e. Health Visitor input, Early Help, CSC Referral etc.
- The safeguarding team can also provide supervision to staff that raise concerns to promote good practice.

All concerns around neglect are raised through the information sharing pathway and where threshold is met referred to Children's Social Care. Many cases generate robust discussions with partner agencies such as the 0-19 service to explore wider health information to support a referral and assure follow up on discharge from hospital. There are effective working relationships with the 0-19 service including their safeguarding team with the aim of leading to better outcomes for children.

Neglect features as part of the L&D Level 3 safeguarding children training day, this includes definitions of neglect, how that presents in practice and the response required. In addition the team use local Child Safeguarding Practice Reviews (CSPR's) as case studies within the training programme for the Trust.

Discussions have taken place about the difficulty of using a neglect tool within an acute setting and how reliable it is likely to be in a short / acute contact. It has been agreed that a specific hospital tool is unlikely to correctly capture a child's lived experience in an emergency situation but that there are robust systems in place for staff to escalate concerns whereby the safeguarding team can support with additional checks alongside the wider MDT. This would ensure a more robust way in capturing this information correctly and safely.

Mental Health

What is going well

- All children & young people that present to the Emergency Department with an acute mental health issue will have a CAMHS assessment.
- Depending on the risk assessment, a child or young person will be either discharged from the department and followed up in 7 days, or admitted if further assessment or medical treatment is required.
- The Safeguarding Team tries to engage the children & young people that are complex, or frequent attenders and build a rapport with them. CAMHS and the safeguarding children team/Paediatrics have a good working relationship and regularly review cases whereby learning has been identified.

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- A Tier 4 Unit for young people in BLMK has recently opened in Luton and the Trust has maintained good communication with this unit.
- In addition, the paediatric team hold a daily meeting with CAMHS to discuss children who are admitted and also those that may present as an admission. This supports a pathway to ensure that the professional teams have a greater understanding of care planning and in turn achieves better outcomes. These meetings include those aged 16-18 in adult areas who the ward may be able to support.

Training

- The emotional wellbeing of children and young people via case scenarios are discussed in Level 3 Safeguarding Children's Training. The trainers also link mental health scenarios to possible exploitation, and remind staff that many children attend hospital with suicidal ideation, self-harm or overdose as a result of trauma.
- The Hospitals Perinatal Mental Health Team provides regular perinatal mental health study days aid the understanding of how mental health issues can impact parenting and pregnancy.

Parents with Mental Health Issues

- It is embedded into training that various parental issues may affect their parenting capacity and that mental health may be an area where this can happen.
- The "Think Family" approach is embedded into practice. If an adult attends/ is admitted into hospital due to a mental health crisis, they will be asked if they have dependent children and what support they have from family and services.
- Information sharing forms will also sent to the safeguarding team, and a CSC referral will be made if necessary by the appropriate professionals.
- Women where perinatal mental health concerns have been identified during pregnancy are offered a referral to the perinatal mental health team for ongoing support. The perinatal mental health midwives support with all pregnant women known to have mental health concerns.
- Women also have access to the OCEAN service. This supports emotional and psychological support for those that have suffered pregnancy/birth trauma or loss. Woman do not have to be under maternity services to engage in this service

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- When a male is admitted with a mental health crisis or needs admission, it is more difficult to ascertain whether he is a father, and if he lives with his children. Women usually link to their children on the hospital systems or Summary Care Record if their child was born in the UK.
- If a male is unwilling to give this information, or too unwell and has no one with him it can be difficult to obtain this information.
- As a result of this gap, the safeguarding team added this topic to their training for both adults and children's safeguarding. As a result, we are now seeing an increase in referrals sent to the team whereby concerns have been identified for a child/ children.

Child Sexual Exploitation

Serious Youth Violence Panel

The Trust safeguarding team attend the Serious Youth Violence Panel. This enables good networking with key professionals from various agencies including the police. The team contribute relevant information regarding any contacts a child or young person may have had at the hospital. This supports a robust risk assessment and joint decision making using a multi-disciplinary approach. This multi-agency approach contributes to better outcomes for our children.

Training

Definitions and Signs of exploitation, alongside case scenarios are part of the Teams regular training programme within the Trust. The Safeguarding Team have previously arranged Exploitation Study Days which included outside speakers from BOSON, Survivors of CSE, and theatre shows called 'Chelsea's Choice' and 'Crashing' by actors from Alter-Ego Creative Solutions. This powerful method of training had a big impact on our staff, and plans for this to continue will recommence now that face to face training has returned. Non clinical staff who attended commented it was useful in keeping their own children safe also.

AS a result of the feedback from these sessions historically, another conference day was held in the Trust on exploitation.

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Front line staff regularly access the Safeguarding Team for advice and supervision regarding cases of possible exploitation that they deal with in practice.

Online and External Training

Staff continue to be signposted to Pan-Bedfordshire Training and e-learning from external sources such as 'Parents against Child Sexual Exploitation' (PACE), 'Q & A Webinars by Bedfordshire Police'.

Children and Young People who attend ED with assaults, or signs of exploitation

- If a child or young person presents to the Emergency Department with an assault (such as a serious injury, a stabbing or gunshot wound), the police should be informed.
- Information will also be shared with Children's Social Care (CSC) – in particular if the child/young person has a Child Protection Plan. In addition checks should be made with CSC to find out if they are known or open as a Child in Need (CIN).
- If a child is not known/ open to CSC, a decision is then made as to whether a referral is required.
- In addition, all children who present to ED with an assault under age 18 have their information shared with The Safeguarding team. Each case is looked at by the team, and shared with the school nurse, school safeguarding lead, Youth Offending Service (YOS), or support worker as appropriate. (GP will always be sent information for their own patients).

Violence and Exploitation Reduction Unit

One of the Trusts Medical Directors represents the hospital on the strategic group for VERU. Regular data and updates are shared with the Safeguarding Team.

St Giles Trust

During the past year, the hospital have been working with police, the ICB and St Giles Trust to fund and implement the ED Navigator scheme. This service is to identify and support people from 10-25 years of age that may be involved in serious youth violence and exploitation. This is to support

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and intervention at an earlier stage whereby the hope and aim would be minimise/ prevent further activity in this area. This service officially started on both hospital sites on the 1st April 2024.

How have you contributed to the functioning and structure of the multi-agency safeguarding arrangements

- During the period of 2023-2024, Bedfordshire Hospitals Foundation NHS Trust has continued to be an active member of the Safeguarding Board and sub groups aligned to the Board.
- The Trust continues to be represented at the safeguarding boards alongside its sub groups, CASPA, MARAC (Multi-agency Risk Assessment Conference), Modern Day Slavery Strategic Group, LeDeR (Learning Disability Mortality Reviews) Strategic groups and Quality Assurance panels, Domestic Homicide Reviews and other multi agency forums where safeguarding vulnerable adults and children is paramount.
- As a Safeguarding team, we 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, role modelling in clinics/departments and hospital inpatient wards. This has remained a priority for the Trust during the pandemic.
- 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. This includes the co-location of teams on both sites, allowing a greater opportunity to share good practice and develop our safeguarding skills. We continue to have a Joint Trust Safeguarding Board which not only incorporates both the safeguarding adults and children's agenda but also both hospital sites.

How are you gathering feedback from children and families who have received safeguarding interventions?

All information relating to a child's interactions, views and wishes are recorded within their existing medical records. This information is also shared with the professionals involved in a child or young person's care to ensure robust risk assessments and care plans are created that allow the voice of the child to be at the centre of our involvement.

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.

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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.

Finally, the Trust actively seeks feedback from all patients that have accessed hospital services. This includes 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.

LSCP achievements and challenges - How has your agency and the Partnership focused on prevention and early help?

- The Trust's mandatory safeguarding training and supervision helps staff recognise the early signs of child abuse and increase their knowledge and awareness. When an individual requires additional support, the practitioner works collaboratively with the family to complete early intervention steps alongside an early help referral if appropriate.
- In addition, staff carry out a holistic assessment and review to determine if there are any signs of early safeguarding concerns. Staff are aware that they have to follow the Trust Safeguarding children policy when identifying safeguarding concerns. Additionally, staff can access safeguarding children advice via their locality named professionals.
- The Corporate Safeguarding team focus on Preventative and Early Intervention safeguarding practice to support staff to have knowledge, skills and confidence to protect all service users.
- The Trust monitors and reviews the internal incident reporting system to identify risks, themes and trends in safeguarding across the trust.
- Staff are required to keep their L1-L3 safeguarding training up to date. The L3 training covers the trio of parental vulnerabilities and how these factors could impact their parenting and children's experiences.
- Clinicians will signpost to other services and agencies and ensure that the child or young person's GP is aware of the outcome of any assessment or intervention as well as any recommendations.

How can your agency and the Partnership further develop and improve to assure itself that children, young people and their families are safeguarded effectively?

The Trust has a very good partner relationship with the safeguarding board alongside the wider MDT including schools, health visitors, police and social care. This relationship has proved to be invaluable over the past 12 months.

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Open communication is key to safeguarding our children and young people. We will continue to support this with our partners in 2024-25.
What evidence is there that demonstrates the work of the Partnership has impacted on the lives of children, young people and their families and your agencies contribution to this?
<ul style="list-style-type: none"> • Quarterly reports are completed by the safeguarding team. These reports are not only reviewed by executives internally but are also shared with the safeguarding partners and boards within the local areas. Each report details the activity and outcomes of safeguarding cases identified within the trust. • In addition, it reports on CSPRs, SARs, Domestic Homicide Reviews, training and audits. • Regular Case studies and their outcomes are also featured within this report. • The team continued to be involved in multi-agency audits throughout 2023-24. • The Section 11 Audit which is an annual self-assessment against the Standards in Section 11 of The Children Act 1989 was completed and actions taken. • In addition, internal audits were completed and reported on internally and externally.

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Neglect (Pan Beds)
GCP2 continues to be promoted and is part of essential to role training for the 0-19 team. In the last year there have been discussions with service leads about the need for practitioners across a variety of CCS teams to train and be supported to feel confident to contribute to GCP2 with training opportunities disseminated. To support practitioners there are also GCP2 peer support sessions lead by the GCP2 champions for the service.

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- The neglect screening tool is now embedded within our clinical system and has been promoted across the 0-19 teams and allied health professionals. This has received positive feedback from frontline staff who have reported it supporting assessment, planning and referrals for families.
- The use of chronologies to understand cumulative harm for children and young people has also been re-disseminated. The multi-agency chronology tool is embedded on our clinical system (S1) and available through safeguarding QuickLinks.
- We are also encouraging an increased understanding of nutritional neglect. To support the identification of obesity as a safeguarding concern the Obesity screening tool which was developed across the Trust has been added to the system, also available through safeguarding QuickLinks on the clinical system.
- Working jointly with the adults safeguarding team the Clutter score tool has been re-shared as a way of understanding need and risks. This is available to staff using S1 through safeguarding QuickLinks. Referral information regarding the hoarding panel and fire safety checks was also disseminated.
- CCS staff actively participated in the Pan Beds neglect conference and learning from this has been emphasised and cascaded through team meetings, supervision and operational learning forums.
- NSPCC will be presenting at the Bedfordshire and Luton School Nurses Forum to present their school training / pathway. School Nurses will use this knowledge to promote this service offer within school settings.
- The Think Whole Family approach to neglect has been promoted across both adult and children services. Training has been commissioned from Professor David Shemmings to incorporate topics which have a focus of Think Whole Family. Alongside this to share learning from the joint SAR and CSPR a neglect and self -neglect training package is being developed and will be launched in June 2024.
- Additionally, there is a now a 'think family' referral option on our clinical system supporting practitioners to refer in and think groups and relationships and the role of significant carers.
- Developed constipation toolkit and training package in response to an internal investigation following the death of a young person.
- This will enable consistency of practice across all teams and give assurance mechanisms via audit focussed on management of constipation.
- CCS 'Was not brought' policy has been updated following a recent incident which highlighted the need to improve further the consideration of the lived experience of a child who is discharged from a service as a result of parent or carer not accessing the service. This now means that when a parent/ carer is asked to provide information, for example in the form of charts, if these are not received there will be increased consideration as to the impact on the child and whether this is a safeguarding concern before the child or young person is discharged from

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the service. This supports the trusts commitment to understanding the different ways children can experience medical neglect and highlights the need to access to safeguarding supervision.

- Safeguarding supervision is available to all staff in CCS with some services / professional groups having a formal compliance expectation with this offer. This formal supervision expectation is for health visitors, school nurses and community nursing teams. Annual review of the supervision offer is undertaken and consideration this year has been to ensure that large sibling groups and children with requirement to transition from child to adult services and for whom there are safeguarding concerns, are identified through mechanisms less reliant on individual practitioners.
- Audits to reflect on the quality and standard of record keeping and information sharing are in place annually. In addition to this, an audit has been completed and will be repeated to gain an understanding of the need to escalate due to professional disputes or disagreements.

What to improve:

- Use of the GCP2 across the system. The S1 safeguarding template is being reviewed across CCS to include a broader and more robust template for recording neglect.
- Think Whole Family approach across the system will need to be supported by all services to ensure that it is embedded. To support this approach a joint safeguarding weekly drop in initiative has been launched with both members of the children and adult safeguarding teams present to support staff with their enquires. going forward adult teams will also have access to a safeguarding template; this will spotlight the need to consider who else lives in the home and what support they may need.
- Shared Care record access and the use of this across the system requires greater understanding and should improve information sharing across organisations.

Domestic abuse (Pan Beds LSCP and joint with adults)

- CCS have a standalone level 3 refresher training package for domestic abuse for all staff mapped to this in the Intercollegiate Document has been refreshed and will be one of the packages offered to staff for the coming year. The trusts safeguarding champions also received a domestic abuse awareness session from Victim Support and the Domestic Abuse service to support the signposting of practitioners to the DASH.

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- The domestic abuse policy (think whole family approach) is being reviewed and refreshed in alignment with the new Working Together to Safeguard Children (2023) and will include a robust standard operating procedure.
- Safeguarding adult team in CCS have developed and rolled out a domestic abuse template with guidance for all staff to Make Every Contact Count (*MECC*). This is co-ordinating and mirroring the expectation and recording of this within the S1 template for children's safeguarding.

What to improve:

CCS continues to provide information to MARAC. A new SOP is in development, and there is a plan in place to have a representative from the 0-19 team in attendance at the meetings. This will allow CCS health representation within the meeting, support with MARAC risk assessments and planning as well as identification of a need for targeted early intervention pieces of work from the 0-19 team.

Emotional wellbeing and mental health (Pan Beds LSCP and joint with adults)

- The internal **0-19 Perinatal Mood Assessment pathway** has been reconfigured to now be a Pan-Beds pathway to guide consistent practice.
- Skill mix pathways have also been developed to support non-SCPHN colleagues delivering wellbeing screening at mandated clinic contacts.
- Partnership development work is in process with Luton Childrens Services, Midwifery, Perinatal and CAMHS services to outline the partnership perinatal offer within Luton.
- All internal pathways are embedded within relevant S1 templates.
- There is a **training programme** delivered across the Pan-Bedfordshire 0-19 workforce to support perinatal and infant mental health practice:
- -SCPHN Health Visitors attend a twoday evidencebased training course to enable delivery of a shortterm intervention framework (developed by Institute of Health Visiting: Emotional Wellbeing Visits).
- Specialist Health Visitor (Perinatal Infant Mental Health) offers regular dropin support sessions for staff to discuss use of the interventional framework within their Universal case work.
- Perinatal and Infant Mental Health OneDay Awareness training for all grades within 019, delivered as panBedfordshire 019 offer, covering aspects of parent and infant emotional wellbeing and mental health.
- Clinical record review and support for practitioners to analyse need and develop forward plan.

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- Established network within partner agencies to attend and take part in Perinatal Multidisciplinary Team meetings (hospital based) for highrisk clients being supported by multiple partners during pregnancy and sometimes postnatally
- Working with Luton CAMHS 05 Team to formulate and deliver parentinfant wellbeing and relationship strengthening services (funded through Family Hub initiative).
- Perinatal and emotional wellbeing section in Early Years Booklet has been updated to reflect PanBedfordshire offer and is given to all families at antenatal or new birth contact.
- Padlet digital links sent to families at regular intervals with resources to support emotional and mental health (including resources to support father, partner and family).
- Luton 0-19 joined the Bedfordshire yearly Perinatal Learning Forum for Perinatal and Infant Mental Health which covered Infant Mental Health: Bonding Before Birth in 2023 and involved both community and specialist care services in support of the learning.
- Day in the life tools are available via the SG quick links on S1, the intranet and Safeguarding team padlet and are promoted within training and supervision. These tools are promoted to support practitioners to explore a young person's needs and signpost to services.
- Professor David Shemmings has been commissioned to provide trauma informed practice training for staff to access from all services across the life course.

What to improve:

- The Safeguarding adult's team has been working to promote the use of Mental Capacity Assessments (MCA) for young people aged 16 and over. This is an ongoing piece of work as we support the workforce to consider MCAs alongside the need to promote the Children Act 1989. MCAs and transition planning work will continue in the coming year.
- Following the joint CSPR and SAR information about young carers will be disseminated to focus on identification and early support.
- CCS is developing a Suicide awareness and prevention pathway. Chief nurse is the executive lead for this workstream. This pathway will support practitioners with practical information about what to do if there is a concern about suicide.

Child Exploitation (Pan Beds)

- CCS participated in the recent multi-agency thematic review of child exploitation. An action plan which is supporting the multi-agency response to child exploitation is overseen and supported across CCS as active participants.

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- CCS have emphasised the challenges for contextual safeguarding management, including CP-IS (child protection information system). These are acknowledged by all partners and will be a significant part of local agreement to support children and families.
- Youth Partnership Nurse is seconded by CCS into this role in Luton and supports wider system working and meetings such as Multi-Agency Gang Panel (MAGPAN).
- The Pan Beds Child exploitation risk assessment tool has been promoted to practitioners; making them aware it is now available on the Bavex website instead of the VERU website. This link has been added to our clinical system via safeguarding quick links. Additionally, the multi-agency submission forms for highlighting known intelligence related to contextual safeguarding risks are emphasised to staff in training and supervision. Again, its availability on the Bavex website has been highlighted.
- The children and adult safeguarding teams work closely to ensure practitioners are supported and referrals are made to Prevent when necessary. Channel panel attendance also continues. To support practitioners the Prevent SOP was updated in 2023.
- CCS FGM pathway and policy was updated in 2023 to align with legislation. This included the implementation of the use of FGM-IS into CCS policy and procedures.

What to improve:

It has been identified CCS needs to be represented at Child Exploitation and Missing (CEM) meetings. This will begin in May 2024.

How have you contributed to the functioning and structure of the multi-agency safeguarding arrangements?

CCS have agreed a consistent approach to the support of the multi-agency safeguarding arrangements. The children's services in CCS have become Pan Beds functioning teams during the last year and this has meant that we have reviewed attendance at all meetings and agreed on a clear structure to enable the right participation at each level. This continues to be reviewed to ensure that we have identified this correctly and can continue to adapt as required. The representation on each partnership board work stream has been supported by operational team managers to ensure that there is a focus on both safeguarding and operational issues in the meetings.

CCS support the work of the wider health system and have worked with the Integrated Care Board to set up regular meetings that consider the issues and multi-agency partnership working across health and social care.

How are you gathering feedback from children and families who have received safeguarding interventions?

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<p>CS takes a co-production approach to the design, development, and delivery of all services as evidenced in the Trust Objectives, Quality Strategy and our People, Participation and Involvement Strategy. CCS employs a co-production team to support services with this approach and the Trust People Participation and Equalities Committee (sub- board level) provides monitoring and oversight. Further Information can be found on our webpage here: https://www.cambscommunityservices.nhs.uk/Bedfordshire/services/co-production</p> <p>CCS utilises the Family and Friends Test (FFT) within the CHI-ESQ (Childrens Experience of Service Questionnaire) to gather feedback from all service users following any contact with our service, including children and families who have received safeguarding interventions. As an example of the data collated via the CHI-ESQ questionnaire, for the Bedfordshire and Luton Children in Care Team - 96% of respondents gave a positive satisfaction score in answer to the question 'Overall, how was your experience of our service' between May 2023 to May 2024. An example of feedback includes <i>'[the practitioner was] very accommodating, always gave up to date and correct information. Very understanding of a child's psychology and show's high level of compassion. I felt I could trust my child's care team'</i> (Parent/Carer, February 2024)</p> <p>An example of a co-production project with children who have received safeguarding interventions includes a research project has been completed by a community paediatrician regarding children in care and their experiences of annual health review assessments. To gather the views of children direct feedback was taken from them. This will change the way in which health reviews are completed and seek to involve children more in their health plans. Leaflets explaining the review have also been co-designed with Children in Care. Yearly training will also be given to paediatricians to support the involvement of children in their assessments. Co-production continues to be a priority for the Trust and support is offered to staff in CCS from the co-production team to facilitate this priority.</p> <p>CCS has a patient experience team whose aim is to gather feedback from service users and their families and carers, this might be survey feedback, complaints and compliments or through patient stories and consider how this can influences service delivery and design. In addition, appointing managers are required to consider if it would be appropriate for service users, families and carers to be included staff recruitment and service users have been included in both stakeholder and interview panels.</p>
LSCP achievements and challenges - please use examples of activity, practice or case studies
How has your agency and the Partnership focused on prevention and early help?
<ul style="list-style-type: none"> • CCS has used learning from incidents across the Trust that highlighted the need to target specific cases for safeguarding supervision and oversight. The aim will be to ensure practitioners are supported to manage their caseloads and to seek safeguarding oversight, by introducing processes which enable this to be identified more easily. This will include: • Large sibling groups. • Transitional safeguarding for children with complex needs.

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- Constipation training has been updated and delivered across all services in Bedfordshire Community Health Services and has been recorded for use at other forums when pertinent to services to encourage continual learning.
- There is a Trust wide Quality Improvement piece of work focussed on constipation to further share the learning and ensure evidence-based practice alongside a transformation project within the service to close gaps and ensure consistency of practice.
- There is work ongoing to update digital resources and the newly designed and created digital platform for families is planned to be launched across Luton and Bedfordshire in September 2024.
- Learning from the Serious Incident involving a young person from Luton has been disseminated across the services.
- The Healthy Child Programme service has reintroduced a wider Universal antenatal offer to families who are targeted or identified as having additional needs / risks and to all first-time parents. This will enable earlier assessment of family needs and strengths and so opportunities for early intervention and referral.
- The 5-19 Healthy Child Programme offer is being refreshed with a focus on early intervention and public health and includes a relaunch of ChatHealth (anonymous text messaging support service) which has been coproduced with young people and an electronic health needs assessment to children in reception year of school. This will enable targeted public health promotion sessions in schools following analysis of the Health Needs Assessment and the identified population needs of different school settings.
- As part of the 5 – 19 offer a Safeguarding Protocol has been produced to ensure that the right health service is invited to advocate for the children in families where there are safeguarding concerns requiring multiagency intervention. This will enable robust advocacy for the children with the right health service / professional is part of the team supporting the children and families.
- An essential to role training package is in place across the Healthy Child Programme which includes packages on recognising the voice of the child and the daily lived experience.
- The Healthy Child Programme offer includes inclusion of all parents under 20 in the specialist pathway guidance which offers an increased level of assessment and support.
- There is a bespoke duty service in operation for the Healthy Child Programme service which enables early access and advice and support from Health Visitors and School Nurses for service users and professionals. The service has a multimedia approach to sharing and cascading evidence-based information and resources to support the needs of children and families. This team also enables timely sharing of information across different services and systems.

How can your agency and the Partnership further develop and improve to assure itself that children, young people and their families are safeguarded effectively?

Cambridgeshire Community Services

2. Agency achievements and challenges - between 1 April 2023 and 31 March 2024 to meet the priorities of the LSCP Business Plan

Health needs assessments of young carers addressed what life was like at home for them. Following this, an action plan was developed, which will be completed within the next year ensuring changes are embedded across all services using a 'think whole family' approach that the Trust promotes.

What evidence is there that demonstrates the work of the Partnership has impacted on the lives of children, young people and their families and your agencies contribution to this?

The Healthy Child Programme, inclusive of the safeguarding team and MASH are now identified as one larger Pan Bedfordshire service, with governance structures in CCS that support this way of working.

MASH health team across Pan Bedfordshire is now functioning as one system but continues to support all 3 local MASH functions. There has been work undertaken by CCS over the last year to ensure that there is greater resilience in the health MASH team, with additional support from administrators, a MASH health lead and bringing all teams into the operational leadership of the Healthy Child Programme. This has ensured alignment of processes and pathways and to build relationships that are trusting and respectful, with an ability to consider greater innovations as the opportunities arise.

A TRIO model is used in each locality of the 0-19 teams. This means there is a team manager, practice lead and safeguarding lead. Together they work to ensure the needs of children and young people within the locality are met and to promote best practice amongst the skill mixed work force. Local learning is also delivered at regular meetings. Within this proactive model there are opportunities for the early identification of children and their families requiring additional support. The TRIO work together to best address this with the resources available not just within the trust but alongside partner agencies.

The Escalation Policy is regularly used and supported to be effectively used when there are professional disagreements about case management. The local authority and CCS have regular interface meetings where discussions about barriers to working together, information sharing and relationship building are considered to ensure that the voice of the child is not lost and that disagreements or disputes can be openly discussed with respect and transparency.

ELFT

2. Agency achievements and challenges - between 1 April 2023 and 31 March 2024 to meet the priorities of the LSCP Business Plan

Training

There has been an increase in level 3 safeguarding children training compliance across ELFT services in Luton (78% at quarter 4 of 2022/23 to 86% at quarter 4 of 2023/24) – increasing awareness in staff around the LSCP priorities and how to respond to improve outcomes for children and their families. Mapping meetings have been held fortnightly with the Trust lead for statutory and mandatory training to ensure data is accurate and staff are correctly mapped in accordance with the Intercollegiate document. There is a plan for 2024/25 to refresh the level 3 safeguarding children package to ensure the inclusion of adultification, intersectionality and other recent topics that have come to the forefront from local and national CSPRs. In 2024/25 we will also be designing joint adult and children’s level 3 modular training. The safeguarding team has completed a training audit.

Feedback highlighted:

- Staff feel more equipped in identifying safeguarding concerns including neglect.
- The adult facing services shared that the Think Family Approach ethos is being considered more.
- Staff feel more confident in escalating cases of neglect when required.
- Staff feel more confident in practicing professional curiosity

Team re-structure

In September 2024 the Trust corporate safeguarding children team merged with the safeguarding adult’s team under one associate director. This has created an all age safeguarding team to better reflect the think family agenda and improve joint working across safeguarding in the trust.

Supervision-Across Luton all adult facing services have had joint safeguarding supervision every quarter with the named professional for adults and children to encourage a more “think family” approach. CAMHS teams have quarterly safeguarding supervision with the named professional for safeguarding children. The top themes for practitioners seeking ad hoc advice across Luton were domestic abuse, child to parent violence, concerns around parenting capacity (either due to mental health concerns or physical health concerns), child sexual abuse and child sexual exploitation which aligns with the safeguarding partnership priorities.

Audit

In March 2024 we conducted a case file audit of 100 cases across the ELFT footprint (London, Luton and Bedfordshire), this equated to 25 cases in Luton and 25 cases from Bedfordshire, covering a scoping period of the previous 6 months. In 70% of the cases ELFT staff had identified safeguarding

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2. Agency achievements and challenges - between 1 April 2023 and 31 March 2024 to meet the priorities of the LSCP Business Plan

risks and reported them at the earliest opportunity, in Luton 100% of cases where escalation was required the correct process was followed. In terms of identifying safeguarding concerns at the earliest stage the Luton & Beds named professionals have developed a neglect prompt sheet which is being discussed with CAMHS senior management team in Q1 of the next financial year with the hopes of adopting/going live in Q2. If this is successful it can be rolled out across the trust.

Primary care

ELFT procured two new GP surgeries in Luton in this financial year. The safeguarding team are supporting them in ensuring their staff are trained and supervised to a high standard to ensure ongoing high quality safeguarding in primary care services.

What we need to improve

- Intergenerational and Intersectional training to strengthen all age safeguarding-will be included in new level 3 training package.
- Promoting routine enquiry around domestic abuse in bespoke training and joint supervision sessions.
- Capturing of safeguarding referrals for children-this is done via Rio reporting services however this is dependent on the individual practitioner completing the appropriate Rio form. As a team we will continue to promote the use of the form & monitor its use.
- Capturing demographics of family members on records-we already promote this to adult facing services in level 3 training, this needs to be promoted to all ELFT services.

How have you contributed to the functioning and structure of the multi-agency safeguarding arrangements?

- Attending sub-groups.
- Named professional for safeguarding children supported Pan Beds channel panel.
- Supporting staff with safeguarding advice, escalations and referrals.
- Offering bespoke training to ELFT teams on the priority areas for the LSCP.
- Cascading learning from various reviews via supervision, training, team away days and newsletter.
- Contribution to Pan Beds MACA's/audits.
- A recent locality based meeting to pull together an integrated trauma informed strategy and plan alongside ICB and LBC Public Health.

How are you gathering feedback from children and families who have received safeguarding interventions?

ELFT

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CAMHS has a comprehensive people participation strategy which is very well established – the workforce establishment consists of senior leads, parents / carers and young people who are all part of our CAMHS workforce. 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 team are fully integrated into the service with representatives at the senior manager meetings. The people participation teamwork 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 (ie: LGBTQI training / record keeping on RiO). We receive outcome measures from young people and families and have an active service user participation group who contribute to service feedback and development.

The safeguarding children team promote the use of a “day in my life tool” to capture the lived experience and voice of the children. CAMHS has a SEND lead and a learning disability team who are able to give support and advice to practitioners around adapting communication methods to gather the views and experiences of service users with additional needs.

CAMHS use routine outcome measures including Children Experience Service Questionnaire (ChiESQ) as a form of feedback.

CAMHS work closely with Parent Carer Forums across Bedford Borough, Central Beds and Luton and receive feedback from parents via annual reports and ad-hoc issues raised. We have provided a 6 month programme to family partnership service on a trauma informed and strength based approach to working with families in Early Help. We have an embedded worker within Early Help looking after the parental mental health of families open to family partnership.

LSCP achievements and challenges - please use examples of activity, practice or case studies

How has your agency and the Partnership focused on prevention and early help?

- Based on the audit and supervision feedback we organise relevant and appropriate training.
- The team is working to develop modular training covering various subjects to ensure staff receive good quality and timely training.
- Ensure staff are equipped to use neglect assessment tools and DASH risk assessment.
- Reviewed Trust DA policy.
- The named professionals monitor and review the Trust incident reporting system to identify risks, themes and trends in safeguarding across the trust.

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2. Agency achievements and challenges - between 1 April 2023 and 31 March 2024 to meet the priorities of the LSCP Business Plan

- The Trust monitors its complaints and concerns via the Duty of Candour process. This is managed by the Risk management team and the themes, trends and risks are discussed in the Patient safety meetings.

CAMHS have specific pathways in place. Within each pathway, they carry out a holistic assessment and review to determine if there is any signs of neglect/safeguarding concerns. Staff are aware that they have to follow the Trust Safeguarding children policy when identifying safeguarding concerns. Additionally, staff can access safeguarding children advice via their locality named professionals. Each locality Mental Health Schools Team (MHST) and the pan beds single point of entry team has an allocated senior early help practitioner based within them who target their intervention based on the complexity and the need of the child and family.

All cases open to CAMHS are discussed in weekly team multi-disciplinary team meetings (MDT's) where safeguarding risks including neglect are considered and action plans formulated. Practitioners have access to ad hoc case supervision with the named professionals and planned quarterly safeguarding supervision where the need for early help assessments is discussed and considered.

Bespoke training has been delivered jointly by the adults and children's named professionals to frontline staff in relation to domestic abuse and think family. DASH/MARAC training was delivered at the CAMHS south team meeting in March 2024 and we are awaiting data from Q1 of the next financial year to evidence any impact this has had. Staff on Evergreen CAMHS inpatient unit have all attended trauma informed training. There is an Early help worker based in the CAMHS mental health schools teams. CAMHS transitions workers have been implemented to ease the transition from CAMHS to adult mental health services. In terms of identifying safeguarding concerns at the earliest stage the Luton & Beds named professionals have developed a neglect prompt sheet which is being discussed with CAMHS senior management team in Q1 of 2024/25 with the hopes of adopting/going live in Q2. If this is successful it can be rolled out across the trust.

YP and families have access to CAMHS dedicated worker based within every GP and school in Luton. There are 2 current projects to deliver Incredible Year parenting programme and one for EPEC

How can your agency and the Partnership further develop and improve to assure itself that children, young people and their families are safeguarded effectively?

- Ensure improved data sharing and analysis of information
- Offer high quality training to enable staff to attain knowledge and skills to do their jobs more effectively.

ELFT

2. Agency achievements and challenges - between 1 April 2023 and 31 March 2024 to meet the priorities of the LSCP Business Plan

- Hold regular peer reviews to share learning across adult and children’s safeguarding team.
- Focus on identifying and reducing Domestic Abuse
- Supporting CAMHS to promote trauma Informed reflective practice.
- We are participating in the National Pathfinder as part of the reform of Social Care alongside LBC.

What evidence is there that demonstrates the work of the Partnership has impacted on the lives of children, young people and their families and your agencies contribution to this?

There has certainly been an increase in our access rates and young people can now self-refer. If the young person is then found to be open to Social Care joint assessment and ongoing work in collaboration with LBC. From the projects to develop new ways of working and pathways in order for young people and families to access services.