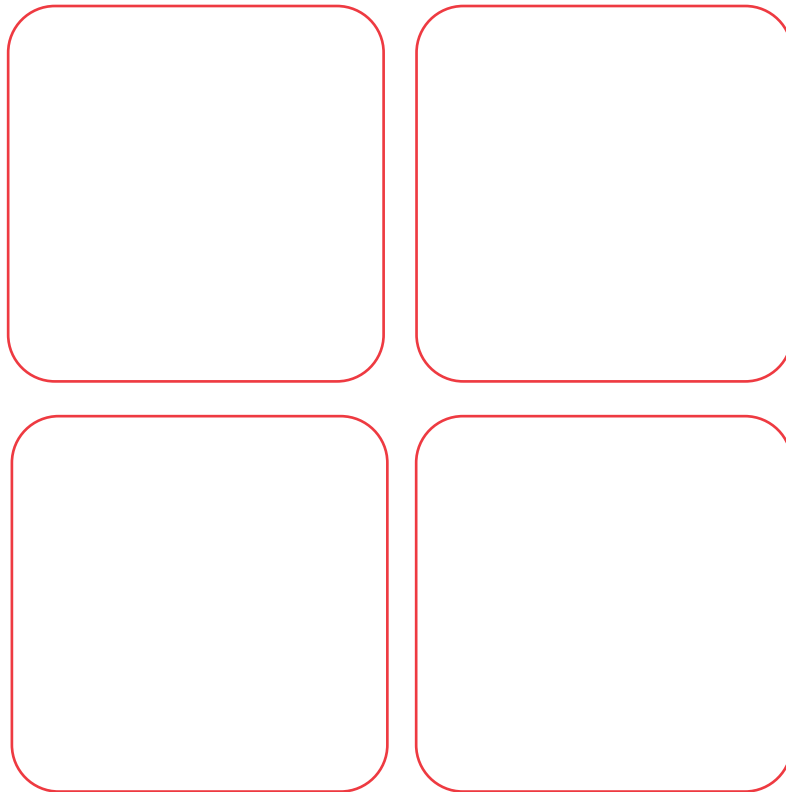




# Annual Report 2009/10

inc . CDOP Executive Summary



**Bradford Safeguarding Children Board**

**Annual Report**

**2009/2010**

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## Independent Chair's Foreword

I am pleased to introduce the first Annual Report of the BSCB, as mandated by *Working Together to Safeguard Children* (DCSF, 2010).

I began my tenure as the first Independent Chair of the Board on 1 February 2010, taking over from Kath Tunstall, Bradford's Director of Children's Services. Kath has provided a strong lead to the Board and was a very difficult act to follow. I would like to thank her for providing such firm foundations during the development of the Board.

This Report summarises the extensive amount of work undertaken by the Board 2009 – 2010. This work is a tribute to two aspects of our work in Bradford. First, the high quality of our inter-agency partnerships and the positive relationships that exist. Second, the achievements reflect the hard work of professionals across Bradford. In this context I would particularly like to thank those staff who work directly for the Board. From November 2009 until October 2010 the work of the Board was greatly assisted by our Acting Board Manager, Sue Fadipe, who is worthy of particular thanks.

Of course our work brings with it many challenges and means we have to consider difficult and sometimes tragic events affecting children and young people. As Independent Chair I am always impressed that these challenges are addressed by professionals in Bradford with a real commitment to the best interests of children.

2010 – 2011 will bring with it many challenges, I hope the information in this report will help us address the challenges of the forthcoming year as effectively as possible.



**Professor Nick Frost**  
**Chair of Bradford Safeguarding Children Board**

## Chapter 2

### The Structure and Membership of the Board

Bradford Safeguarding Children Board was established in March 2006 with a public launch on 15 May 2006. During 2009/10 the full Board met on 6 occasions. The sub-groups of the Board are chaired by members who present reports on the activity of the sub-group to each Board meeting.

During 2009/10 there were 10 sub-groups of BSCB which reported directly to the Board. These were:

- Professional Practice Sub-Group, chaired by Sharda Parthasarathi
- Safeguarding Disabled Children and Young People, chaired by Dave Benn
- Serious Case Review Sub-Group, chaired by Dr Kate Ward
- Child Sexual Exploitation Sub-Group, chaired by David Yates
- Hidden Harm Sub-Group, chaired by Nancy O'Neill
- Training Sub-Group, chaired by Chris Whiley
- Anti-Bullying Sub-Group, chaired by Mike Vigurs
- Performance Management, Audit and Evaluation, chaired by Julie Jenkins
- Childhood Accident Prevention Sub-Group, chaired by Paul O'Hara
- Child Death Overview Panel, chaired by Janette Reynolds (Interim Chair: Barbara Cox)

### Membership

The Bradford Safeguarding Children Board reflects Working Together (2010) guidance in relation to ensuring that it is the authoritative voice for safeguarding children in the Bradford District. Working Together requires named board members to be designated at a strategic level to:

- Speak for their organisation with authority.
- Commit their organisation on policy and practice matters.
- Hold their organisation to account.

New requirements within Working Together (2010) specify LSCB membership should include two lay members representing the local community and also schools to be represented on the LSCB. Meeting these requirements are key priorities for BSCB in 2010-11.

The Members of BSCB 2009/10 were as follows:

<b>Name</b>	<b>Agency</b>
Kath Tunstall	Chair (until February 2010)
Professor Nick Frost	Independent Chair (from February 2010)
Jo Coombs (Vice Chair)	Director of Nursing, NHS Bradford & Airedale
Kath Tunstall	Strategic Director of Services to Children & Young People, Bradford Council
Julie Jenkins (Richard Bates until July 2009)	Assistant Director, Children's Social Care, Department of Services to Children and Young People, Bradford Council
Fred Bascombe	Service Manager – Assessment & Care Management, Adult Services, Bradford Council
Dave Benn	Children's Services Manager, Barnardo's VCS Representative
Sue Colman	Assistant Director – Learning Services, Department of Services to Children and Young People,  Bradford Council
Superintendent Steve Cotter	West Yorkshire Police
Bridget Fletcher	Director of Nursing, Airedale General Hospital
Jane Knight	Service Manager, CAFCASS
Stuart McPherson	Area Manager, West Yorkshire Probation Board
Nicola Lees	Director of Nursing and Strategy, Bradford District Care Trust
Paul O'Hara	Bradford District Youth Offending Team Manager, Department of Services to Children and Young People, Bradford Council
DCI Marianne Huison	West Yorkshire Police
Nancy O'Neill	Chief Operating Officer for Provider Services Bradford & Airedale tPCT
Janette Reynolds	General Manager, Women's and Children's Services, Bradford Teaching Hospitals
Sharda Parthasarathi	Children's Service Manager, NSPCC
Mike Vigurs	Strategic Manager Behaviour and Attendance, Education Bradford
Chris Whiley	Assistant Director, Localities, Department of Services to Children and Young People, Bradford Council
David Yates	Partnership Director, Learning Services, Bradford Council

The following officers were advisors to the board:

Name:	Role:
Sue Fadipe (Paul Hill until November 2009)	Interim LSCB Manager
Barbara Cox	Designated Nurse for Safeguarding, NHS Bradford & Airedale
Catherine Davies	Legal Advisor, Legal & Democratic Services, Bradford Council
Dr Ruth Skelton	Designated Doctor, NHS Bradford and Airedale
Dr Kate Ward	Designated Doctor, NHS Bradford and Airedale

## Chapter 3

### Financial Report

The work of the Board is jointly funded by the partner agencies. The Board has been able to carry forward a balance each year and remains in a healthy position, although 2010-11 is likely to be a challenging period financially.

#### Financial Statement 2009-10

<b>Balance b/fwd from 2008-09</b>		<b>-164,679</b>
<b>Heading</b>	<b>Actual</b>	
	£	
Employees	246113	
NHS based CDOP	51586	
Agency staff	66647	
Staff Expenses	499	
Staff travel	5835	
Training	28063	
Advertising	-2482	
Hire of rooms	3360	
Materials	46	
Catering/Hospitality	2517	
Printing/Publicity	56424	
Independent Consultants for SCRs	32720	
Expenses	1681	
IT & Telecoms	6686	
Services	2190	
<b>Total Expenditure</b>	<b>501885</b>	
Contributions	238233	
misc inc	49555	
Additional Income from Area Based Grant	103457	
<b>Total Income</b>	<b>391245</b>	
<b>2009-10 Total Deficit</b>		<b>110640</b>

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**Surplus to carry forward in 2010-11** **-54,039**

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**CONTRIBUTIONS**

NHS Bradford & Airedale	98,900
NHS Bradford & Airedale (Public Health)	8,325
Bradford Council Children's Services	97,233
Police	17,535
Connexions	8,000
Education Bradford	3,000
Probation	4,690
Cafcass	<u>550</u>
<b>Total Contributions</b>	<b><u>238,233</u></b>

## Chapter 4

### The Safeguarding Context

This chapter presents the Needs Analysis undertaken during 2009/10 to assess and inform safeguarding work.

#### Part 1 – Child Protection

*'Child Protection is a part of safeguarding and promoting welfare. This refers to activity that is undertaken to protect specific children who are suffering or at risk of suffering, significant harm'.*

**Working Together to Safeguard Children (2006)**

#### 1.1 Number of children subject of a Child Protection Plan

The number of children who were the subject of a child protection plan as at 30<sup>th</sup> September 2009 was 398 (an increase of 93 children since March 2009) and an increase of 137 since September 2008.

In the year up to 31<sup>st</sup> March 2009, nationally the number of children subject of a plan increased significantly from 29,200 to 34,100. During that period Bradford's rate of 24 per 10,000 child population under 18 was lower than both Yorkshire & Humber (29) and England (31) rates. The current rate of 32 per 10,000 child population under 18 is now in similar to the national rate (March 09).

The number of children who newly became subject of a Child Protection Plan (CPP) during the period was 385. This is an increase of 95 children since March 09. 41 children (10.6%) became subject of a plan for a second or subsequent time.

In the year up to 30<sup>th</sup> September 2009 there were 242 children whose protection plans ended (an increase of 14 children compared to 31<sup>st</sup> March 09). Children on average stayed subject of a plan for 12 months.

Professionals working with children and their families in a child protection context endeavour to work towards changes in the family situation and ensure the child is not the subject of a Child Protection Plan for longer than two years. The number of children whose Child Protection Plans had lasted longer than two years was 16 (6.6%) similar to the national average (6%).

## 1.2 Age and Gender Profile

The proportion of boys (53%) was slightly higher than girls. Most children with a CPP were from young age groups; 49% of children were under 5.

**TABLE 1 Number of children and young people who were the subject of a Child Protection at 30<sup>th</sup> September 2009**

Category of abuse as at 30 September 2009	Boys						Girls						Unborn children	Total
	Age at 30 September 2009						Age at 30 September 2009							
	Under 1	1-4	5-9	10-15	16+	Total boys	Under 1	1-4	5-9	10-15	16+	Total girls		
Neglect	8	25	27	24	0	<b>84</b>	7	26	13	25	1	<b>72</b>	<b>1</b>	<b>157</b>
Physical abuse	4	18	14	4	0	<b>40</b>	3	9	14	9	2	<b>37</b>		<b>77</b>
Sexual abuse	3	3	5	3	1	<b>15</b>	4	3	2	6	0	<b>15</b>		<b>30</b>
Emotional abuse	3	22	29	17	0	<b>71</b>	2	22	20	16	0	<b>60</b>	<b>1</b>	<b>132</b>
Multiple	0	0	1	0	0	<b>1</b>	1	0	0	0	0	<b>1</b>		<b>2</b>
<b>Total children</b>	<b>18</b>	<b>68</b>	<b>76</b>	<b>48</b>	<b>1</b>	<b>211</b>	<b>17</b>	<b>60</b>	<b>49</b>	<b>56</b>	<b>3</b>	<b>185</b>	<b>2</b>	<b>398</b>

### 1.3 Ethnicity Profile

Over the past 18 months the ratio of children subject of a Child Protection Plan that were from minority ethnic groups compared to the proportion of children in the local population that were from minority ethnic groups has changed from 0.77 to 0.87, a significant narrowing of the gap.

The change has primarily been within the Asian British/Pakistani group which has seen an increase of 39 children in the last 18 months.

**Table 2: Ethnicity of children subject of a CP plan**

Ethnicity		2006	2007	2008	2009	Sep-08 to Sep-09
<b>White</b>	White British	199	162	185	209	255
	White Irish	2	3	0	0	0
	Any other white background	2	0	4	2	8
<b>Mixed</b>	White and black Caribbean	5	1	0	9	9
	White and black African	2	1	1	5	6
	White and Asian	19	13	28	27	25
	Any other mixed background	6	0	1	1	1
<b>Asian or Asian British</b>	Indian	0	3	1	4	6
	Pakistani	31	11	27	38	66
	Bangladeshi	1	0	0	0	0
	Any other Asian background	1	2	1	1	1
<b>Black or Black British</b>	Caribbean	4	5	0	1	1
	African	0	1	1	3	0
	Any other black background	0	1	0	0	0
<b>Other ethnic groups</b>	Chinese	0	0	0	0	0
	Any other ethnic group	0	0	6	3	4
	Unborn children	4	2	1	2	2
	Unknown/Not recorded					14
<b>Total children</b>		<b>276</b>	<b>205</b>	<b>256</b>	<b>305</b>	<b>398</b>

### 1.4 Categories of Abuse

The category of abuse reasons for children becoming subject of a CPP were:

- Neglect (40%)
- Emotional Abuse (33%)
- Physical Abuse (19%)
- Sexual Abuse (7%)
- Multiple / not recommended (less than 1%)

In previous years the rates had remained fairly stable over the last few years both locally (table 3 below) and nationally (table 4)

**Table 3: Children who were the subject of a Child Protection Plan (CPP), by category of abuse in Bradford**  
**Years ending 31 March 2006 to 2009**

Category of abuse	Number				Percent			
	2006	2007	2008	2009	2006	2007	2008	2009
All children	276	205	256	305	100	100	100	100
Neglect	125	93	139	153	45	45	54	50
Physical abuse	21	34	25	53	8	17	10	17
Sexual abuse	27	13	34	21	10	6	13	7
Emotional abuse	34	45	54	73	12	22	21	24
Multiple / not recommended by 'Working Together'	69	20	4	5	25	10	2	2

**Table 4: Children who were the subject of a Child Protection Plan (CPP), by category of abuse (Coverage: England)**  
**Years ending 31 March 2005 to 2009**

Category of abuse	Number					Percentage				
	2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
All children	25,900	26,400	27,900	29,200	34,100	100	100	100	100	100
Neglect	11,400	11,800	12,500	13,400	15,800	44	45	45	46	46
Physical abuse	3,900	3,600	3,500	3,400	4,400	15	14	12	12	13
Sexual abuse	2,400	2,300	2,000	2,000	2,000	9	9	7	7	6
Emotional abuse	5,200	6,000	7,100	7,900	9,100	20	23	25	27	27
Multiple / not recommended By 'Working Together' <sup>3</sup>	3,000	2,700	2,700	2,500	2,900	12	10	10	9	8

Source: CPR3

Source: DCSF (September 2009)

#### **1.4.1 Neglect**

Neglect is the main reason for a child becoming subject of a CP plan both in Bradford (40% at September 09) and nationally (46% at March 09).

However Bradford's proportion of CP plans due to neglect has decreased since March 09 (50%). This pattern of fluctuation has continued over the last few years; in 2007-08 the proportion was 54%, a significant increase on the previous year's 45% and also higher than the national rate of 46%.

#### **1.4.2 Emotional Abuse**

In the year up to September 09 there has been a particular increase in the proportion of children becoming subject of a CP plan due to emotional abuse (33%) compared to 24% as at March 09 and 21% (March 08).

The early indications are that this may be due to an increase in children being affected by Domestic Violence issues.

#### **1.4.3 Physical Abuse**

Bradford's rates for physical abuse at 19% are slightly higher than 17% at March 09 and higher than the national rate (12% at March 09).

#### **1.4.4 Sexual Abuse**

In 2007-08, within Bradford the proportion of children subject of a CPP due to Sexual Abuse concerns was 13%. This was more than double the previous year's 6% and also greater than the national rate of 7% (see Table 1 below). However in 2009 it has reduced down to 7%.

Nationally the number of children subject of a CP plan due to Sexual Abuse concerns has remained stable at 2,000 children each year since 2007 even though the overall number of children subject of a CP plan has risen dramatically. Due to the small numbers involved in Bradford it makes sense to look at the average rate of sexual abuse over several years. Since 2006 to 2009 the average rate is 9% compared to the national average of just over 7%.

At 31<sup>st</sup> March 09 in Bradford a higher number of girls (17) compared to boys (4) became subject of a CP Plan due to concerns around Sexual Abuse. However by September 09 the number of boys equalled the number of girls at 15 each. The majority of these children were of white ethnicity.

#### 1.4.5 Ethnicity and Categories of Abuse

Analysis shows that Asian children were more likely to become subject of a CP plan due to physical or emotional abuse reasons rather than neglect (table 5)

**Table 5: Children subject of a CP plan by ethnicity and category of abuse**

Ethnicity	Category of Abuse					Grand Total
	Emotional	Multiple	Neglect	Physical	Sexual	
White-British	75	1	127	30	22	255
White-Other	6				2	8
Mix-White/Black Caribbean	6	1		1	1	9
Mix-White/Black African	2		4			6
Mix-White And Asian	10		10	5		25
Mixed-Other	1					1
Asian/Brit. Indian	4			2		6
Asian/Brit. Pakistani	24		9	29	4	66
Asian/Brit. Other	1					1
Black/Blck Brit-Caribbean			1			1
Other Eth. Grp-Other			2	2		4
Not Stated	3		4	8	1	16
<b>Grand Total</b>	<b>132</b>	<b>2</b>	<b>157</b>	<b>77</b>	<b>30</b>	<b>398</b>

#### 1.5 Children subject of a CP plan by ward areas

Bradford is amongst the most deprived districts in the country; ranking 32 out of 354 local authorities in England and within the 10% most deprived authorities.

Analysis on looking at where children lived at the point of becoming subject of a child protection plan shows there is appears to be a link between a child becoming subject of a CP plan and living in the most deprived areas.

The area wards with the most children subject of CP plans are Tong (56 children = 14%), Little Horton (34 children = 8.5%), Bowling and Barkerend (32 children = 8%) and Manningham (25 children = 6.3%). All these wards contain areas that are amongst the highest 1% of deprived areas nationally.

**Table 7: Children subject of a CP Plan by ward area**

<b>WARD</b>	<b>Grand Total</b>
Tong	56
Little Horton	34
Bowling and Barkerend	32
Manningham	25
Keighley West	21
Bradford Moor	20
Windhill and Wrose	16
Wyke	15
Great Horton	14
Eccleshill	13
Thornton and Allerton	13
Bolton and Undercliffe	12
Keighley Central	12
Keighley East	12
Royds	12
Wibsey	12
Heaton	11
Not recorded, or out of district	10
Baildon	9
Toller	9
City	8
Worth Valley	8
Clayton and Fairweather Green	5
Bingley	4
Idle and Thackley	4
Queensbury	4
Craven	3
Wharfedale	3
Bingley Rural	1
<b>Grand Total</b>	<b>398</b>

## 1.6 Children affected by compromised parenting issues

Children subject to various parental risk factors are particularly at risk of abuse and neglect. The major themes of compromised parenting have been identified as: domestic violence; parental mental health problems; parental substance misuse and children affected by two or more of the three factors.

BSCB carried out a case audit involving a sample of 100 children subject of a CP plan in order to identify how much of an issue compromised parenting was. The results were stark; in total, 80 out of the 100 children sampled were affected by one or more forms of compromised parenting. In almost half of the cases domestic violence was a primary issue. Parental mental health was seen as primary issue for 13 of the children whilst parental substance misuse was a primary issue for 19 children.

CP Plan Category	Primary Issues						Grand Total
	Alcohol & Drug Abuse	Alcohol Abuse	Drug Abuse	Domestic Violence	Mental Health Issues	No Primary Issues	
Emotional		4	2	15	4	1	26
Neglect	1	5	5	17	6	9	43
Physical	1	1		14	2	7	25
Physical, Emotional				1			1
Sexual					1	3	4
Sexual, Emotional				1			1
<b>Grand Total</b>	<b>2</b>	<b>10</b>	<b>7</b>	<b>48</b>	<b>13</b>	<b>20</b>	<b>100</b>

### 1.6.1 Domestic Violence

In the financial year 2008-2009, out of a total of 7,426 domestic violence incidents reported to Bradford Police, there were 3,340 incidents where children were present, with 6,090 children present at incidents. It must be borne in mind that 46% of the incidents were repeat incidents therefore it is difficult to identify how many individual children this accounts for.

### 1.6.2 Current Activity

Addressing parental substance misuse has been highlighted as a key priority for Bradford Safeguarding Children Board. A Serious Case Review carried out by the Board explored a situation where a child died from swallowing his mother's drugs. From the lessons learnt and recommendations a 'Hidden Harm' working group was established to include Drug Agencies, Health Agencies and Children's Social Care in order to identify responses to the issues which come out the review. This includes reviewing current guidance and practice around situations where drugs are an issue, ensuring there is a shared understanding of the role of all the substance misuse services, and further consideration of the possible drug testing of young children.

## 1.7 Referrals and Assessments

In the twelve months up to 30<sup>th</sup> September 2009, approximately 7,500 referrals were made to social care agencies within the District, where the referring agency considered a child needed intervention from Social Care Services. This was around 1350 more than March 2009 and approximately 2400 more than the previous year (up to 30<sup>th</sup> September 08).

The number of children and young people being referred to social care agencies as at March 2009 (last available comparative data) was lower in comparison to rates nationally and with statistical neighbour activity rates (March 2009; Bradford 482 per 10,000; Statistical Neighbours mean average 488 per 10,000; National average 497 per 10,000).

Around 2,000 children & young people were referred again to Social Care Services within 12 months; this represents approximately a quarter of children whose needs may not have been satisfactorily met or their needs may potentially have changed. This is just slightly higher than 23% nationally (March 09).

Around 50% of referrals to social care services were the subject of an initial assessment. During the period approximately 3,450 initial assessments were undertaken across the district to further understand a child's needs. Of these approximately 1,450 cases were assessed more comprehensively through a 'Core Assessment'.

The numbers of children whose needs are assessed through a core assessment are higher in Bradford (114 per 10,000 in Sep 2009) than when comparing against national and Statistical neighbour rated for March 2009 (latest comparative data available). The statistical neighbour mean average was 99.9 per 10,000 whilst the national average was 110 per 10,000.

### 1.8 Children in Need in the district

*Children who are defined as being 'in need', under s17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services s17(10) of the Children Act 1989, plus those who are disabled.*

Working Together to Safeguard Children (2006)

The following information on children in need in Bradford has been taken from children in need census return submitted to DCSF.

The number of Children in Need cases open as at 31<sup>st</sup> March 2009 was 3481. The largest age group of children in need was between ages 10 to 15 as shown in table 8 below.

**Table 8**

Age Band	Total CIN
0-4	862
5-9	814
10-15	1157
16-17	360
18+	276
Unborn	12
<b>Overall total</b>	<b>3481</b>

Of the child in need population 2882 children were receiving services over the following categories:

**Table 9**

Section 17 Family Support	1293
Section 24 Leaving Care Support	319
Disabled Children Support	208
Adoption Support	217
Residence Order Allowance	82
Accommodation (Non-LAC)	22
SGO Support	9

*(NB – of the 599 not recorded as receiving a service, the majority were recent cases at the time and may have still been undergoing an assessment.)*

618 children had a disability, over the following categories:

**Table 10**

Behaviour	263
Learning	258
Communication	251
Personal Care	226
Mobility	160
Incontinence	153
Hand Function	111
Vision	86
Consciousness (Fits)	69
Diagnosed with Autism or Asperger's	67
Hearing	50
None of the above	49

1191 cases opened during the Census period, in the following need codes:

**Table 11**

N1 Abuse Or Neglect	956
N2 Disability	58
N3 Parent Illness/Disability	21
N4 Family In Acute Stress	78
N5 Family Dysfunction	44
N6 Socially Unacceptable Behaviour	14
N7 Low Income	1
N8 Absent Parenting	6
N9 Cases Other Than Children In Need	13

## Part 2 – Unintentional Injuries

Unintentional injury is a leading cause of death and illness among children, and causes more children to be admitted to hospital each year than any other reason. Unintentional injury occurring to children results in approximately two million accident and emergency (A&E) visits a year costing the NHS approximately £146 million (Audit and Healthcare Commission, 2007)

Children in the Bradford District are 20% more likely to be admitted to hospital due to unintentional injury than the national average according to the Child Injury Prevention Strategy 2008-2011 (p2). Many of these injuries are largely preventable.

### 2.1 Hospital Admissions

Data on child hospital admissions due to accidental injuries (2007/08) shows a greater number of boys are admitted to hospital across all age groups. Children under the age of five had the highest number of admissions, mainly for injuries occurring in the home. The most common causes of child accidents are being crushed or caught between objects, falls, pedal cyclist injuries and foreign bodies.

Table 12: Hospital admission rates for under 3 days per 10,000 population 0-18 years due to accidental injuries in Bradford District 2007-2008

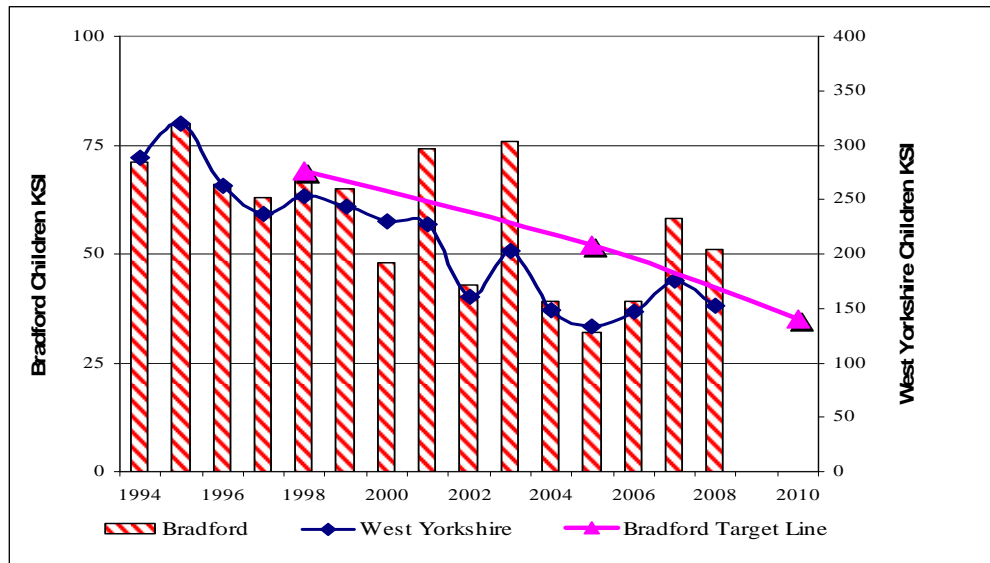
Sex	Age	Apr to Jun	Jul to Sept	Oct to Dec	Jan to Mar
Female	0 to 4	43.7	32.5	26.1	35.2
	5 to 9	22.8	31.9	13.7	14.2
	10 to 14	13.2	13.2	11.5	9.8
	15 to 18	9.0	12.6	11.9	7.7
	<b>Total</b>	23.2	23.2	16.2	17.5
Male	0 to 4	46.0	47.0	31.3	37.4
	5 to 9	42.9	47.8	23.9	16.8
	10 to 14	46.4	38.1	28.2	29.26
	15 to 18	27.6	42.4	42.4	29.64
	<b>Total</b>	41.5	44.0	30.9	28.38
Both	0 to 4	44.9	39.9	28.8	19.19
	5 to 9	33.1	40.0	18.9	8.61
	10 to 14	30.2	25.9	20.0	14.93
	15 to 18	18.5	27.8	27.4	15.08
	<b>Total</b>	32.5	33.8	23.7	14.51

Source: Health Intelligence and Analysis Team, NHS Bradford and Airedale

### 2.2 Child Road Traffic Casualties

In 2008, one child was killed and a further 50 were seriously injured, out of a total of 274 for all age groups (19%). This compares to 58 in 2007, the reduction in 2008 was mainly due to the number of pedestrian casualties which decreased by 12%. The long-term trend for child road casualties is downwards, but the short-term trend is upwards diverging away from targets.

Figure 2: Fatal & Serious Child casualties with Target for 2010

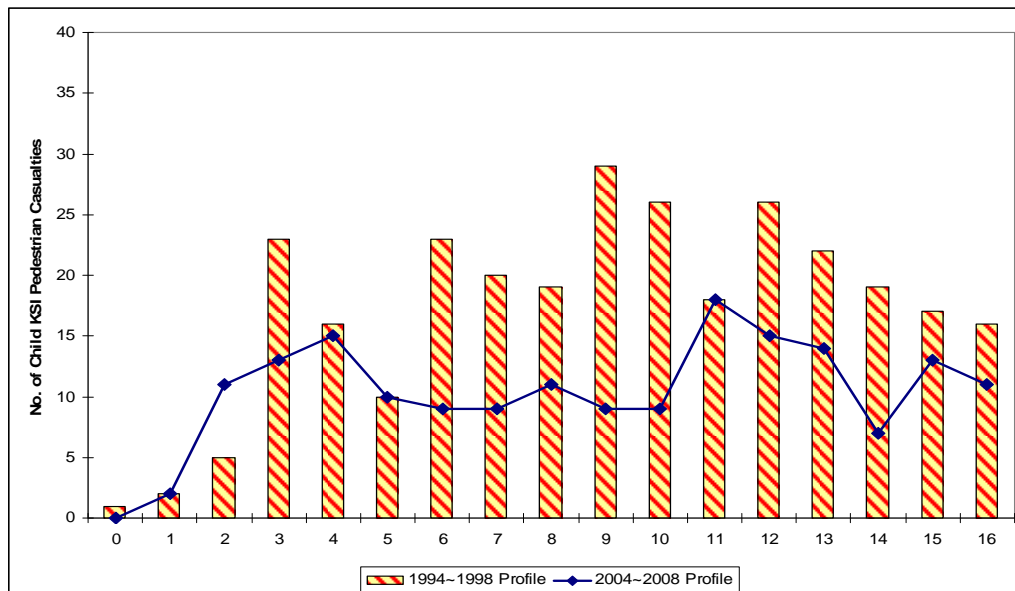


Source: City of Bradford Metropolitan District Road Casualties 2008

### Child Pedestrian KSI

Pedestrian casualties made up the largest proportion of child KSI (76%). Over the years pedestrian child KSI has varied according to age. In a comparison over two five year periods 1994-98 and 2004-08 there was a particular reduction in age groups 6-10 and the previous peak of the distribution at ages 9 & 10 (see graph below). Age 2 has significantly increased. There was no change in ages 1, 4, 5 and 11 and minimal reduction in teenage KSI.

Figure 3: Child Pedestrian KSI by Age



Source: City of Bradford Metropolitan District Road Casualties 2008

The Bradford District has a worrying trend for pedestrian injuries occurring to very young children which goes against the national figures. This highlights a possible issue around parental/carer supervision. The areas of Bradford with highest rate of child road casualties are City, Manningham, Heaton, Little Horton and Bowling and Barkerend, all areas with high levels of deprivation.

### 2.3 Fire related injuries

Statistics provided by West Yorkshire Fire and Rescue Service for 2006-08 show that children under the age of five are most commonly affected by fire related injuries. Asphyxiation is the most common type of injury amongst children whilst the main cause of injury is chip pan fires.

The postcode with the highest number of fire related injuries in children in Bradford is BD3.

### 2.4 Data development issues.

The quality of data around injuries is variable across agencies within the district. There exists high quality data on road traffic and fire related injuries achieved through national recording systems but lesser quality data from hospitals systems due to low levels of data coding. It is anticipated collection of accident and emergency department data may improve after recent hospital data system changes with the installation of new IT systems.

There is a requirement for improved data sharing; in particular more needs to be known about the reasons why children are involved in accidents. Also a greater focus should be directed at capturing data on injuries not leading to hospital admission and those occurring in the home environment.

Bradford Safeguarding Children Board provides regular updated lists of children subject of a child protection plan to the local hospital A&E departments. The A&E departments can record and flag those children on the new IT system and also monitor any admissions. ***It is anticipated this will process provide us with a better understanding of the reasons why children subject of CP plan are visiting A&E.***

### 2.5 Local Studies

In the Bradford district, a recent, unpublished, epidemiological study of accidental injury rates in children (aged 4-12) (Hardy et al, 2005) analysed all A & E attendances 2004-2005 at BRI and Airedale General Hospital. For the age group 4-12 10,140 were recorded. Of these, only 826 were for government priority areas (550 cycle injuries, 156 RTC pedestrian injuries and 120 fire/thermal injuries). 9,314 were therefore not related to government priority areas. The study found that:

- Children from minority ethnic communities were more likely to attend A & E following an accident as a vehicle occupant than white children. No evidence was found that this was the case for pedestrian injuries.
- 23% of A & E attendances were as a result of injury in the school environment.
- A greater proportion of children living in deprived areas attended A & E as a result of injury than those living in affluent areas.
- The home was the most common injury environment among 4-7 year olds. Injury rates were significantly associated with residential economic deprivation.
- Children residing in affluent areas were more likely to attend with a fracture (linked to sport related injuries) than those living in deprived areas.

In a study of patients presenting with burn injuries at Bradford Royal Infirmary Khan et al (2007) highlighted the high level of children with burn injuries as an issue of concern for the District.

At 36% of the total, children under 10 represented the largest age category of the 460 patients presenting with burns in a 12-month period. Children's average age was 5. Most were aged between 1 and 2 years of age. Children under 10 formed 48% of Asian burn patients compared to 28% of non-Asian patients. For Asian burn patients 87% of injuries happened in the home compared to 61% for non-Asian patients.

When discussing type of burns the study did not distinguish between adults and children but overall 52% of burn injuries were scalds with hot water or steam (around half of which related to preparing hot drinks), 23% were contact burns and 16% fire-related.

## 2.6 Current Activity

Nationally, public health guidelines for preventing unintentional injury in under 15s are in preparation by the National Institute for Health and Clinical Excellence (NICE). These will cover:

- overall strategy on preventing unintentional injury (due October 2010);
- road design (due April 2010);
- preventing road injury (due date tbc);
- preventing injury in the home (due April 2010); and
- preventing injury in external environments (due October 2010).

Locally, the District's Child Accident Prevention Strategy is based on national recommendations from the Audit and Health Commissions (2007). A sub-group of the Bradford Safeguarding Children Board focuses on Accident Prevention and is responsible for implementing the Accident Prevention Strategy for Bradford. A Child Accident Prevention Co-ordinator is in post as recommended in the priority review by DCSF/DH/DoT (2009) and works with colleagues in health, transport and social care.

## 2.7 Key Stakeholder views

### 2.7.1 Views from children and young people

In autumn 2007 Bradford Safeguarding Children Board used an educational consultant to gather views on accidental injury risk from children and young people in two classes in Bradford District schools. Concerns included

- Road Traffic Collisions (RTCs), dog bites and breaking bones (the three most common concerns);
- being in hospital for lengthy periods of time;
- serious injuries occurring to them and their friends;
- being able to play out safely without fear of RTC's and or dog bites;
- that their parents felt unable to let them play out due to these concerns;
- risks associated with trampolines and hair straighteners.

### 2.7.2. Practitioner feedback at the November 2008, Children's Area Conference

#### 2.7.2.1. Practitioner views of causal and contributory factors

- In deprived areas and families, less use of home safety equipment;
- Unable to afford or know how to fit equipment – lack of Home Safety scheme in some areas;
- Lack of parental knowledge of risks and how to minimise them;
- In middle-class areas, sporting injuries such as fractures;
- Older boys engaging in risky behaviour;
- Drug and alcohol use lowers inhibitions re. risk-taking;
- Poor driving in the District;
- Lack of safe play areas;
- Lack of parental supervision;
- Densely populated areas with no safely-accessible play areas leaves children playing in street at risk from traffic;
- Lack of opportunity to take risks in relatively safe environment, so that children learn to judge risk;

**2.7.2.2. Practitioners' ideas for strategy/practice**

- Recognise the very strong association between child injury rates and poverty/deprivation rates;
- Develop a Home Safety Scheme targeted on children most vulnerable to health inequalities, provide **and fit** equipment;
- Develop safety education including peer led and child-adult;
- Deliver home, play and road safety content through existing agencies and workers;
- Strategic planning of data collection and feedback to HIS;
- Limit traffic speed to 20mph in all residential areas.

## **Part 3 – Children being bullied or at risk of being bullied**

### **3.1 Size and distribution**

Bullying has been highlighted, through consultation as a very important issue for many children & young people in Bradford District. Reducing bullying has also been included as a 'Staying Safe' priority in the district's Children and Young People plan. However, information on prevalence and distribution of the issue is difficult to ascertain. The lack of quantitative data is recognised by the Safeguarding Board as a deficit which needs to be addressed. In the short term a number of national studies and some older consultation exercises provide a basis for more work to understand the prevalence of bullying within Bradford.

### **3.2 Current Activity**

Action to address bullying within the District is co-ordinated through the Anti-bullying Strategy for Bradford District 2008-2011.

The strategy defines bullying as physical, verbal or emotional:

- Deliberate hurtful behaviour
- Repeated over time, where
- There is an imbalance of power which makes it hard for the bullied person to defend themselves.

One-off incidents are excluded from the definition although should be dealt with. Young people defined bullying as,

"Bullying can be mental, physical or verbal abuse. It happens over a period of time. It causes the victim to have little confidence and feel unhappy. It can lead to depression or suicide. Even though bullying is awful it makes the bully feel powerful. It needs to STOP."

Bradford has an IText texting signposting service for children and young people to use if they have any bullying issues, managed by the Youth Service and Youth Offending Team. A Bullying Strategy is in place across Schools in Bradford.

## Part 4 – Children who go missing

### 4.1 Size and distribution

Between January and September 2009, 50 children aged 16 or under were reported to have gone missing. Analysis of this group, including information provided by those children who consented to a “return Interview” tells us that 26 of the children had gone missing previously and the majority were female (41).

A high proportion of the children were of white ethnicity as shown below:

Ethnicity	
White British	37
Mix White/Asian	5
Mix White/Afro Caribbean	3
Asian	4
Other	1
<b>Total</b>	<b>50</b>

Their age breakdown was: (Please note that these ages are current and not taken from point of referral)

Age	Number
9	1
10	1
11	2
12	6
13	15
14	13*
15	9
16	3
<b>Total</b>	<b>50</b>

\*13 of these were age 13 at point of referral

The length of time the children were missing was:

Under 24 hours	19
1 – 2 days	17
3 – 5 days	8
5 – 10 days	6

Their reasons for going missing were:

Reason	
Domestic incident	0
Peer Pressure	12
Child Sexual Exploitation	11
Offending Behaviour	6
Conflict with parent/carer	13
Runaway from LAC	4
Other	4
Total	50

#### 4.2.2. Going missing from care

*Children going missing from care is covered in the Looked After Children Needs Analysis*

#### 4.3. Current Activity

The Multi Agency Protocol for Children Missing from Home was revised and agreed in October 2008. There is a Designated Manager for LAC going missing and a Multi Agency Protocol for Children Missing from care which was produced and revised in Oct 07. Children under 13 are referred on their return to Barnardo's Turnaround Service. Children aged 13 plus are referred to Connexions on their return. Care leavers who run away from placements or accommodation are supported by the Seen and Heard Service.

#### 4.4. Views from key stakeholders

"No-one runs away for no reason." Amie, 13, Surrey, (DCSF, 2009)

Nationally, young people's accounts of reasons for running away focus primarily on problems they are experiencing at home, including poor family relationships, conflict and maltreatment (Rees & Lee, 2005). Some young people also identify personal problems (e.g. depression and pressure) and school problems as triggers for running away. A significant proportion (around a quarter) of 'runaways' define themselves as having been forced to leave home. (Rees & Lee, 2005)

## **Part 5 – Child Sexual Exploitation**

### **5.1. Size and distribution**

Since July 2008, 75 young people have had support from the Hand in Hand Project in Bradford.

As at December 09 there were 29 open cases, 27 girls and 2 boys of which nearly all have/are involved with social care and have an allocated social worker. 6 of these children have been/are looked after within the last 3-6months, 1 is currently in a secure unit.

A significant number of the young people have/do use alcohol and drugs, including cannabis, ecstasy, pills, crack, coke and heroin. The majority of the service users identify as white British, the project have/are supporting 2 Asian and 1 dual heritage young person.

As identified earlier in section 4 – Missing Children section of the Needs Analysis, 11 out of the 50 children that went missing in 2009 were due to CSE reasons.

### **5.2 Current Activity**

Bradford Safeguarding Children Board oversees inter-agency arrangements to safeguard children identified as being at risk of significant harm through sexual exploitation. The work of statutory and voluntary agencies in the field of CSE is coordinated through a dedicated sub-group of the Bradford Safeguarding Children's Board. Sub regional inter-agency protocols and information sharing arrangements are in place.

## Chapter 5

### Key achievements 2009 – 10

The work of the Bradford Safeguarding Children Board has been divided between ten subgroups. The Chairs of each of these sub groups sit on the Board. Each sub group meets bimonthly and provides reports on its activity to the Board.

The sub groups are:

1. **The Professional Practice sub group:** which is responsible for ensuring that appropriate Inter agency procedures are developed and maintained, supporting individual agencies in developing a common understanding of thresholds, processes and safeguarding procedures, and considering in depth and providing analysis of professional issues.

**Chair: Sharda Parthasarathi**

Key Achievements 2009/10
Amended and approved Voluntary Community Sector Safeguarding Handbook on behalf of BSCB
Contributed to revised Child Protection policies and procedures for Bradford's Child Residential establishments
Reviewed and amended Forced Marriages procedures

2. **Training sub group:** responsible for ensuring the delivery of accessible inter agency training which supports the principles of working together and creates an ethos with values collaborative working with other professionals and ensuring that the interests of Bradford Safeguarding Children Board are represented within the Safeguarding Children E-Academy initiative.

**Chair: Chris Whiley/Julie Mattocks-Cawood**

Key Achievements 2009/10
Continued development of a detailed inter-agency safeguarding training strategic framework based on statutory guidance, practice developments and local training needs analysis.
Developed inter-agency safeguarding training informed by local practice issues, audits of practice and recommendations of Serious Case Reviews.
Ensured that inter-agency safeguarding training was delivered/ commissioned within the context of the Strategic Framework for Training.
Ensured full BSCB participation in "Safeguarding Children e-Academy".
Continued to develop and deliver training regarding Serious Case Review processes.

3. **Child Sexual Exploitation sub group:** is responsible for reviewing and maintaining protocols and procedures relating to safeguarding children at risk of sexual exploitation supporting training in this area, developing information for professionals, young people and their carers, and encouraging research within and between agencies involved in this area of work.

**Chair: David Yates**

Key Achievements 2009/10
Launch of e-learning training 'safeguarding children from sexual exploitation' for practitioners.
CSE Champions network established.
Commenced review of multi agency working.

4. **Performance Management Audit and Evaluation sub group:** responsible for ensuring the collection, preparation and reporting of performance management data, providing reports to the Board regarding the effectiveness of the work of each Board partner, and to ensure that safeguarding and promoting the welfare of children's activity within the District meets requirements.

**Chair: Julie Jenkins**

Key Achievements 2009/10
Established multi-agency performance reporting.
Safeguarding Needs analysis completed.
Inter-agency audit of cases, learning and improvement

5. **Serious Case Review sub group:** monitors the progress of action plans for BSCB and its partner agencies formulated in response to recommendations of serious case review reports. Provides reports to the Safeguarding Board detailing requests for serious case reviews, recommendations for serious case reviews and progress on action plans. Works with Professional Practice and Training sub groups to ensure that lessons from serious case reviews are applied and developed through procedures and training.

**Chair: Dr Kate Ward**

Key Achievements 2009/10
Ensured inter-agency safeguarding training is informed by local practice issues, audits of practice and recommendations of Serious Case Reviews.
From December 2009 conducted and implemented Serious Case Reviews and other case reviews as required within Working Together to Safeguard Children 2010. This included amending relevant SCR processes and procedures. Also ensured Serious Case Reviews informed professional practice as appropriate.
Monitored Action Plans from last three Serious Case Reviews. This included identifying and collating themes with a view to further audit in 2010-11.
Conducted IMR training.

6. **Childhood Injury Prevention sub group;** responsible for receiving and analysing information relating to injuries and deaths of children arising from accidents within the home, public spaces, and road traffic collisions; working with partners to identify gaps in initiatives to reduce injuries to children, and working with partners to raise awareness of risks to children and young people from accidents in the home, public spaces and road traffic collisions.

**Chair: Paul O'Hara**

<b>Key Achievements 2009/10</b>
The implementation of the targeted District Wide Home Safety Equipment scheme – delivered to 1967 families since August 2009.
Audit of in car safety within children's services and subsequent review of the guidance and policy for in car safety and delivery of new rolling training through the Workforce Development Unit.
Injury Minimisation programme offered to all Primary Schools (including Pupil Referral Units and Special Needs) and delivered to 2986 year six children.

7. **Hidden Harm Sub-Group:** responsible for reporting to the BSCB on the development and implementation of effective systems across organisations to support the identification of children at risk of harm from parents / carers who are substance misusers.

**Chair: Nancy O'Neill**

<b>Key Achievements 2009/10 (from Hidden Harm Action Plan)</b>
Safeguarding the welfare of the children of drug misusing parents identified as a priority by the Partnership and explicitly addressed in the local needs assessment and annual treatment planning processes.
The implementation of jointly agreed safeguarding protocols and procedures reviewed by the Partnership, the LSCB and CYPSP.
Specific referral protocols and pathways have agreed and implemented between maternity, safeguarding and treatment services.

8. **Safeguarding Disabled Children and Young People Sub-Group:** ensures safeguarding and promoting the welfare of disabled children and young people. Determines that the needs of disabled children and young people are accounted for in the work of the Board Sub-Groups and BSCB plan.

**Chair: Dave Benn**

Key Achievements 2009/10
Reviewed DCSF safeguarding disabled children – practice guidance (August 2009).
Worked with BSCB Training Sub Group regarding audit of safeguarding disabled children training – including established links with Interagency Workforce Group.
Worked with BSCB Performance Management, Audit and Evaluation Sub Group. Outcome and recommendations from audit used to identify management information gaps regarding disabled children. Safeguarding Need analysis now used by Safeguarding Disabled Children Sub Group as part of both groups.
Sex and Relationships Education research completed.

9. **Anti-Bullying Sub-Group:** ensures that BSCB works with partners to ensure the profile of anti-bullying work is raised across the district and children and young people are actively involved in shaping the anti-bullying agenda. Also ensures agencies that work with children and young people will have in place policies and procedures that actively seek to prevent the occurrence of bullying, as well as measures to ensure incidents of bullying are responded to in accordance with their agencies protocols.

**Chair: Mike Vigurs**

Key Achievements 2009/10
Safer schools partnership established, providing a robust and immediate response to cases of serious bullying.
Roll-out of Targeted Mental Health Schools initiative.
Anti bullying workshop took (4th November 09) involving a broad range of professionals involved in anti-bullying programmes.
The annual Primary SEAL conference (Social emotional aspects of learning) took place in October 09 including the launch of the 'Being Buddies' DVD

10. **Child Death Overview Panel:** Working Together to Safeguard Children (2010) Chapter 7 requires LSCBs have established processes in place for reviewing all child deaths in the LSCB area(s). The guidance sets out two interrelated processes for reviewing child deaths (either of which can trigger a Serious Case Review (SCR):
- a. rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child;
  - b. an overview of all child deaths up to the age of 18 years (excluding both those babies who are still unborn and planned terminations of pregnancy carried out within the law) in the LSCB area(s), undertaken by a panel.

**Interim Chair: Barbara Cox**

Key Achievements 2009/10
Designated Nurse for Safeguarding appointed as Chair of the CDOP on an interim basis to cover arrangements.
Lay/Faith Representative appointed as a member of the Panel.
Improved links with Child Injury Prevention Sub-Group.

**Business Planning Group:** The Chairs of each Sub-Group meet on a bi-monthly basis and the remit of this group is to coordinate the work of BSCB sub groups to support the BSCB business plan, in particular to ensure a co-ordinated approach to issues that cut across two or more sub groups.

## Chapter 6

### Child Death Overview Panel Report 2008/10 Executive Summary

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## **1. Introduction**

The Bradford District infant mortality rate is one of the highest in the country and in response to this, Bradford set up an Infant Mortality Commission in 2004 to look in depth at the reasons for this and set out a plan of action for all partners in the district to address the causal factors. Work is now well underway to reduce the risk factors which contribute to such a high mortality rate and the Every Baby Matters Steering Group leads the programme to reduce infant mortality rates. In addition, an ambitious and pioneering research project was commenced, the Born in Bradford project. This is now tracking the lives and health of 10,000 children born in Bradford through to adulthood.

In April 2008, the Bradford Safeguarding Children Board established the Child Death Overview Panel in response to the statutory requirement set out in Working Together to Safeguard Children<sup>1</sup>. This was a welcome addition to the work already being undertaken in the district. The aim of Overview Panels is to systematically analyse all child deaths from birth to 18<sup>th</sup> birthday in order to try to prevent deaths in the future.

Since its inception, 193 deaths have been reported to the Panel between 1<sup>st</sup> April 2008 and 31<sup>st</sup> March 2010 in children under 18 years of age. Of these deaths, 91 (47%) have been formally reviewed over the course of the two years and this includes 2 deaths that were actually reviewed in April 2010. This report details the work of the Panel over its two years of activity. Although it is still too early to comment upon any trends in the data, the information gathered by the Panel indicates that between 2008 and 2010, 71% of the reviewed deaths were due to either chromosomal, genetic or congenital anomalies or perinatal /neonatal events. Of the 91 reviewed child deaths, 2 have been identified as being preventable and 6 have been categorised as potentially preventable.

We look forward to the important work being undertaken by the Child Death Overview Panel and its contribution to reducing the incidence of childhood deaths in the district in the future.

**Professor Nick Frost**  
**Chair of Bradford Safeguarding Children Board**

## **2. Background**

In response to the Child Death Review requirement detailed in Working Together, the Bradford Safeguarding Children Board (BSCB) established a working group in January 2008 in order to develop the systems, procedures and protocols required to comply with this statutory responsibility. The working group met frequently and using the guidance from Working Together established a Child Death Overview Panel, Terms of Reference and the multi agency protocols required by staff dealing with child death. They have also coordinated the establishment of the necessary staff training programmes. Bradford also participated in a West Yorkshire wide group which met to consider similar information in order to ensure a consistent approach across the district.

## **3. Population Demographics**

Bradford has a significantly higher proportion of children and young people than the UK average. The total population of Bradford was estimated as 502,000 in 2008. A large proportion of the Bradford population are from ethnic minority communities, which comprise nearly one quarter of the population total. Three quarters of the population describe themselves as White British; around 18% of the ethnic minority population described themselves as Pakistani (15%) or Indian (3%)<sup>6</sup>. The birth rate in Bradford district is continuing to grow and Bradford has a higher percentage of young people in all age groups than is the average for England<sup>6</sup>. The population of children and young people is higher than the national average and projected to rise significantly over the next 20 years by nearly 30%; this, together with higher fertility rates in South Asian communities, will further contribute to increasing births across the district. Presently, it is estimated that 38% of Bradford's children under 20 years of age are of South Asian origin<sup>7</sup>.

## **4. Infant and Child Mortality in Bradford**

Infant and child mortality rates are higher in Bradford district than regionally or nationally (see overleaf). Amongst Bradford's total child population aged 0-18 years, 63% of the total deaths occurred in infants under one year of age and 37% of deaths occurred in children between 1 and 18 years.

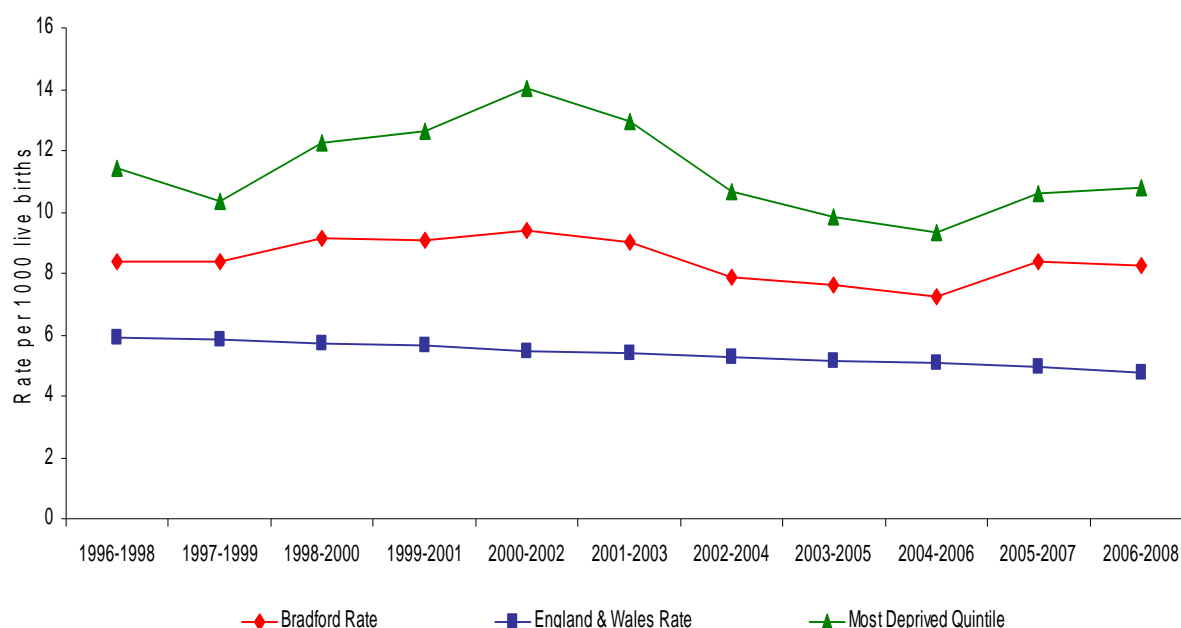
It is important to note that the remit of the CDOP is to review all deaths that occur from birth up to 18th birthday and therefore the CDOP report includes only data relating to the 47% of all child deaths which have been reviewed during the defined period April 2008 to March 2010 in that category.

### **4.1 Infant Mortality (under 1 year)**

Infant mortality is defined as the number of deaths in the first year of life per 1000 live births. The latest infant mortality rate for Bradford district (8.2 per 1000 live births) remains above the England average (4.8 per 1000 live births) for the period 2006-2008. Bradford's infant mortality rate is one of the highest in the country and is higher than other areas in the region.

Infant mortality rates have reduced since the peak in 2000-2002 but remain much higher than the England and Wales average and rates are higher in the more deprived parts of the district as the graph below demonstrates.

**Infant Mortality Rates per 1,000 live births across Bradford district:  
 3 year rolling averages 1996/98 - 2006/08**



Source: Public Health Intelligence and Analysis, NHS Bradford and Airedale, based on ONS data

An independent Infant Mortality Commission was set up in Bradford district in 2004-2006 to investigate why some babies born in the district die during their first year of life and a key report was produced<sup>8</sup>. Infant mortality is linked with poverty and deprivation as well as other risk factors such as smoking, alcohol and substance misuse, young motherhood and increased risk of congenital anomalies; these factors are more common in some communities in Bradford district. The work of the Commission continues as part of the Every Baby Matters Steering Group agenda and focuses on the 10 recommendations within its original report<sup>8</sup>.

#### 4.2 Child Mortality (1-18 years)

Neonatal mortality rates, infant mortality rates (per 1,000 live births) and child mortality rates (per 10,000 population) in Bradford district are all higher than other districts in the region and higher than England and Wales for 2005 to 2007<sup>9</sup>.

**Summary mortality rates: Yorkshire & Humber 2005 to 2007**

	<b>Number</b> (rolling average)		
Total births	62,960		
Live births	62,594		
	<b>Neonatal mortality rate, &lt; 28 days</b>	<b>Infant mortality rate, &lt; 1 year</b>	<b>Child mortality rate, &lt; 19 years</b>
Bradford & Airedale	5.4	8.3	7.7
<b>Total Yorkshire &amp; Humber</b>	<b>4.0</b>	<b>5.8</b>	<b>5.0</b>
<b>Total England</b>	<b>3.4</b>	<b>4.9</b>	<b>4.7</b>

Source: ONS Vital Statistics 2007

**5. Funding Arrangements**

Funding arrangements have been successfully implemented. The Bradford Safeguarding Children's Board (BSCB) agreed to fund a full-time Child Death Administrator Post and this post has been fully operational since May 2008. The funding was agreed for a part-time SUDIC Paediatrician and the post became immediately operational in November 2008. Bradford Teaching Hospitals NHS Foundation Trust hosts both posts.

## **6. Child Death Overview Panel**

The Child Death Overview Panel was established in Bradford, in line with the statutory guidance in Working Together to Safeguard Children in April 2008, and is under review following publication of the 2010 version. It is composed of a standing core membership as follows;

- Paediatrician for Sudden and Unexpected Death in Childhood (SUDIC)
- Pathologist
- Children's Social Care
- Health – Primary care
- Health – Secondary care
- Education
- Public Health
- Police
- Coroners Office
- Faith member of the panel

Also in attendance are the manager of the Bradford Safeguarding Children Board, as an advisor, and the CDOP administrator.

## **7. Notification of Death**

Any professional who becomes aware of a child death is required to notify the Child Death Administrator at the Child Death Review office either by completing a notification form or by telephoning the office. The Coroners Office and the Registrar of Births Deaths and Marriages all now have a statutory responsibility to engage in the child death review process by notifying the Administrator of all deaths reported to them. There can be confidence therefore, that information on all deaths is captured by the child death review team.

Each agency has a nominated individual who takes responsibility for coordinating the information required for the review of each death. The data collection forms (agency report forms) are distributed via the administrator and copies of the various forms can be found on the BSCB website

## **8. Serious Case Reviews**

Local Safeguarding Children Boards (LSCB) commission serious case reviews when a child has died or been seriously harmed through abuse or neglect. The purpose of the serious case review is to ensure that lessons are learned which help to better protect children in the future. The CDOP may refer a case to its LSCB Chair if it considers the criteria for a Serious Case Review may be met and has not been initiated.

Between April 2009 and March 2010 there have been two serious case reviews in Bradford. The CDOP have not referred any of the deaths reviewed for a Serious Case Review. Any case that is considered under the remit of Serious Case Review will not be reviewed by the Child Death Overview Panel until the Serious Case Review has taken place.

## **9. Activity Analysis of reviewed deaths**

The following data has been collated from the deaths in children under 18 years of age, (up to the 18<sup>th</sup> birthday and described as 0-17 years), resident in Bradford district formally reviewed and reported to the panel over the course of the two years from 1<sup>st</sup> April 2008 to March 31<sup>st</sup> 2010. It must be noted that the analysis includes only the 91 deaths reviewed; this was 47% of all 193 total deaths that occurred that were reported to CDOP panel and must be treated with caution as it does not include information on all the child deaths reported for the two year period.

**Child deaths reported / reviewed 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2010**

	2008 - 2009	2009 - 2010	Total
Reviewed deaths	36 (42%)	55 (51%)	91(47%)
Reported deaths	85	108	193

Source: CDOP database and Public Health Intelligence Team, NHS Bradford and Airedale

A total of 91 deaths were reviewed over the two years; 36 deaths were reviewed out of a total 85 deaths (42%) notified in 2008-2009 and 55 deaths (51%) were reviewed out of 108 deaths notified in 2009-2010. The % of deaths reviewed in Bradford is one of the highest in the region (range 13-48% for 2008/9 in Yorkshire and Humber) and this is despite the fact the actual number of deaths to be reviewed are 3 to 5 times greater than other districts in the region <sup>9,10</sup>.

**9.1 Reviewed Deaths: by age**

Most of the cases reviewed were infant deaths. In 2008-2009, 88% of cases reviewed were infant deaths and in 2009-2010, 76% of reviewed cases were infants.

**Child deaths reviewed, by age under 1 year and 1-17 years**

Age Bands	2008-2009	Percentage	2009-2010	Percentage
Under 1 year	32	88%	42	76%
1-17 years	4	12%	13	24%
<b>All Under 18 years</b>	<b>36</b>	<b>100%</b>	<b>55</b>	<b>100%</b>

Source: CDOP database and Public Health Intelligence Team, NHS Bradford and Airedale

### Child deaths reviewed, by ages under 1 year

Age Bands	2008-2009	Percentage	2009-2010	Percentage
0-28 days	17	53%	24	57%
28 days to 52 wks	15	47%	18	43%
<b>All Under 1 year</b>	<b>32</b>	<b>100%</b>	<b>42</b>	<b>100%</b>

For infant deaths reviewed under one year of age, 53% in 2008-09 and 57% in 2009-10 were 0-28 days of age (neonatal period).

### 9.2 Reviewed Deaths: by Gender

For the whole period 2008 – 2010, 48% of the deaths reviewed were female and 52% were male.

#### Child deaths reviewed, by gender

Gender	2008-2009	2009-2010	Total reviewed	Percentage
Female	14	30	44	48%
Male	22	25	47	52%
<b>TOTAL</b>	<b>36</b>	<b>55</b>	<b>91</b>	<b>100%</b>

Source: CDOP database and Public Health Intelligence Team, NHS Bradford and Airedale

### 9.3 Reviewed Deaths: by Ethnicity

Of the 91 child deaths reviewed over 2 years (2008-2010), 67% were self reported as South Asian, 26% as White British, 6% as Mixed or Eastern European.

#### Ethnic classification of reviewed child deaths, 2008-2010

Ethnicity	Total 2008-2010	Percentage
British White	24	26%
South Asian	61	67%
Eastern European & Mixed	6	6%
<b>TOTAL</b>	<b>91</b>	<b>100%</b>

Source: CDOP database and Public Health Intelligence Team, NHS Bradford and Airedale

#### 9.4 Reviewed Deaths: by Category of Death

The following categories are used by the CDOP to classify the child deaths reviewed. These categories are standardised nationally and have been provided by the Department for Children, Schools and Families, now the Department for Education. The following table shows the number of child deaths that have been reviewed in 2008-2009 and 2009-2010, and the categories of death into which they have been classified.

**Child deaths under 18 years reviewed, by category of death**

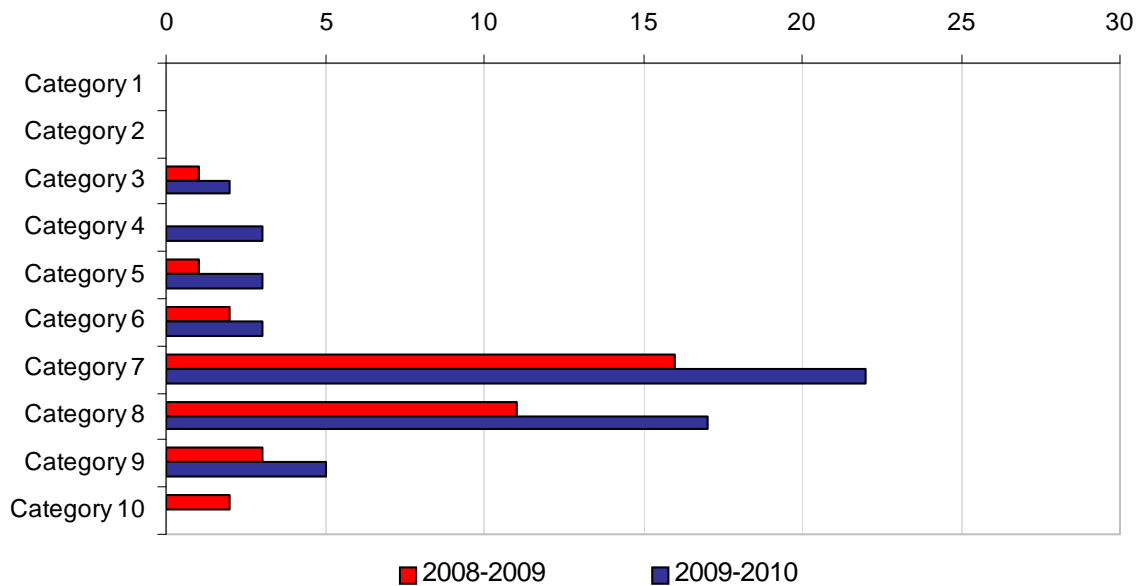
Categories of death	2008-2009	Percentage	2009-2010	Percentage
1. Deliberately inflicted injury, abuse or neglect	0	0%	0	0%
2. Suicide or deliberate self-inflicted harm	0	0%	0	0%
3. Trauma and other external Factors	1	2.8%	2	3.6%
4. Malignancy	0	0%	3	5.5%
5. Acute medical or surgical Condition	1	2.8%	3	5.5%
6. Chronic medical condition	2	5.6%	3	5.5%
<b>7. Chromosomal, genetic and congenital anomalies*</b>	<b>16</b>	<b>44%</b>	<b>22</b>	<b>40%</b>
<b>8. Perinatal / neonatal event*</b>	<b>11</b>	<b>31%</b>	<b>17</b>	<b>31%</b>
<b>9. Infection*</b>	<b>3</b>	<b>8.3%</b>	<b>5</b>	<b>9%</b>
10. Sudden unexpected, unexplained death	2	5.6%	0	0%
<b>TOTAL</b>	<b>36</b>	<b>100%</b>	<b>55</b>	<b>100%</b>

**\* 3 most common causes of death for all children under 18 years**

*Source: CDOP database and Public Health Intelligence Team, NHS Bradford and Airedale*

*(2 cases included which were actually reviewed in April 2010 but all deaths occurred during period April 2008-March 2010 and total of 47% of all deaths that actually occurred were reviewed in this period of time.)*

**Child deaths 0-18 years reviewed, by category of death, by year of review**



*Source: CDOP database and Public Health Intelligence Team, NHS Bradford and Airedale*

**In all children under 18 years of age (0-17 years):** 83% of the child deaths reviewed in 2008-2009 and 80% of those reviewed in 2009-2010 were in categories 7, 8 and 9. These categories relate to

- chromosomal, genetic and congenital anomalies (e.g. baby with a severe abnormality at birth due to a genetic cause) category 7
- perinatal / neonatal events (e.g. premature baby born very early) category 8
- infections (e.g. a baby dying of bronchopneumonia) category 9

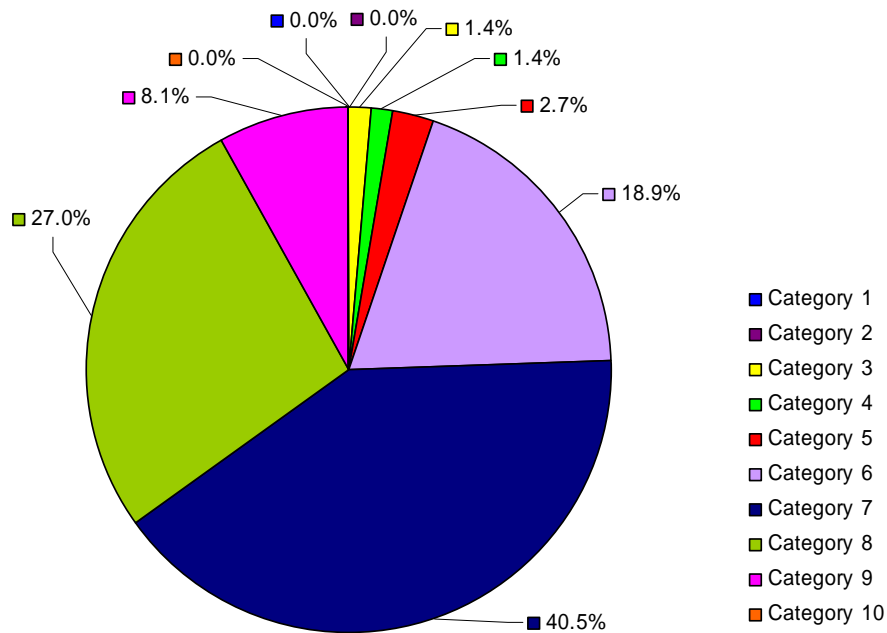
71% of all reviewed deaths were in the top two categories 7 and 8 outlined above.

**In children, under 1 year of age,** the highest percentages of deaths are in categories 6, 7 and 8; these categories account for a total of 87% of the cause of death amongst reviewed infants under one year of age:

- 41% -Chromosomal, genetic and congenital anomalies category 7
- 27% -Perinatal /neonatal events category 8
- 19% -Chronic medical condition (e.g. a progressive disease of the muscles) category 6

68% of all reviewed deaths occurred in the top two categories 7 and 8 as outlined above.

Categories of reviewed deaths for children <1 year of age 2008-10

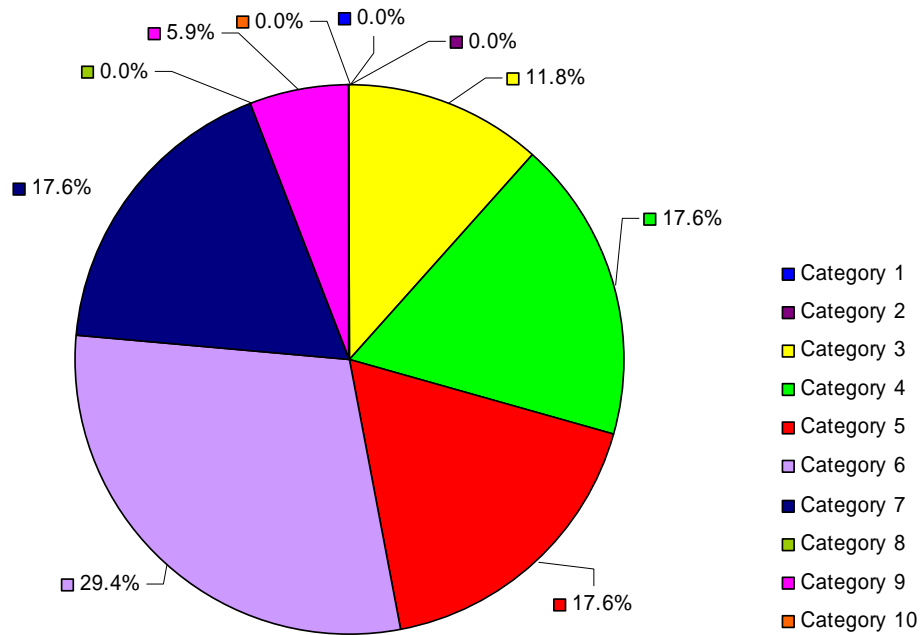


Source: CDOP database and Public Health Intelligence Team, NHS Bradford and Airedale

In children aged 1 to 17 years, the main causes of death differ from those seen in under 1 year olds; the most common four categories amongst the child deaths reviewed are shown below and account for 83% of all deaths reviewed:

- 29% Chronic medical condition category 6
- 18% Malignancy category (e.g. due to cancer) 4
- 18% Acute medical or surgical condition ( e.g. a disease which happens over a short period of time) category 5
- 18% Chromosomal, genetic and congenital anomalies category 7

**Categories of reviewed deaths for children 1-17 years of age 2008-10**



It is important to note that these are reviewed deaths only and do not include all reported deaths in the time period.

**9.5. Risk factors**

Data is collected by the CDOP on a range of factors that potentially influence child deaths including for example smoking, alcohol intake, domestic violence and consanguinity (marriage with a close family member e.g. cousin). These were collated together with postcode data and other key demographics. For example smoking in pregnancy is known to be associated with increased low birth weight rates and poorer outcomes for infants and consanguinity is also linked to increased infant mortality and morbidity due to the increased risk of autosomal recessive conditions <sup>8,12</sup>.

The CDOP panel will continue to monitor these key factors and demographics and as sufficient data becomes available over time these will inform future recommendations.

**9.6 Preventability of Child Deaths**

Of the 91 child deaths reviewed from April 2008 to March 2010 there have been 2 deaths in which there were modifiable factors which would have made the death preventable and they relate to category 3 (trauma and other external factors). There were 6 deaths which were potentially preventable, or where factors were potentially modifiable, and these related to categories 3 (trauma and other external factors), 5 (acute medical or surgical condition), 7(chromosomal, genetic and congenital anomalies), 8 (perinatal / neonatal event) and 10 (sudden unexpected, unexplained death). The majority of child deaths were not preventable and were caused by a range of factors.

## 10. Summary

The Bradford district has a population of children and young people which is greater than the UK average and the Bradford district infant mortality is one of the highest in the country. Bradford Safeguarding Children Board responded to the statutory guidance and implemented the Child Death Overview Process during 2008. We now have two years of comparative data. Overall, the most common causes of death in children under 18 years who were reviewed were either due to chromosomal, genetic and congenital anomalies or due to perinatal /neonatal events; these two categories of cause of death accounted for 71% of all reviewed deaths. In addition, 83 of the 91 deaths reviewed were not considered to have any modifiable factors which may have prevented the death.

In the remaining 8 deaths where there were considered to be modifiable factors which could or may have made the death preventable, the causes of death relate to trauma and other external factors, acute medical or surgical conditions, chromosomal, genetic and congenital anomalies, perinatal /neonatal events and sudden unexpected, unexplained deaths.

The Panel have made recommendations to BSCB or single agencies where appropriate. The report contains much in depth and detailed data on category of death, ethnicity, gender and other details but it must be remembered that this report relates only to reviewed deaths and not all reported deaths.

Although the activity undertaken by the panel is significantly higher than other panels regionally there remain a number of deaths that require review and the panel will continue to develop the review process within the statutory guidance in order to expedite reviews and to ensure the necessary data is available for future reports.

## 11. Recommendations

### Recommendation for Bradford Safeguarding Children Board

- BSCB to discuss with other Safeguarding boards in Yorkshire and Humber the organisation of a campaign to increase the profile of the risk associated with overlaying and co-sleeping.
- BSCB to cooperate with the Every Baby Matters initiative's information and public awareness campaigns in relation to the infant mortality rate and of inherited conditions as a consequence of interfamilial relationships.
- BSCB to further develop the rapid response process and management of rapid response in the case of sudden and unexpected death and the co-ordination of bereavement support to parents.
- BSCB training unit to continue as required to provide training to multi-disciplinary professionals on the role of the management of unexpected deaths, the Child Death Overview Panel and its processes.

#### **Recommendations for Child Death Overview Panel**

- To gather more detailed and specific information on child deaths which can be used to inform service provision locally, including the smoking status of both parents and information on consanguinity, safeguarding, alcohol and substance misuse and bereavement support.
- Data collection tools to be reviewed and modified according to any additional local information that may need to be gathered and analysed and be more specific to professionals completing the forms.

#### **Single Agency Recommendations for Bradford Hospital Foundation Trust**

- The development of guidelines for staff to follow & document when telephone advice is sought about a sick child or baby.

#### **Single Agency Recommendations for Airedale NHS Foundation Trust**

- The development of an assessment protocol which determines level of senior intervention required for obstetric care depending upon categories of risk

**Janette Reynolds - Chair CDOP**  
**Louise Clarkson - CDOP administrator**  
June 2009

**Barbara Cox - Interim Chair CDOP**  
**Dr Shirley Brierley - NHSBA Public Health Intelligence Team and CDOP Panel**  
December 2010

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## Appendix 1

### Terms of Reference

#### 7.2.1 Purpose

The purpose of the Child Death Overview Panel is to:

- a) collect and analyse information about each child's death with a view to identifying
  - i) any case giving rise to the need for a serious case review
  - ii) any matters of concern affecting the safety and welfare of children in the area of the authority; and
  - iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area
  
- b) put in place procedures for ensuring that there is a coordinated response by professionals to an unexpected death.

The Panel will review deaths of all children aged 0-18 (excluding stillbirths) normally resident in the Local Authority area of the Bradford Safeguarding Children Board. Where the Panel is made aware of the death of a child in their area who would normally be resident in another Local Authority area, or vice versa the Child Death Review Administrator will liaise with his/her opposite number in the other Local Authority area to ensure both Panels are notified of the death and to determine which Panel is best placed to carry out a review of that child's death. Where possible it is advised that the panel in the child's area of residence takes responsibility for the review although it is recognised that circumstances will dictate the most appropriate outcome.

#### 7.2.2 Functions

The Child Death Overview Panel:

- Meet regularly to complete a multi-agency evaluation of all child deaths in their area;
- Where appropriate undertake a detailed and in-depth evaluation into specific cases, including all unexpected deaths, assessing all relevant social, environmental, health and cultural aspects, or systemic or structural factors of the death, along with the appropriateness of the professionals' responses to the death and involvement before the death, in order to complete a thorough consideration of whether and how such deaths might be prevented in future;
- Collect and collate information using the agreed templates (DCSF, 2008) and where relevant seek further information from professionals and family members;
- Identify local lessons and issues of concern, requiring effective inter-agency working;
- Identify and report any local Public Health issues and consider, with the Director of Public Health and other provider services how best to address these and their implications for both the provision of services and for training;
- Identify and advocate for needed changes in legislation, policy and practices, or public awareness, to promote child health and safety and to prevent child deaths
- Ensure concerns of a criminal or child protection nature are shared with the police, children's social care and the coroner;
- Ensure any case identified as meeting criteria for a Serious Case Review are referred to the chair of the BSCB;
- Provide information to professionals involved with families so that this can be passed on in a sensitive and timely manner;
- Implement, review and monitor the local procedures for rapid response arrangements in line with Working Together;

- Monitor the quality of information, support and assessment services to families of children who have died
- Co-operate with any regional and national initiatives in order to identify lessons on the prevention of child deaths.

### **7.2.3 Accountability**

- The Child Death Overview Panel will be responsible, through its chair, to the chair of the Bradford Safeguarding Children Board. The Panel will provide to the BSCB and all constituent agencies, an annual report (in which all information should be aggregated and anonymised) which shall be a public document. In addition, the Panel will report to the BSCB any matters of concern arising from the course of its work as set out above.
- The BSCB will take responsibility for disseminating the lessons to be learned to all relevant organisations; ensuring that relevant findings inform the Children and Young People's plan; and acting on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children.
- The BSCB will supply data regularly on every child death, as required by the Department for Children, Schools and Families, to bodies commissioned by the Department to undertake and publish nationally comparable, anonymised analyses of these deaths.

## Chapter 7

### Priorities and Statutory Requirements:

#### 1. Training Report:

To support the effective implementation of both the inter-agency and single agency procedures, Bradford Safeguarding Children Board delivers an extensive programme of training. The current inter-agency training offer from BSCB is 35 courses, each addressing a specific aspect of safeguarding children.

These courses are predominantly delivered on a face-to-face basis by experts in the relevant field. However, six modules are now provided by "e-learning", enabling learners to complete the course at their own pace, and at times that are most convenient for them and their employer. Learners who study in this way must complete an on line test to demonstrate their knowledge of the subject before they are registered as having successfully completed the module. This method of learning is particularly helpful for staff who work in remote locations, such as child minders and volunteers. This method is also particularly effective for reaching large numbers of learners with "awareness raising" training.

In the year 2009/10, a total of 4862 staff and volunteers from BSCB agencies undertook safeguarding training. Of these, just over 1000 attended face-to-face training events, while more than 3800 completed "e-learning" courses.

For details of all training available from BSCB, visit our website at:

[www.bradford-scb.org.uk/training/training.htm](http://www.bradford-scb.org.uk/training/training.htm)

#### 2. Bradford's Children Plan Priorities:

##### A) Help create a safe environment by minimising abuse and neglect.

Bradford Safeguarding Children Board has developed inter-agency policies and procedures governing the way in which agencies work together to safeguard and promote the welfare of children. These procedures are agreed by all agencies, reviewed and revised every six months, and underpin the more detailed single agency procedures that agencies have in place.

BSCB inter-agency procedures are web-based and can be accessed at this link:

[www.proceduresonline.com/bradford/scb/](http://www.proceduresonline.com/bradford/scb/)

To help create a safe environment for all children within the District, the Bradford Children's Plan has identified as a key action: "to ensure that all agencies have in place safe recruitment checks for directly delivered and contracted services to children, young people and families". Bradford Safeguarding Children Board works with the safeguarding leads and human resources sections of all of its member agencies to ensure that this responsibility is understood, and to be assured of its full implementation.

For those agencies that do not deliver their own training in safer recruitment to managers, BSCB delivers a detailed training programme on the requirements and practical implementation of safer recruitment, setting out processes for completing checks, assessing the information resulting from checks, and sharing best practice. This training was delivered to over 100 managers in the District in the course of 2009/10.

Member agencies report to BSCB regarding their compliance with safer recruitment arrangements. In addition, BSCB monitors those situations where an allegation of a safeguarding nature is made against an employee or volunteer to ensure that a robust and fair multi-agency approach is taken to addressing the concern.

## **B) Reduce unintentional injuries across the District.**

Bradford Safeguarding Children Board has developed a child injury prevention strategy: "Getting Serious about Safety". This strategy sets out how agencies within the Bradford District intend to achieve the target of a 5% reduction in the number of children killed or seriously injured by all types of accident between 2008/2010.

Bradford Safeguarding Children Board has a dedicated child accident prevention sub group, and a child accident prevention coordinator to take forward work in this area. This group receives information about accident prevention work occurring throughout the District and works to ensure that this work addresses the specific needs of children, and is informed by the Children's Plan Priorities and indicators that apply to accident prevention.

All local authorities in England and Wales are working to achieve a reduction in the number of children killed or seriously injured in road traffic collisions in their district by 50% by 2010, compared with the 1994-1998 average. This is National Indicator 48. Information regarding this indicator is provided by the Council's Road Safety Partnership, which is responsible for measures aimed at achieving this target. To achieve the target, the total number of children killed or injured on the District's roads for 2009/10 should be 35 or fewer. The statistical appendix to this report provides an update of progress against this indicator.

Activity to reduce casualties among road users falls into 3 categories: engineering solutions, such as road calming measures and provision of safe road crossing facilities; enforcement activity such as speed cameras and targeted policing; and education, aimed at all road users. In common with most districts in England and Wales, Bradford faces the challenge of increasing private and commercial road use, additionally Bradford faces the more specific challenge of a rising child population. Both of these factors require additional efforts by all agencies to achieve real reductions in child casualty figures.

In the course of 2008-10, BSCB has worked with partners to increase the number of school children who receive pedestrian training, focusing on year 3 and year 5 children. In addition, BSCB has supported a targeted campaign to improve compliance with seat belt and child car seat regulations. Funding was obtained for subsidised child car seats and expert fitting in areas of high deprivation, and for families accessing maternity services at BRI.

Each local authority is required to collect data from health trusts regarding child admission to hospital as a result of intentional and non-intentional injuries. In most districts in England and Wales, health trusts face significant difficulties in providing robust data. Bradford District is no exception. Significant investment has been made in both Acute Trusts serving the District (Bradford Foundation Hospital Trust and Airedale NHS Trust) in both accident and emergency data systems and staff education to improve the accuracy of recording of reason for child admissions, and it is anticipated that this will result in an improvement in data quality from October 2009 onwards.

This data now forms part of the National Indicator set used to judge the effectiveness of safeguarding children arrangements in each District. The data collected to date, without the benefit of the data quality improvement measures described above, indicates that in 2008, Bradford District had a rate of hospital admission of 137.12 children per 10000. In due course it will be possible to break down this figure further, to discriminate between intentional and unintentional injuries. This overall rate is higher than the average England rate and slightly higher than the average rate for Districts with similar level of deprivation.

**C) Improve outcomes for looked after young people through providing more stable and secure placements.**

The provision of stable and secure care for children is an essential component of safeguarding arrangements. Wherever children live in the community, pressures can jeopardise their sense of security. Bradford Safeguarding Children Board members have focussed on strengthening inter-agency arrangements to reduce the risk of children going missing from their family homes or their substitute homes if they are children Looked After.

When children go missing from their home, this raises a number of concerns. The act of leaving home is itself associated with risks to a child's safety. Research also tell us that children may run away or go missing as the result of another risk factor, for example they may be experiencing abuse, may be bullied, or may be groomed for sexual exploitation.

BSCB agencies have agreed and implemented protocols and procedures for accurate reporting, investigation and follow up of all incidents of children who go missing from home. There remain challenges for the police in providing prompt and accurate data for each local authority area for children who go missing from their family homes, and these are being addressed by West Yorkshire Police in conjunction with the sub-region's Local Safeguarding Children Boards. Data for children who go missing from local authority care is robust.

Each child that is returned after going missing is offered a return interview with an independent person. Within the Bradford District this return interview service is provided by Barnardo's or the Connexions service, depending on the age of the child concerned.

The Bradford Inter-Agency Looked After Children's Strategy Group has recently published the Looked After Children Strategy 2009 -12, a key aim of which is to improve placement stability for looked after children. Understanding the reasons children run away from placements and reducing the incidence is an important way of improving the stability of placements. The strategy commits social work teams, independent reviewing officers, and fostering and residential workers to a staying safe action plan for looked after children. This plan includes specific actions intended to improve placement stability and reduce the risk of children going missing.

Two national indicators are in place to help judge whether a district's looked after children receive stable and secure care. The first of these, NI 62, measures the percentage of looked after children who have had 3 or more placements in the previous 12 months. Bradford's performance measured by this indicator has been consistently "good" and improving, with 8.3% of children having had 3 or more moves during 2008-09, with this declining to 7.1% for the 12 months up to March 2010. The second national indicator, NI 63, measures the percentage of children who have been in their present placement for 2.5 years or more, or are placed for adoption and their adoptive placement together with their previous placement together last for at least 2 years. At March 2010, almost 74% of Bradford's looked after children had achieved placements of these lengths.

### **3. Serious Case Reviews**

Between March 2009 and March 2009, , Bradford Safeguarding Children Board (BSCB) completed 3 Serious Case Reviews, one of which had not yet been evaluated by Ofsted..

2 of the cases were aged less than 3 years at the time of the incident/death, whilst the other was 12 years of age. All 3 cases were boys. Out of the 3 SCRs completed, two involved the death of a child whilst 1 related to a life-threatening incident. Due to small number of SCRs completed in Bradford it is difficult to compare age and outcomes against national statistics relating to SCRs

The issues that were prevalent in families that were the subject of Serious Case Reviews in Bradford reflect the national findings. The main issues were substance misuse, domestic abuse and mental health and in most of the SCRs there was more than one of the issues present. One of the parents involved in SCRs had a care history of their own, and associated issues resulting from this.

## **Focus on Learning from Bradford Cases**

### **Child 1**

This is a two year old child who died as a result of ingesting methadone. When he was born there were concerns about mother's drug use and his name was placed on the child protection register at birth (category of neglect).

#### **Professional learning**

Multi agency meetings should focus on an analysis of the information being shared and what actions need to be taken.

Agencies should not be working without full information of the whole family.  
It is important to avoid services for the child and services for the parent working separately.

It is important to have a critical, analytic and reflective approach and be prepared to "think the unthinkable" i.e. the child could be given both illegal and prescribed substances.  
Also to recognise the need to reassess the situation, accept that parents may not always be truthful so not be too reliant on the "rule of optimism".

### **Child 2**

This is a young baby who has sustained serious head injuries in a family where there were maternal mental health issues.

#### **Professional learning**

The importance of maintaining a safeguarding focus, initially safeguarding procedures were adhered to and there were examples of good practice but this was not maintained.

There was a lack of a full understanding of the family history and dynamics. There needs to be an appropriate means of communicating where English is not the first language of one of the parents.

In order for a thorough risk assessment to be completed there needs to be clarity between professional about specific terms used and their significance e.g. "command hallucinations".

Significantly this case highlighted there are no new lessons to be learned from this SCR but there are a number of reminders to follow existing procedures, protocols, guidance or suggested good practice".

### Child 3

This case is considering the impact on a family of having a disabled child.

#### Professional Learning

The "Invisible Child" this child and their sibling did not have their views heard and or considered. They were assessed separately with no consideration of how their individual needs impacted on each other. The child was not seen by a number of agencies in the home environment. Whilst accepting difficulties in communication there is no evidence of attempts to gain the child's perspective.

Professionals being prepared to accept living conditions for a disabled child that would not be acceptable for a child without disabilities

Not taking the opportunity to reconsider parenting capacity and risk assessment.  
Having a task led approach around providing services and not on the needs of the child. Being too concerned on the provision of additional resources and losing the focus on the child and what they are experiencing day to day.

#### Common themes from Bradford's Serious Case Reviews

The SCR Sub-Group of BSCB has devised a matrix identifying the common themes from the recommendations and action plans of the 3 completed SCRs. These themes were:

- Record keeping
- Assessments
- Communication and information sharing
- Supervision / Management oversight
- Training
- Policies and procedures

#### Next steps

BSCB Sub-Groups are to further audit and analyse the completed actions from the 3 SCRs and in order to establish and identify learning.

1. Professional Practice sub-group is to audit the actions that have taken place around Record Keeping, Supervision and Policies and Procedures. This would include auditing with a view to how the actions may affect future serious case reviews and to establish if there is more work to be done or help/guidance required.
2. Training sub-group is to audit and consider actions related to Training to see what worked, what did not work and what we may do differently next time.
3. Performance Management, Audit and Evaluation sub-group is to audit actions related to Assessments and Communication and Information Sharing.

#### 4. Anti-bullying work

##### Safer School Partnership.

In September 2007 the 29 secondary schools in Bradford formed themselves into three Behaviour and Attendance Collaboratives (BACs). Since this date significant progress has been made in reducing exclusions and levels of persistent absence. The BACs have developed effective case-work management practices and invested in a range of early identification and prevention procedures. In January 2009 the work of the BACs was extended to include a pilot Safer Schools programme which involved the deployment of police officers in schools. The success of the pilot resulted in a formal contractual Safer Schools Partnership from September 2009 to March 2011 at a total cost of £670k between West Yorkshire Police, Education Bradford and schools in their respective BACs.

The Safer Schools Partnership provides a robust and immediate response to cases of serious bullying, ensures delivery of effective bully and victim support programmes and facilitates a multi-agency response to anti-bullying measures across the secondary phase of education.

An established practice of the BACs is a termly Behaviour and Attendance Conference involving senior managers from schools and Education Bradford Support Officers. The theme of the October 2009 Conference; with participants from 24 secondary schools, was the new Ofsted Inspection Framework with particular reference to behaviour and safeguarding and restorative practices. Work on restorative practices is an important element of the Safer Schools Partnership and focuses on personal responsibility and accountability of pupils and features in anti-bullying support programmes coordinated by the BACs.

Monitoring of the impact of the Safer Schools Partnership is being undertaken by each of the three BAC management groups and by the BAC Strategic Co-ordination Group. Initial indications are that pupils are stating that they feel safer in school and welcome the presence of police officers on site.

The Safer Schools Partnership includes Bradford's Pupil Referral Units which have an allocation of dedicated police officer time. Additionally, close liaison takes place between the Safer Schools Partnership and police officers operating in the Youth Offending Team.

Anti-bullying work is also provided by West Yorkshire Police to primary schools through the deployment of neighbourhood policing teams and schools liaison officers.

A report produced by West Yorkshire Police on work carried out in relation to anti-bullying was prepared for the November 2009 anti-bullying week. The report references fifteen specific organisations and groups which had recently received support including for example: Primary Pupil Referral Unit (36 pupils, 18 adults); Little Horton Scouts (37 young people, 10 adults), Halifax Army Cadet Force (200 young people, 7 adults), Manningham Air Cadets (17 young people, 2 adults), Children's Respite Disabilities Services (10 adults).

### **Social emotional aspects of learning (SEAL)**

SEAL is an evidenced based programme designed to develop whole school policy and practice in relation to the emotional and social wellbeing of pupils and staff. The SEAL programme has been promoted in Bradford over the past three years by Education Bradford and Lead SEAL Schools. Available funding of £360k for 2007/08 to 2009/10 has been invested in staff training and the continued roll out of the programme across schools in the district.

The BACs have taken on the responsibility of developing and extending SEAL in the secondary phase. They have commissioned support from the Educational Psychology Service, Social Emotional and Behaviour Team and National Strategy Consultants to enhance the impact of SEAL on learning outcomes of pupils. A tradition is now established of holding an annual Primary SEAL Conference. The latest was held on 9 October 2009 involving 65 primary head teachers and staff from schools across Bradford. The morning consisted of presentations from lead practitioners, along with the launch of the "Being Buddies" DVD.

Essential to the effective development of SEAL is the self-esteem, social skills and learning styles of pupils and the qualitative relationship between all members of a learning community. SEAL is a potent anti-bullying strategy, providing a permeating ethos throughout the school and a set of overarching principles of mutual respect and tolerance. Pupils are prescribed an active role in developing SEAL in their school.

### **Safeguarding disabled Children Campaign.**

During 2009/10, Bradford Safeguarding Children Board worked with the NSPCC Campaigns Team on to identify the primary safeguarding concern for disabled children within the District and to design a campaign to raise awareness of this concern. Over 30 parents of disabled children were asked their views about the most pressing concerns they have for themselves and their children.

Bullying featured as one of the key concerns. Coupled with the consultation work undertaken with parents, disabled and non-disabled children and young people were asked to share their concerns and their ideas for a campaign topic (17 in total). Once again, bullying was mentioned by many of the children.

Having identified a clear campaign issue and some of the barriers for parents and children in accessing appropriate, timely, help and support in relation to this issue, a campaign plan has been devised which focuses on 4 audiences:

- Disabled and non-disabled children: work will be carried out in three venues (schools, respite units, tbc) to champion anti-bullying policies and practices, with direct involvement of children and staff. Staff time and a small pot of money have been allocated to each site so that there will be no additional cost to the school/ respite unit. Posters with anti-bullying messages will be developed in consultation with children and piloted accordingly.
- Parents: parents will be asked to review existing anti-bullying materials (leaflets/ DVD's/ training programmes) to find out if there is a need to produce something Bradford – specific. If the recommendation is that some new publication is needed, this will be developed in consultation with a parents group.
- Professionals: A conference supported by Education Bradford is took place in spring 2010 to address the issue of 'invisible bullying', which included the bullying of disabled children. Alongside this, recommendations wise made to BSCB to commission a practical one-day course for professionals on bullying and the disabled child.
- Public: A media campaign to highlight the issue and the impact of bullying on disabled children will be carried out in 2010. Parents and disabled children will be supported to be spokespeople as appropriate.

## Chapter 8

### Bradford Safeguarding Children Board Work Plan 2010-11

Each year, the BSCB adopts an annual work plan that sets out how progress will be made to achieve its primary objectives set out in the BSBC Strategic Plan. The Annual Work Plan for 2010-11 is set out below:

Priorities	Link Strategy / Legislation	Work Required / Actions	Lead Group / Person	Intended Outcome	How will success be measured / evidenced?
1) Agree processes for the Implementation of revised Working Together (2010) requirements	Working Together to safeguard children (2010)		BSCB Chair / BSCB Manager  All agencies	To ensure compliancy with regulations and new requirements in Working Together	Audit of changes in regulations
2) Revisit governance and membership of the BSCB Sub-Groups to ensure compliance with Working Together (2010)	Working Together (2010)	To be considered at BSCB Away Day in May 2010	BSCB  All Agencies	To ensure compliancy with regulations and new requirements in Working Together	Better attendance and representation at Sub-Groups
3) Complete a Section 11, Children Act 2004 Audit to ensure compliance across all agencies	Working Together (2010)	Create amended section 11 audit tool.  BSCB to agree amended section 11 audit tool.	PMAE Sub-Group  BSCB	To ensure compliancy with regulations and new requirements in Working Together	

3) continued		BSCB to set timeframes for completion  Audit be completed	BSCB/ All agencies		
4) Develop a comprehensive communication strategy	Working Together (2010)	BSCB to decide terms of reference for developing a communications strategy	BSCB Manager  All agencies	Clear, concise communications strategy for all BSCB activities	Clear and concise guidance regarding publications of Serious Case Reviews  Audit of communication activity of Board
5) Secure the participation of children and young people within safeguarding processes, to consult with young people regarding the work of BSCB, to work with children and young people to identify their priority safeguarding concerns.	Children's Membership Plan  Children in Care Council	Establish protocols to ensure participation of children and young people in safeguarding procedures  Consultation via established children and young people's forums	BSCB Manager  PMAE Sub-Group BCSB	Children and Young People's voices are heard and they are consulted in safeguarding matters	Better outcomes for children and young people and their families evidenced by increase in participation, and consultation statistics.

6) Ensure that allegations management procedures within each agency are operating effectively.		Review inter-agency allegations management procedures and revise as necessary.  Provide inter-agency training on the management of allegations.	BSCB LADO  All agencies	BSCB and all agencies have effective arrangements for the management of allegations against staff, carers and volunteers. This will result in the improved safety of children	Increase in number of referrals from all agencies  More staff trained – raised awareness
7) Embed learning from serious case reviews and ensure that action plans are carried out	Working Together (2010)	Identify and collate common themes from SCR Action Plans  Audit evidence of Actions Plans	SCR Sub-Group / PMAE Sub-Group	Learning from serious case reviews will improve the safety of children in the Bradford District.	Themes identified and matrix produced for SCR Sub-Group  Audit
8) Agree processes for the implementation of Working Together Chapter 8 to take account of Bradford processes and procedures	Working Together (2010)	Task group to be formed to agree processes	BSBC  SCR Sub-Group	Learning from serious case reviews will improve the safety of children in the Bradford District.  A more rigorous serious case review process which is able to respond to individual's situations and circumstances.	Current SCR undertaken adhering to WT requirements

9) Establish an agreed protocol and process for managing the new SCR IMR requirements, this includes an agreed position with all organisations and agencies regarding the interviewing of staff and the involvement of families, and how this is recorded.	Working Together (2010)	Task group to be formed to agree processes	BSCB  SCR Sub-Group	Learning from serious case reviews will improve the safety of children in the Bradford District.  A more rigorous serious case review process which is able to respond to individual's situations and circumstances.	New agreed processes followed in conducting current SCR
10) Expand current multi-agency audit arrangements to include more agencies		Invite agencies to become part of audit – raised at BSCB Board meeting	PMAE Sub-Group  BSCB	Learning from audits will improve the safety of children in the Bradford District.	More agencies taking part
11) Refresh Safeguarding Needs Analysis	Children and Young People's Plan / Needs Analysis	Expand data and analysis to include a wider range of information from partner agencies	PMAE Sub-Group	Learning from audits/research will improve the safety of children in the Bradford District.	Safeguarding Needs Analysis incorporated into district wide Needs Analysis
12) Implement the recommendations from Professor David Thorpe's regional research.		Develop Action Plan	PMAE Sub-Group	Learning from audits/research will improve the safety of children in the Bradford District.	Report back progress to Board

13) Respond positively to issues identified in Working Together Chapter 4: Training, development and supervision for inter-agency working	Working Together (2010)	Training Sub-Group to consider issues identified  Evaluate current training to see if matches WT requirements	Training Sub-Group	BSCB will deliver, commission and promote effective training in safeguarding and welfare promotion for all staff and volunteers who work with children and families	Considered in Sub-Group meeting  Audits and reviewing effectiveness of training courses  Section 11 Audit to include multi -agency training
14) Continue to develop and provide training, support and mentoring for IMR authors.	Working Together (2010)		Training Sub-Group	BSCB will deliver, commission and promote effective training in safeguarding and welfare promotion for all staff and volunteers who work with children and families	
15) Extend knowledge and understanding of neglect	Working Together: (2010) Chapter 4		Training Sub-Group Professional Practice Sub-Group	BSCB will deliver, commission and promote effective training in safeguarding and welfare promotion for all staff and volunteers who work with children and families	
16) Develop the new Domestic Violence/Abuse procedures			Professional Practice Sub-Group	To maintain, review and update local inter agency child protection guidelines and procedures for intervention to safeguard and protect children.	

17) Develop Children's Social Care standardised Referral form			Professional Practice Sub-Group	Clear, concise referral form will improve referral process	Feedback and evaluation from users
18) Develop standardised Child Protection Plan pro forma			Professional Practice Sub-Group	Better quality outcome focussed Plans with clear targets/services.	Audit of plans
19) Implement recommendations from NCRC/NSPCC research		Professional Practice Sub-Group to consider all recommendations  Develop Action Plan	Professional Practice Sub-Group	Learning from audits/research will improve the safety of children in the Bradford District.	Review and audit of actions  Report back progress to Board
20) Reform MAACSE meetings		Task group to be formed to look at development of MAACSE	CSE Sub-Group	Better information sharing and improved processes in place to safeguard and protect children	
21) Clarify CSE champions role		Task group to be formed to look at champions' network.  Identify a Champions Network coordinator	CSE Sub-Group	Better processes in place to safeguard and protect children  CSE Champions providing consultation and advice to colleagues	

22) Revision of Anti-bullying Strategy		To be a main agenda item at Sub-Group Developmental Day  Board agree revised strategy	Anti-Bullying Sub-Group  BSCB	Clear, concise, outcomes focused strategy in place to protect children.	
23) Research on cyber bullying (which is increasingly a concern at primary school level) and bullying of pupils with special educational needs in mainstream schools.			Anti-Bullying Sub-Group	Learning from audits/research will improve the safety of children in the Bradford District.	
24) Connections to be made with Youth Offending Team and anti-social behaviour through peer project run through Localities.			Anti-Bullying Sub-Group	Better processes in place to safeguard and protect children	

<p>25) Anti-Bullying Practitioners Group to be resurrected and stronger focus on obtaining data around recording incidents of bullying</p>		<p>Resurrect group</p> <p>Consider DCSF guidance on monitoring of bullying incidents</p> <p>In schools</p> <p>Analysis of Health and Lifestyle survey</p>	<p>Anti-Bullying Sub-Group</p>	<p>Improved information sharing and better processes in place to safeguard and protect children</p>	<p>Agenda item at Sub-Group meeting (March 2010)</p>
<p>26) Childhood Injury Prevention (CHIP) Sub-Group to consider its connections with the Child Death Overview Panel.</p>	<p>Working Together (2010)</p>	<p>CHIP Co-ordinator to attend CDOP when children killed due to accidents are being reviewed</p> <p>CDOP members to be offered bespoke training from the CHIP Sub-group regarding accident prevention activities.</p>	<p>CDOP</p> <p>CHIP Co-ordinator</p> <p>CHIP Sub-Group</p>	<p>Improved information sharing and better processes in place to safeguard and protect children</p>	

27) Continue exploring future funding arrangements regarding Childhood Injury Prevention			CHIP Sub-Group	Activities and resources are in place to help children stay safe	
28) Development of research into children subject of Child protection plans / Looked after Children involved in accidents			CHIP Sub-Group	Learning from audits/research will improve the safety of children in the Bradford District. – particularly those identified as most vulnerable	
29) Present to the Board an overview report of Childhood Injury Prevention activities for 2009/10			CHIP Sub-Group	Reviewing progress of delivering against priorities	Report presented to Board
30) Review actions arising from serious case reviews involving disabled children		Safeguarding Disabled Children to complete any Sub-Group actions from identified serious case review	Safeguarding Disabled Children & Young People Sub-Group SCR / PMAE Sub-groups	Better outcomes for children and young people	Completed actions audited

31) Work with PMAE sub-group to establish regular data sharing on numbers of disabled children		Performance Officer to be invited to Sub-Group  Agree processes for sharing data	Safeguarding Disabled Children & Young People Sub-Group / PMAE Sub-Group	Better sharing of information for disabled children	
32) Complete co-ordination of Sex and Relationships Education audit and NSPCC campaign.			Safeguarding Disabled Children & Young People Sub-Group	Learning from audits/research will improve the safety of children in the Bradford District. – particularly those identified as most vulnerable	Findings from research presented to Board
33) Ensure that the Hidden Harm sub-group Action Plan is linked to the Needs Analysis. This will have implications for the multi-agency care planning document.		Sub-group to consider findings of Needs Analysis	Hidden Harm Sub-Group		
34) Ensure substance misuse awareness is included in generic training.			Hidden Harm Sub-Group	Raising awareness	Audit of training  Report back progress to Board

35) Improve collection and monitoring of data from substance misuse treatment services in respect of safeguarding			Hidden Harm Sub-Group	Better sharing of information resulting in identification of vulnerable children	
36) To ensure families are aware of the activities of the CDOP		The regional leaflet to be customised for use in Bradford	CDOP	Increased awareness of the role of CDOP for families	
37) The CDOP to establish better processes with agencies to ensure the data provided to the Panel for Review, from all agencies is of good quality and provides the right information with the circumstances being discussed.		CDOP Coordinator to review processes and systems and report back to the Panel	CDOP	Better sharing of information	

## Conclusion

This Annual Report has presented the work undertaken by the BSCB during 2009 – 2010. The report addresses the requirements of *Working Together to Safeguard Children* in paragraph 3.34 – 3.39.

The Report has established our targets for the forthcoming year. We will do all in our power to ensure that children and young people in Bradford are safeguarded as effectively as possible.

## Appendices

### Performance Data 2009/10

#### 1.0 Child Protection

1.1 The number of children who were the subject of a child protection plan (CPP) as at 30<sup>th</sup> March 2010 was 404 (an increase of 99 children since March 2010). The proportion of boys (53%) was higher than girls. Most children with a CPP were from young age groups; 40% of children were under 5.

As at 31<sup>st</sup> March 2010, nationally the number of children subject of a plan was 39,100 (an increase of 5,000 compared to the previous year). This is a rate of 35.5 per 10,000 under 18 population; Bradford's rate of 31.5 was lower than the national rate and much lower than the statistical neighbour average of 40.01 per 10,000 child population.

**TABLE 1 Number of children and young people who were the subject of a Child Protection Plan (or on the CPR) at 31-Mar-2010**

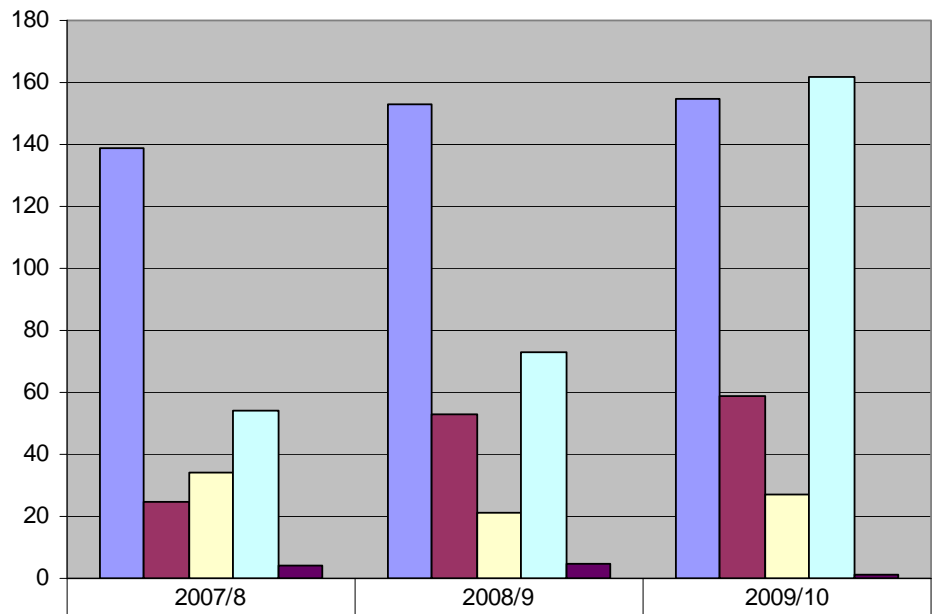
Category of Abuse	BOYS (by Age)						GIRLS (by Age)							
	Under 1	1-4	5-9	10-15	16 and over	TOTAL BOYS	Under 1	1-4	5-9	10-15	16 and over	TOTAL GIRLS	Unborn Children	TOTAL
Neglect	7	26	21	22	0	76	12	24	14	26	1	77	2	155
Physical abuse	4	14	9	7	0	34	0	3	9	11	1	24	1	59
Sexual abuse	3	1	4	0	0	8	1	6	3	9	0	19	0	27
Emotional abuse	6	30	32	26	2	96	3	20	19	20	3	65	1	162
Multiple Categories	0	0	1	0	0	1	0	0	0	0	0	0	0	1
<b>Totals</b>	<b>20</b>	<b>71</b>	<b>67</b>	<b>55</b>	<b>2</b>	<b>215</b>	<b>16</b>	<b>53</b>	<b>45</b>	<b>66</b>	<b>5</b>	<b>185</b>	<b>4</b>	<b>404</b>

1.2 The category of abuse reasons for children subject of a CPP were:

- Neglect (38%)
- Emotional Abuse (40%)
- Physical Abuse (15%)
- Sexual Abuse (7%)

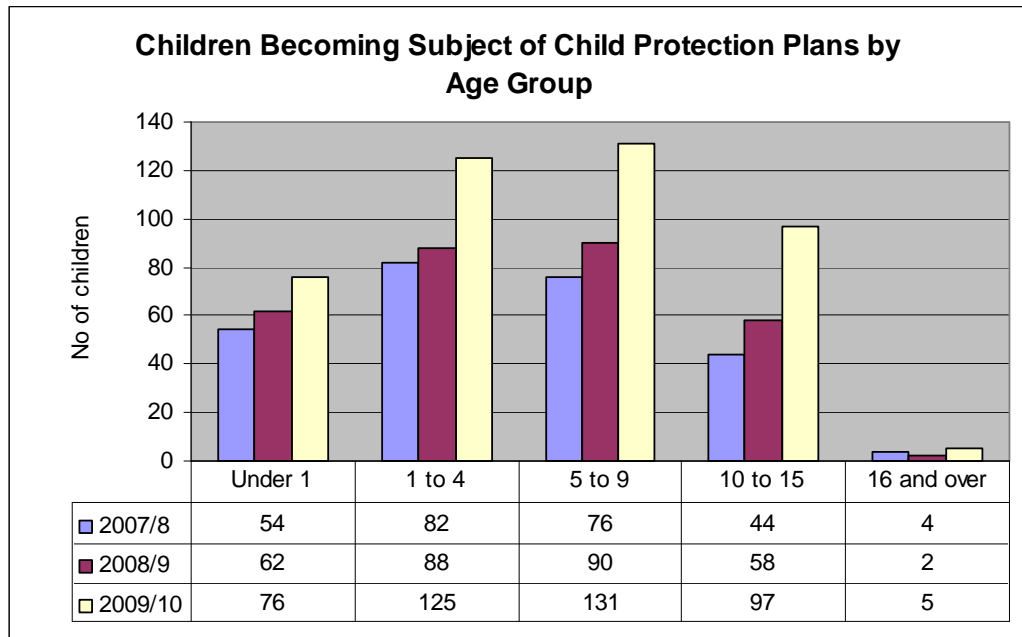
In previous years the category of abuse breakdown as percentages had remained fairly stable both locally and nationally. In Bradford, in 2009/10, there was a substantial increase in the number of CP Plans due to Emotional Abuse which meant it overtook Neglect as the main category. The increase in Emotional Abuse contributed largely to the overall rise in numbers of children subject of a CP Plan compared to the previous year.

### Children subject of a child protection plan by category of abuse

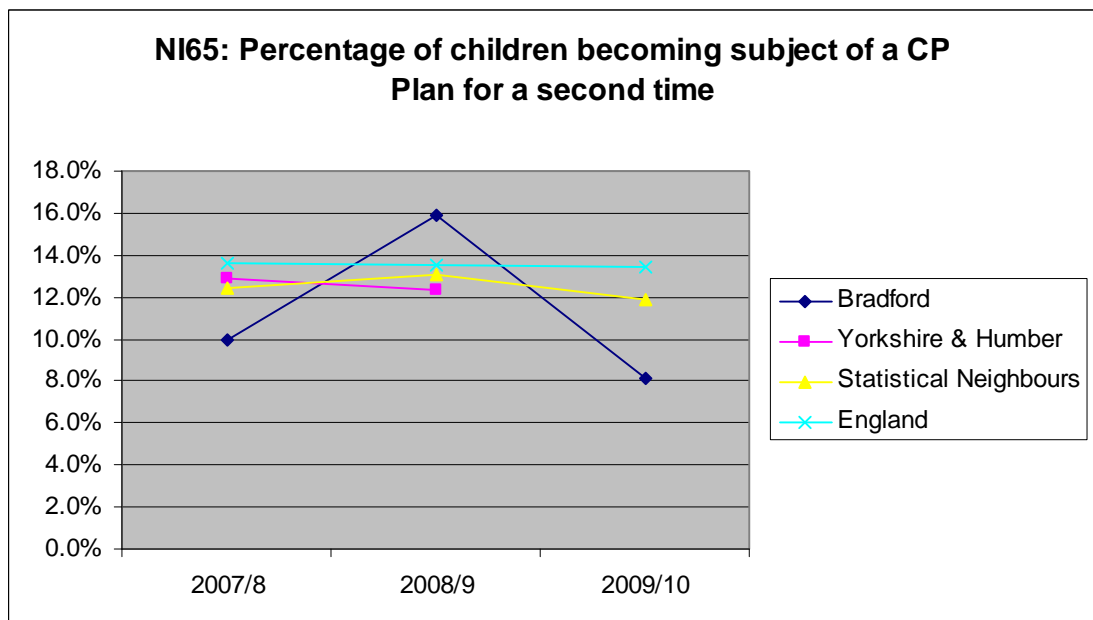


	2007/8	2008/9	2009/10
■ Neglect	139	153	155
■ Physical Abuse	25	53	59
■ Sexual Abuse	34	21	27
■ Emotional Abuse	54	73	162
■ Multiple/Not Recommended	4	5	1

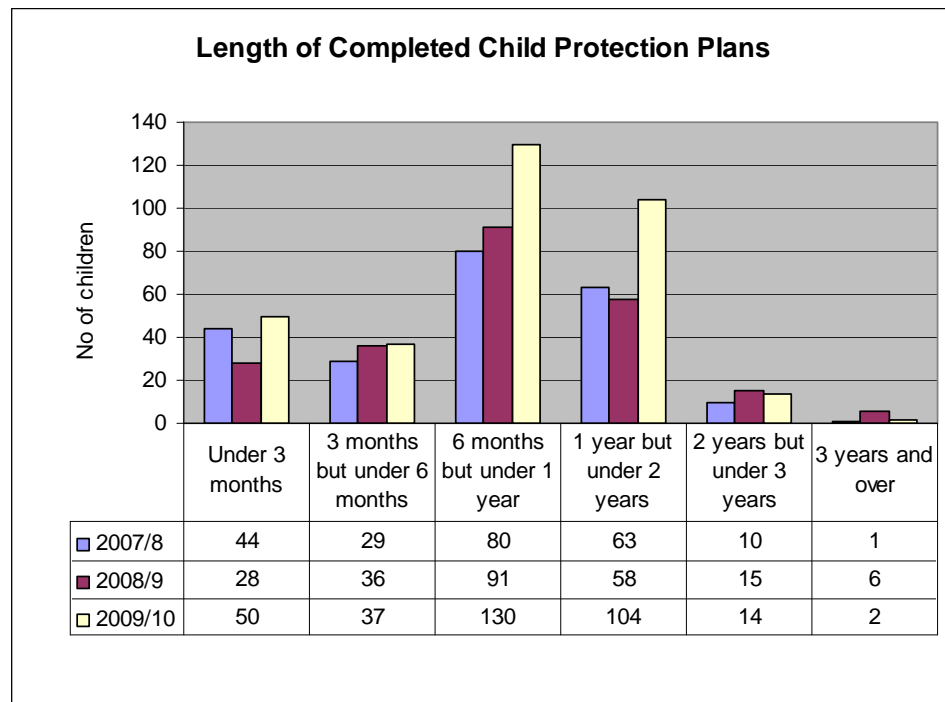
1.3 The number of children who newly became subject of a Child Protection Plan during the year was 434. This is an increase of 134 children compared to the previous year.



8.1% of children became subject of a plan for a second time (this is national indicator 65). This was a reduction on the previous year's 15.9% (improved performance). Bradford's performance for this indicator is lower (better) than the England average of 13.4% and the average for statistical neighbours of 11.9%.

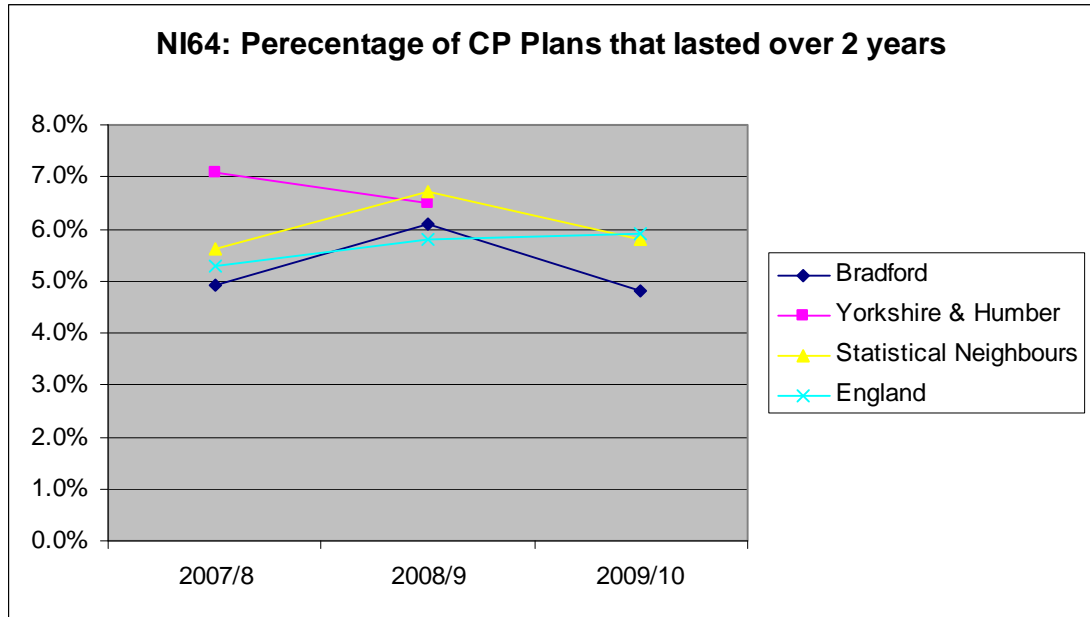


1.4 In the year there were 337 children whose protection plans ended (an increase of 103 children compared to the previous year). This rate is lower than the rate at which children became subject of a plan during the year therefore the contributing to the increase in overall numbers of children subject of a plan.

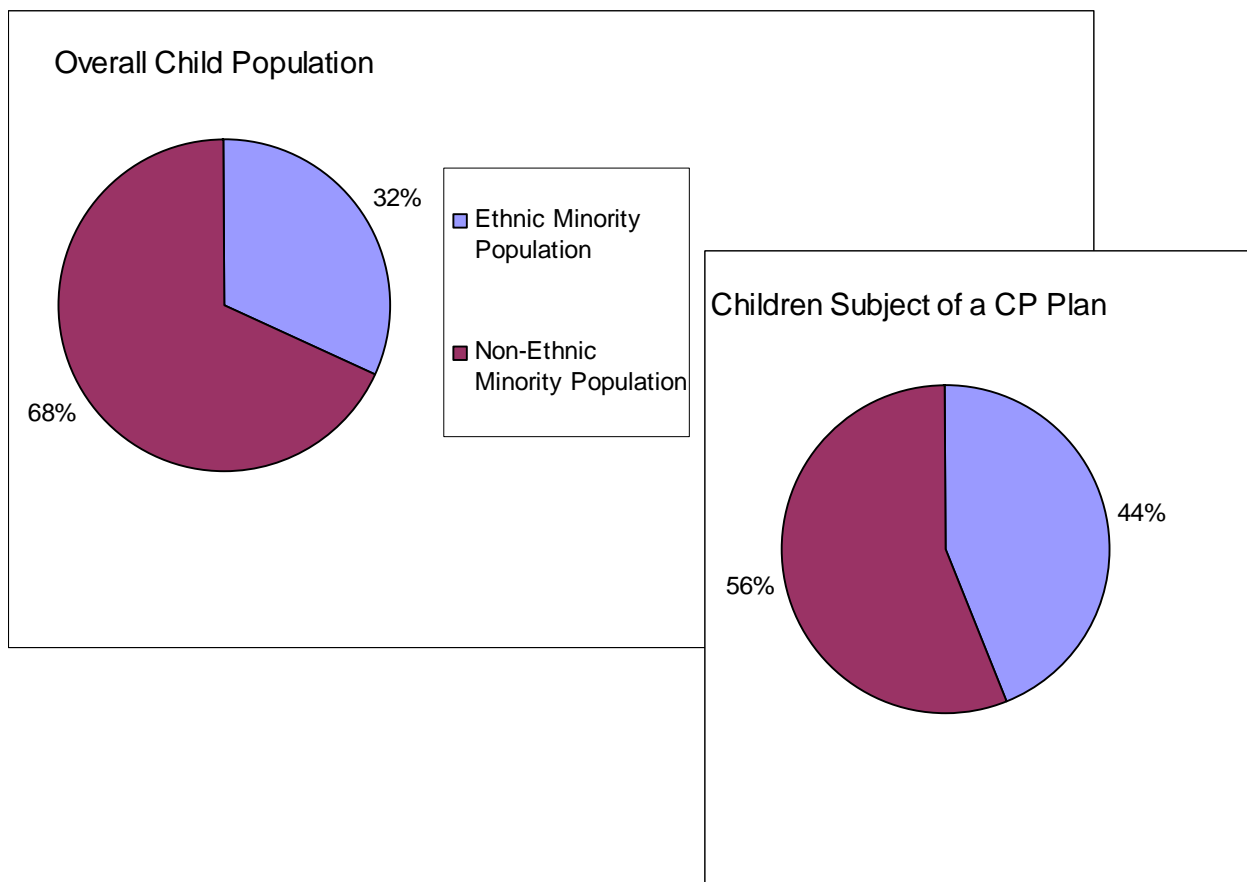


Professionals working with children and their families in a child protection context endeavour to work towards changes in the family situation and ensure the child is not the subject of a Child Protection Plan for longer than two years. This is national indicator 64. The proportion of child protection plans lasting 2 years or more was 4.8% in 2009-10, an improvement on the previous year's 6.0%.

Bradford's performance for this indicator is lower (better) than the England average of 5.9%, and the average for statistical neighbours of 5.8%. Bradford's position is currently in quartile band B (top 50% of all authorities nationally). Our quartile position last year was Quartile D (lowest quartile).

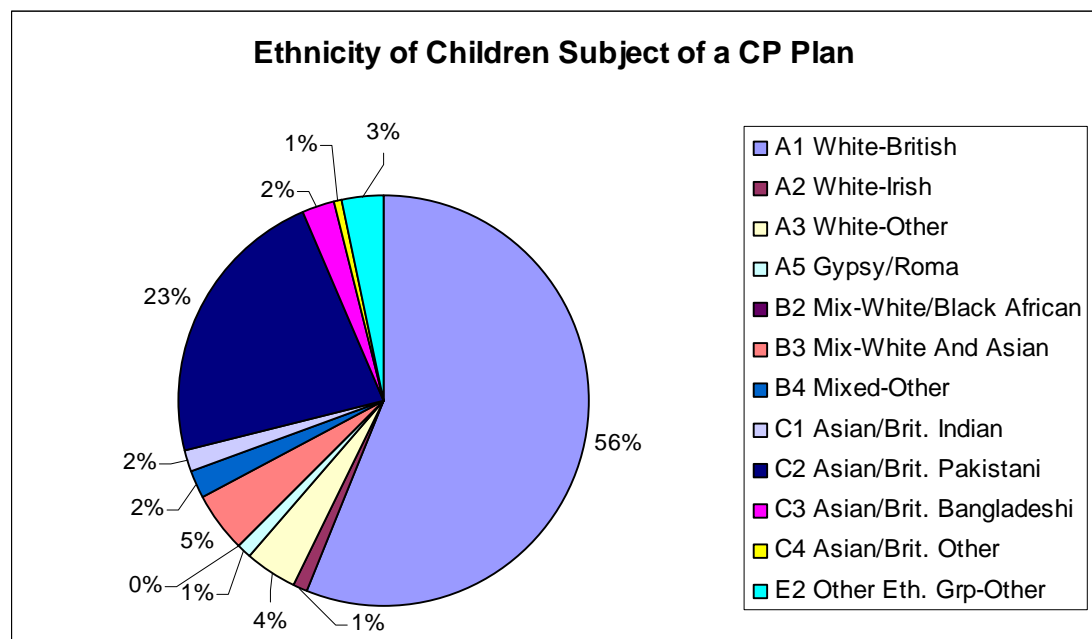


1.5 44% of children subject of a CP Plan are from an ethnic minority background. This compares to 32% of children and young in the District that are from an ethnic minority background. Over the past two years the ratio of children subject of a Child Protection Plan that were from minority ethnic groups compared to the proportion of children in the local population that were from minority ethnic groups has changed from 0.77 to 1.44. The increase has primarily been within the Asian British/Pakistani group.

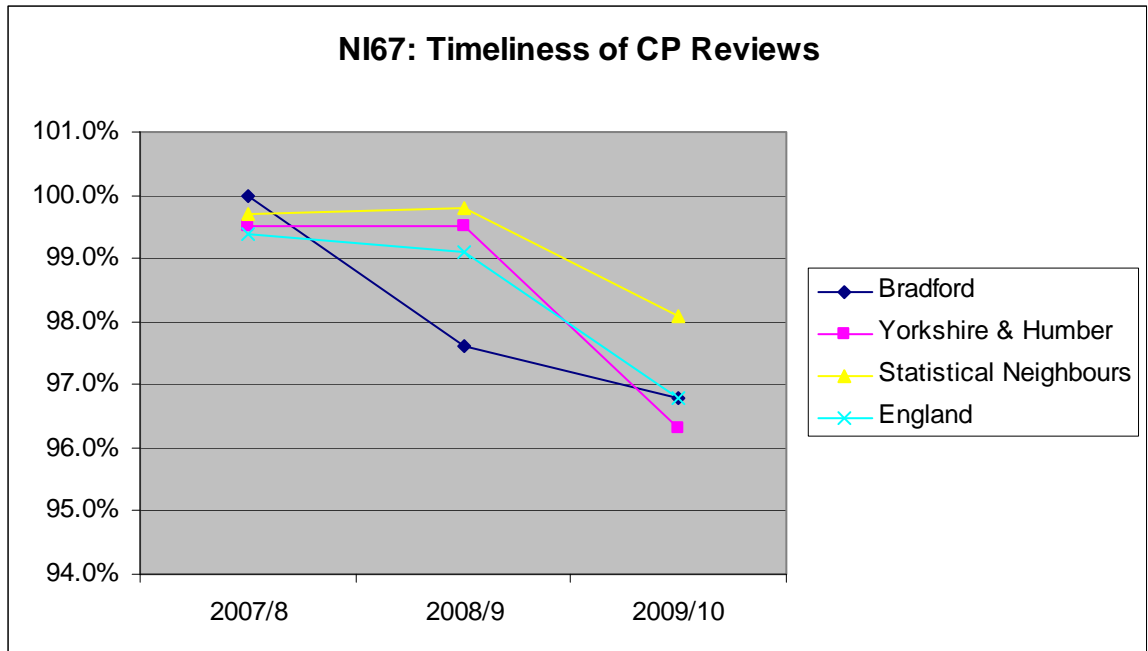


**TABLE 2** Number of children and young people who were the subject of a Child Protection Plan (or on the CPR) at 31-Mar-2010, by ethnic origin

Ethnic Category	Ethnic Origin	Number
White	White British	243
White	White Irish	0
White	Any other White background	0
White	Traveller or Irish Heritage	0
White	Gypsy / Roma	2
Mixed	White and Black Caribbean	5
Mixed	White and Black African	0
Mixed	White and Asian	17
Mixed	Any other mixed background	7
Asian or Asian British	Indian	7
Asian or Asian British	Pakistani	96
Asian or Asian British	Bangladeshi	3
Asian or Asian British	Any other Asian background	0
Black or Black British	Caribbean	1
Black or Black British	African	4
Black or Black British	Any other Black background	0
Other ethnic groups	Chinese	0
Other ethnic groups	Any other ethnic group	10
Not Known	Refused	0
Not Known	Information not yet obtained	5
	Unborn children	4
<b>Totals</b>		<b>404</b>



- 1.6 A key national indicator to measure good outcomes for children subject of a CP Plan is national indicator 67 (timeliness of reviews). 96.8% of children subject of a CP Plan had all their reviews in the year within required timescales. This was a slight drop on the previous year (98%). Bradford's performance was slightly below the England average of 97.2%, and the average for statistical neighbours of 97.9%. However performance is slightly better than the Yorkshire & Humber average of 96.3%.



## 2.0 Referrals to Children's Social Care

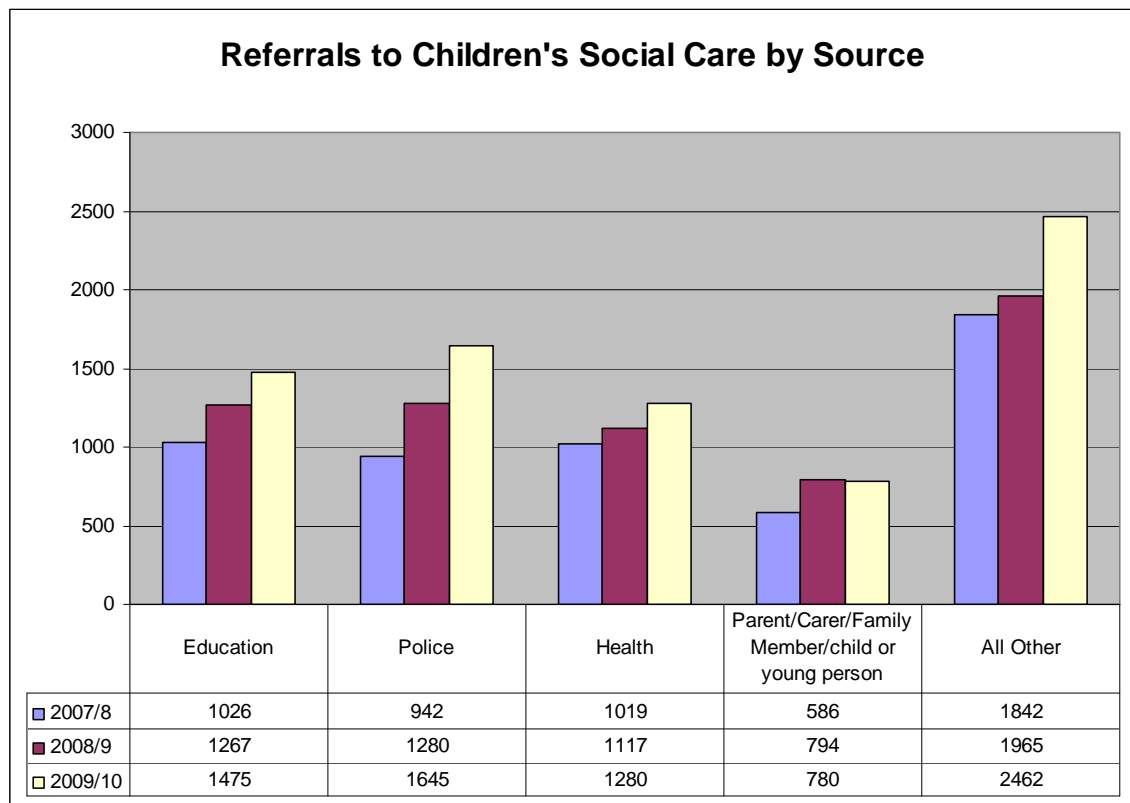
In the year, 7,547 referrals were made to social care agencies within the District, where the referring agency considered a child needed intervention from Social Care Services. This was an increase of 1,124 referrals compared to the previous year.

In the year, just under 2,000 children & young people were referred again to Social Care Services within 12 months of their previous referral. This represents approximately a quarter of children whose needs may not have been satisfactorily met or their needs may potentially have changed.

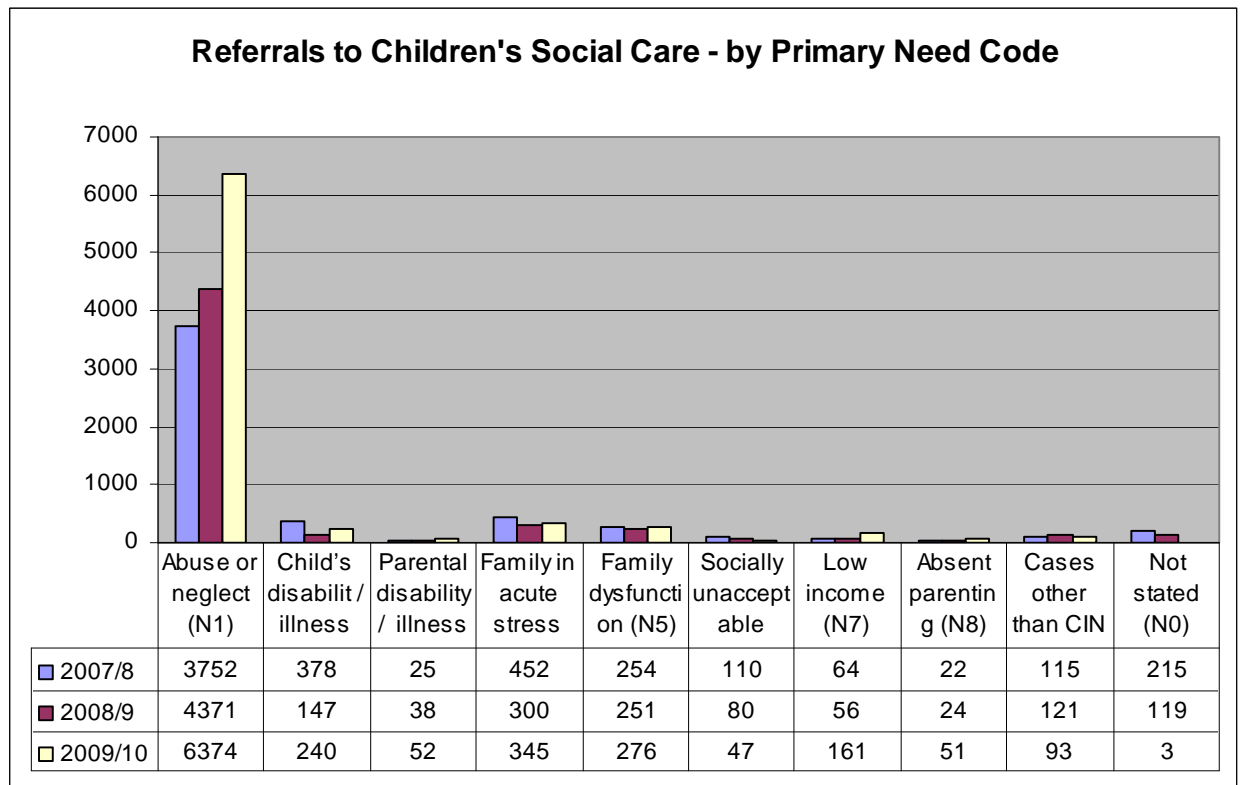
The number of children and young people being referred to social care agencies as at March 2010 (last available comparative data) was higher in comparison to rates nationally and with statistical neighbour activity rates (Bradford 587.3 per 10,000; Statistical Neighbours mean average 571.10 per 10,000; National average 548.2 per 10,000).

Referrals by source

Referrals received in the period - by source	2007/8	2008/9	2009/10
Education	1026	1267	1475
Police	942	1280	1645
Health	1019	1117	1280
Parent/Carer/Family Member/ child or young person	586	794	780
All Other	1842	1965	2367
<b>Total</b>	<b>5415</b>	<b>6423</b>	<b>7547</b>



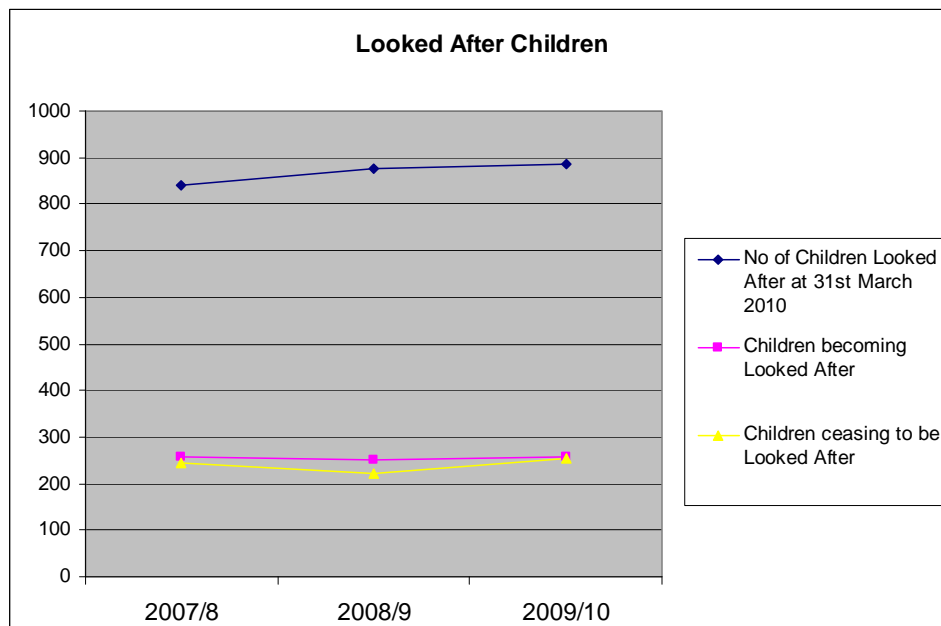
The main reason for a child being referred is abuse or neglect:



### 3.0 Looked After Children

#### Looked after children – overall demographics,

There are 885 children looked after at 31 March 2010, an increase of 0.9% since 2009 when 877 children were looked after. During the year the number of children being looked after rose to 901 for a short time in July 2009. In order to understand the changes to the population of looked after children; it is necessary to examine the reasons around children becoming looked after, and those who cease being looked after.



#### Children who started being looked after

For the 12 months up to 31 March 2010 there were 257 children who started to be looked after, this was an increase of 2.3% on last years figure of 251.

48% of children who started to be looked after were aged between 0 and 4 and 28% between 10 and 15, which is not too different to last year (49% and 30%).

The distribution of children who started to be looked after during the year ending 31 March 2010 is as follows: 26% of children were from Springfield Office and Rooley Lane Office, 22% Romanby Shaw Office, and 19 % at Keighley Office.

#### Children who ceased to be looked after

253 children and young people ceased to be looked after during the year ending 31 March 2010, a slight increase over last year (223).

33% of these were 0 to 4 year olds and 37% were 16 and over ceased to be looked after during the year.

The proportion of LAC who were 16 and over who ceased to be looked after increased by 5% on last years figure of 32%.

A smaller proportion of children are becoming LAC for only short periods of time. 17% of children who ceased to be looked after during the year had been looked after for less than 30 days compared to 2009 where 26% had ceased after 30 days.

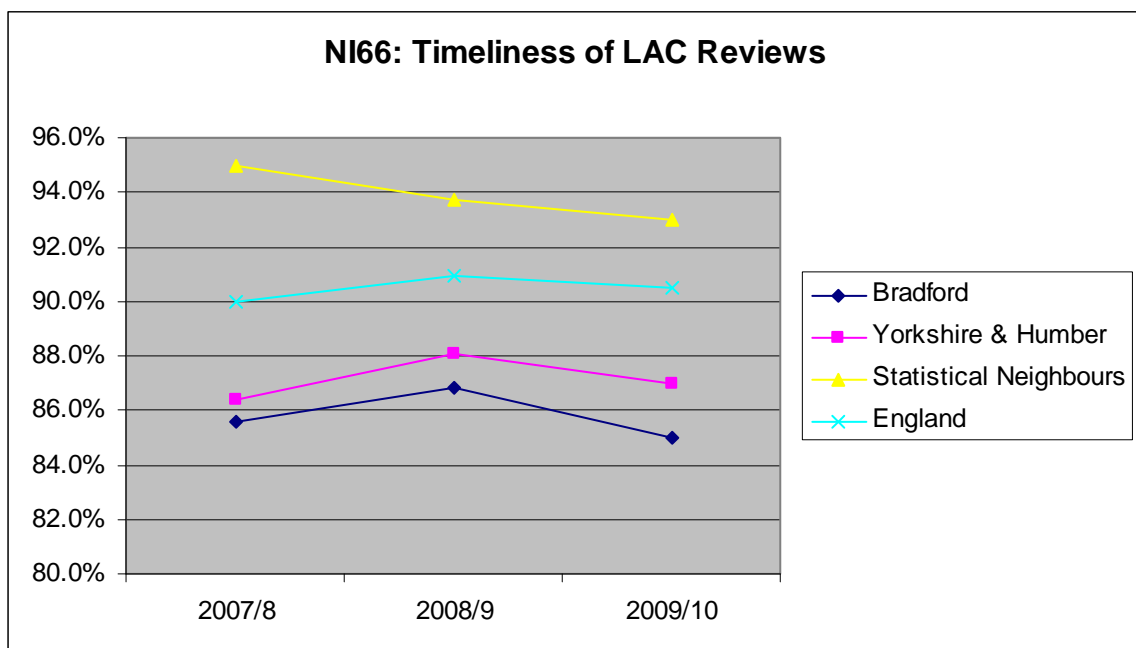
This fall may identify a resource issue in ensuring sufficient provision of preventative services (e.g. ACRes) able to target specific groups of LAC for early discharge.

Almost a quarter (23%) of children discharged had been looked after for more than 5 years.

Only 37% (93) of children that ceased to be looked after had a foster placement as their final placement, compared 55% last year. The number of LAC who were 16 and over who ceased care increased and therefore the number having independent living as their final placement has increased.

#### National Indicator 66: Timeliness of Reviews for LAC

A key national indicator to measure good outcomes for children Looked After is NI66 (timeliness of LAC reviews). 84.76% of LAC had all their reviews in the year held on time, a slight decrease compared to last year's figure of 86%. This meant Bradford is below the England average of 90.5%, the Yorkshire & Humber average of 86.8% and the average for statistical neighbours of 92%. Bradford's position is currently in the bottom quartile (i.e. quartile band D - bottom 25% of all authorities nationally).



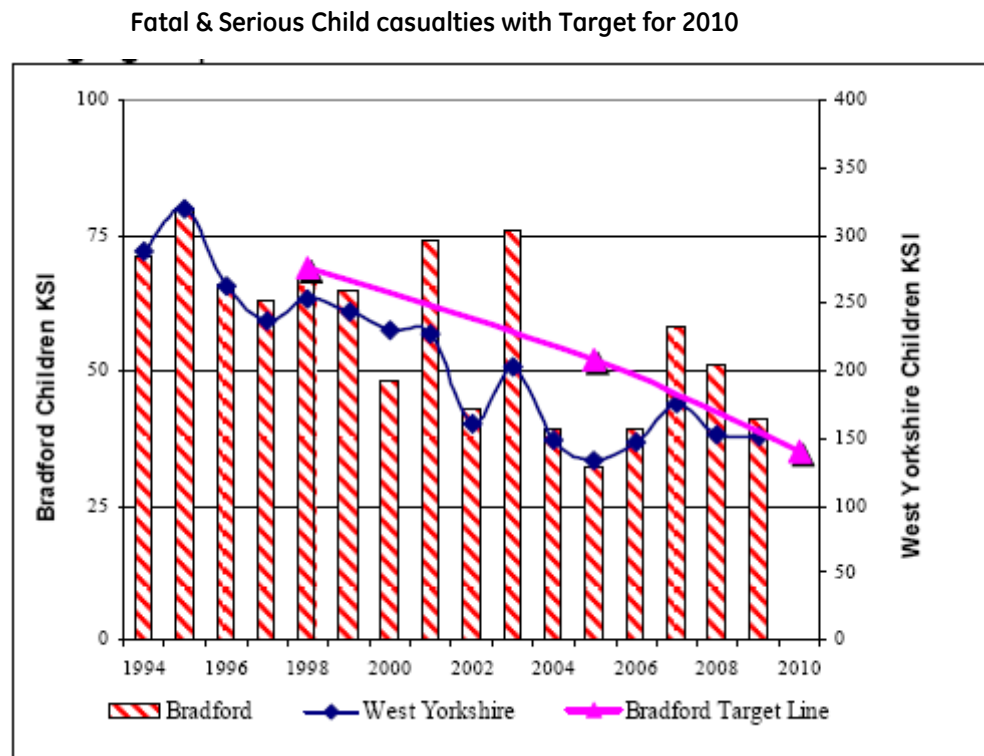
#### 4.0 Unintentional Injuries

Unintentional injury is a leading cause of death and illness among children, and causes more children to be admitted to hospital each year than any other reason. Unintentional injury occurring to children results in approximately two million accident and emergency (A&E) visits a year costing the NHS approximately £146 million (Audit and Healthcare Commission, 2007)

Children in the Bradford District are 20% more likely to be admitted to hospital due to unintentional injury than the national average according to the Child Injury Prevention Strategy 2008-2011 (p2). Many of these injuries are largely preventable.

#### 4.1 Child (0-15 year old) killed or seriously (KSI) injured in Road Traffic Accidents

In 2009, 3 children were killed and a further 38 were seriously injured in Bradford. This represents 19% of total KSI. In 2008, the number of children KSI was 50 compared to 58 in 2007. The reduction in 2009 was mainly due to the number of pedestrian casualties which decreased by 15%. The breakdown of the child age groups reveal that the reduction is down to the 8-11 and 12-15 years old. The KSI for these groups decreased by 67% and 39% respectively.



Source: City of Bradford Metropolitan District Road Casualties 2009

#### Child Pedestrian KSI

The largest proportion of child KSI casualties is associated with the pedestrian road user group, accounting for 80% of the total. The trend for this group has fluctuated in recent years.

The break down of child pedestrian KSI per age group reveal the following:

- The number of pedestrian casualties aged 12-15 years continued to fall for the third consecutive year.
- The pedestrian KSI casualties for the 8-11 age group has decreased significantly (92%) this year (1) against 2008 (12).
- The number of pedestrian KSI for the 0-4 and 5-7 years old is still relatively high. The figure for the 5-7 has jumped from 4 (2008) to 13 (2009).

Source: City of Bradford Metropolitan District Road Casualties 2009

The Bradford District has a worrying trend for pedestrian injuries occurring to very young children which goes against the national figures. This highlights a possible issue around parental/carer supervision.

The areas of Bradford with highest rate of child road casualties are City, Manningham, Heaton, Little Horton and Bowling and Barkerend, all areas with high levels of deprivation.

#### 4.2 Fire related injuries

Statistics provided by West Yorkshire Fire and Rescue Service for 2006-10 show that children under the age of five are most commonly affected by fire related injuries. Asphyxiation is the most common type of injury amongst children whilst the main cause of injury is chip pan fires.

#### 5. Bullying

Approximately 10,500 pupils in Bradford took part in the Health and Lifestyle Survey (2009/10), from which the main findings are:

- 35% of Year 4 pupils say they have been bullied at school in the last 12 months; this figure falls to 26% in Year 7 and 17% in Year 10
- The most common sorts of bullying or aggressive behaviours reported were teasing and name-calling, with being pushed or hit for no reason a clear third
- The most common reasons perceived for being picked on or bullied were size/weight and appearance.

There are a number of indicators of the effectiveness of schools in developing effective anti-bullying policy and practice including; the number of pupils formally excluded from school for bullying; the number of schools awarded the Healthy Schools and the judgement made and grade awarded to schools by Ofsted when undertaking an inspection of schools under section 5 of the Education Act 2005. These indicators provide a bench mark for evaluating future progress by mainstream schools in Bradford. 98% of schools in Bradford had fulfilled the rigorous requirements of the Healthy School Award by July 2010.

#### Number of pupils excluded from school for bullying 2007/08 – 2009/10

Year	No of primary pupils : Fixed term exclusions	No of secondary pupils : Fixed term exclusions
2007/08	7	73
2008/09	8	71
2009/10	3*	27*

\* Provisional figures

There have been no permanent exclusions for bullying over the past three years. Considering the data received from schools (up to 14<sup>th</sup> September 2010) there was a reduction at both primary and secondary phases of at least 50% between 2008/09 and 2009/10.

**Ofsted Inspection Reports. Grade awarded for the extent to which pupils feel safe**

	Grade				Total number of schools
	1 Outstanding	2 Good	3 Satisfactory	4 Inadequate	
Primary	32	59	43	4	138
	23%	43%	31%	3%	100%
Secondary	1	10	9	3	23
	4%	46%	37%	13%	100%

66% of the 138 primary schools inspected were judged to be “good or better” in relation to pupils feeling safe. 43 primary schools were satisfactory and 4 inadequate.

11 secondary schools inspected were judged to be “good or better” with 9 awarded a satisfactory grade and 3 considered inadequate.

Those schools judged inadequate have received targeted support from Education Bradford to improve their effectiveness.