**Safeguarding**

**Introduction**
All services provided to children and their families have a duty to keep children safe. Child protection processes are set by legislation and supporting guidance which provide the framework in which services undertake these duties. Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children’s health or development.
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcome⁴.

In the UK 142,500 child protection (Section 47) investigations were carried out during 2013/14 and 48,300 children were the subject of child protection plans in England. Poverty, poor housing and drug and alcohol availability are known to increase the likelihood of child abuse and neglect³.

**Risk factors and vulnerable groups**
Children in the following groups are particularly vulnerable:

- Disabled and having specific additional needs.
- Special educational needs.
- A young carer.
- Shows signs of engaging in anti-social or criminal behaviour.
- Lives in a family circumstance that presents challenges for the child, such as substance abuse, adult mental health problems and domestic violence.
- Previously been in care and has returned home to their family showing early signs of abuse and/or neglect.⁵

Contributory risk factors associated with to the need for increased safeguarding activity were highlighted by the Association of Directors of Children’s Services (2014) (Safeguarding Pressures Phase 4):

- Funding reductions.
- Toxic trio¹ and family circumstances.
- Welfare reforms and child poverty.
- Increasing population, and demographic factors.
- Special Educational Needs and Disability (SEND) reforms through the Children and Families Act 2014 which generate significant changes for disability services, schools, health and services supporting SEN children and their families.⁵

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¹ The term 'Toxic Trio' has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people.
Of those surveyed by the Association of Directors of Children Services, 52% of authorities believed the trajectory of demand for safeguarding services will continue to increase.

**What is the evidence base?**

The Children Act 2004 and Working Together 2015 outline good practice for all professionals and set out procedures that must be adhered to; two key principles required for safeguarding services to be effective are that:

- Safeguarding is everyone's responsibility: each professional and organisation should play their full part.
- A child-centred approach is necessary: services should be based on a clear understanding of the needs and views of children.

It also asserts that for safeguarding procedures to be effective they must reflect the following:

- The child’s needs are paramount, and the needs and wishes of each child, should be put first, so that every child receives the support they need before a problem escalates.
- All professionals who come into contact with children and families are alert to their needs and any risk of harm that individual abusers, or potential abusers, may pose to children.
- All professionals share appropriate information in a timely manner and can discuss any concerns about an individual child with colleagues, health services and local authority children’s social care.
- High quality professionals are able to use their expert judgement to put the child’s needs at the heart of the safeguarding system so that the right solution can be found for each individual child.
- All professionals contribute to whatever actions are needed to safeguard and promote a child’s welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes.
- Luton safeguarding Children’s Board (LSCB) coordinate work across agencies to safeguard children locally and monitor and challenge the effectiveness of local arrangements.
- When things go wrong to investigate and ensure that Serious Case Reviews (SCRs) are published and transparent about any mistakes which were made so that lessons can be learnt.
- Local areas innovate and change is informed by evidence and the examination of the data.

**Local picture**

The local picture described below follows the child’s journey from the initial contact raising concern to social care services through child protection processes. The source of this data ranges from nationally available information such as DfE statistical first releases of statutory return data, Ofsted’s Social Care Analysis Tool, ADCS Safeguarding Pressures Research and local in-year data for 2014/15 (nationally published in Autumn 2015).
Contacts and referrals

A ‘contact’ refers to a request for services or a notification made to Children’s Social Care (in Luton, the Specialist Family Support Services). There has been some debate nationally as to the definition of a contact as processes differ from one local authority to another making comparison difficult. There were 16,375 contacts in Luton during 2013/14, equating to rate of 2,742 per 10,000 0-17 population (Table 29), a higher rate than England.

In 2013/14 there were 2,723 referrals received by children services in Luton. Over three quarters of these contacts resulted in ‘no further action’ for the service as either the contact was for information only, or the contact did not meet the threshold for a referral to social care services. Historically, there have been fewer referrals per 10,000 0-17 population in Luton than comparator authorities or England average (508 compared with 591 and 573 respectively). However this trend has now reversed with provisional in-year data during 2014/15 indicating that there was approximately 25% increase in referrals during this period (Figure 59).

Table 29: Contacts

<table>
<thead>
<tr>
<th></th>
<th>Rate per 10,000 0-17 population</th>
<th>Source</th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Education</td>
<td>Police</td>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>England Ave - Rate per 1000</td>
<td></td>
<td></td>
<td>230</td>
<td>682</td>
<td>257</td>
<td>2021</td>
</tr>
<tr>
<td>England Ave - %</td>
<td></td>
<td></td>
<td>11%</td>
<td>34%</td>
<td>13%</td>
<td>32%</td>
</tr>
<tr>
<td>Luton - Rate per 1000.</td>
<td></td>
<td></td>
<td>387</td>
<td>971</td>
<td>426</td>
<td>743</td>
</tr>
<tr>
<td>Luton - %</td>
<td></td>
<td></td>
<td>14%</td>
<td>35%</td>
<td>16%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Figure 59: Referrals
The largest source of referrals originated from Police (35%) or other (27%). This is in part explained by the process of police notification of all domestic violence call outs. Currently there are more children being referred at an earlier age (under 1) but referral also shows an increase in referrals in the 11-16 age group.

In 2013/14 there was a high and increasing proportion of total contacts being re-referrals (26%), a lower proportion of referrals that led to no further action (3.1% compared with 14.1% nationally) and more initial assessments per 10,000 0-17 population were completed in Luton (365) compared nationally (268) and with comparator authorities (296). Of the children referred who did go on to have an assessment, 18.7% were assessed to be children in need, similar to the England average of 19.4%. From February 2014, Luton introduced the single or continuous assessment to replace initial and core assessments, 1,822 of which were completed in the nine months to 31 December 2014.

Section 47 Enquiries and child protection conferences

Following a referral, when child protection issues are suspected an investigation is carried out under Section 47 of the Children Act 1989. If substantiated it leads to an initial child protection conference and a multi-agency panel decision as to whether a child protection plan (CPP) is required to support the family together with a plan setting out changes required to keep the child safe.

Figure 60: Children subject to section 47 enquiries

In 2013/14, there were 970 children in Luton subject to Section 47 (child protection) enquiries, a rate of 181 per 10,000 0-17 aged population, significantly higher than England and comparator authority averages (Figure 60). More children in Luton were also the subject of initial child protection conferences than nationally and the proportion held within 15 working days of the Section 47, a national performance indicator, was good at 76.1% compared with 69.3% nationally.

390 new children became subject of a plan in 2013/14, again much higher than comparators and an increase from previous years (Figure 61).
Over the past three years, the proportion of children who were the subject of second or subsequent child protection plans had increased to 24.6%. However, reduced to 16.0% at 31 December 2014 as a result of targeted actions. 271 children were the subject of child protection plans at 31st March 2014, with numbers increased to 312 at 31 December 2014.

Table 30 shows 44.3% of children were the subject of a plan under the category of Neglect, and 36.8% Emotional Abuse which are similar proportions to the England average, but fewer were the subject of Physical Abuse and more ‘Multiple’ categories (i.e. more than one category which could reflect different ways of recording in other local authorities).

Table 30: Category of CPP

<table>
<thead>
<tr>
<th></th>
<th>Neglect</th>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
<th>Emotional Abuse</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luton (%)</td>
<td>44.3</td>
<td>-</td>
<td>-</td>
<td>36.9</td>
<td>14.4</td>
</tr>
<tr>
<td>Stat Neighbour (%)</td>
<td>38.7</td>
<td>7.5</td>
<td>5.8</td>
<td>40.7</td>
<td>11.5</td>
</tr>
<tr>
<td>England (%)</td>
<td>42.7</td>
<td>8.4</td>
<td>4.4</td>
<td>35.6</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Approximately three quarters (76%) of children subject of child protection plans at 31 March 2014 were aged 0-10 years, slightly higher than comparator authorities. Children will generally remain subject of a child protection plan for less than two years, with a higher proportion compared with comparator areas ceasing within three months or six months (Table 31).
Table 31: Length of CPP

<table>
<thead>
<tr>
<th>2013/14 (percentage)</th>
<th>3 months or less</th>
<th>Over 3 months, up to 6 months</th>
<th>Over 6 months, up to 1 year</th>
<th>More than 1 year, less than 2 years</th>
<th>2 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luton</td>
<td>32.7</td>
<td>17.5</td>
<td>27.5</td>
<td>15.2</td>
<td>7.1</td>
</tr>
<tr>
<td>Statistical Neighbours</td>
<td>21.0</td>
<td>11.5</td>
<td>39.8</td>
<td>23.9</td>
<td>3.7</td>
</tr>
<tr>
<td>England</td>
<td>20.3</td>
<td>10.3</td>
<td>40.4</td>
<td>24.5</td>
<td>4.5</td>
</tr>
</tbody>
</table>

In summary, whilst the profile of children subject of child protection plans and categories are broadly in line with comparators and England average, there is a greater number of children involved than comparator authorities which could be due to a combination of greater levels of need, and/or lower thresholds for CP, also evidenced by the plans lasting a shorter length of time.

**Children in need**

There were 3,408 children in need at 31 March 2014 in Luton. There has been a year on year increase for the past four years and significantly higher than comparator authorities and England. The number started to show a decrease in 2014/15 to 2,672 at 31 December 2014 with a forecast for a continued decrease.

Figure 62: Rate of children in need

![Graph](image)

Within Luton, cases were open for longer than national and comparator authorities. 26.8% children in need cases were open for over two years compared with 31.6% England average.

509 of the children in need at 31 March 2014 (14.9% of the total) were children with a disability, compared with 13.2% England average. Latest matched education data (2012/13) shows that the proportion of children in need with a statement of special educational needs (24.5%) is in line with the England average.
**What is being done locally?**

Local qualitative audits have shown that some children may be subject to the more intrusive Child Protection response than that of their identified needs. Actions to reduce the number of children subject to a child protection plan, children in need and a review of services have been undertaken recently. These include remodelling the ‘front door’ for children’s social care through a Rapid Intervention and Assessment (RIA) Team which has started to have an impact on how referrals are managed and intervene more rapidly to resolve problems at the earliest opportunity.

A specialist single point of contact team was created in February 2015 to work alongside RIA to provide responses where child sexual exploitation and/or domestic abuse were presenting issues, or where children are missing. This team works closely with the police to identify, risk assess and to support this vulnerable group co-ordinate agencies.

The Children and Learning Department is undertaking a longer term strategic improvement programme throughout 2015/16 to provide support through a remodelled early help service. The aim will be to maintain services to children who meet the social care threshold (children in need and children who are the subject of child protection plans), and through clarifying thresholds at key decision points; reducing social work caseloads through additional social work posts and actively addressing recruitment and retention of social workers; and improving processes and practice within the service. Together with LSCB developments to strengthen the partnership approach to safeguarding and provide a better multi-agency picture of safeguarding.

**Perspective of the public/service users**

Working Together⁴⁹⁶ states that children identified that they need:

- Vigilance: to have adults notice when things are troubling them.
- Understanding and action: to understand what is happening; to be heard and understood, and to have that understanding acted upon.
- Stability to be able to develop an ongoing stable relationship of trust with those helping them.
- Respect: to be treated with the expectation that they are competent.
- Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans – especially about themselves.
- Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
- Support: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
- Advocacy: to be provided with advocacy to assist them in putting forward their views.

**Priorities**

1. Improve the voice of the child in safeguarding and ensure views and wishes of children are explicit in all children’s safeguarding.

2. Reduce caseloads, and ensure that any delays in child protection and looked after children work is minimised.
3. Make sure that thresholds and step up and step down processes between early help and children's social care services promote the right help for children and families at the right time, resulting in a reduction in re-referrals.

4. Embed the newly formed Single Point of Contact team to improve the borough-wide response to domestic violence, child sexual exploitation and children who go missing.
References


