

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 8.1
<p>DATE OF MEETING: 16th January 2014</p> <p>REPORT AUTHOR & CONTACT NUMBER: Michael Preston-Shoot 01582 547590</p> <p>SUBJECT: The LSCB Annual report on the effectiveness of safeguarding in Luton 12/13</p>	

WARD(S) AFFECTED: ALL

PURPOSE

1. The Apprenticeship, Skills, Children & Learning Act 2009 introduced a requirement for LSCBs to produce and publish an annual report on the effectiveness of safeguarding in the local area. The revised Working Together 2013 guidance has provided additional detail and states the annual report should be published in relation to the preceding financial year and be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services and identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

RECOMMENDATION(S)

2. For Members of the Health & Well Being Board to review and discuss with officers present.

BACKGROUND

3. The LSCB Annual report covers the preceding financial year from April 2012 to March 31st 2013 and is set in the context of national research.

The full report is attached but areas of particular interest for the Health & Well Being Board are as follows:

The safeguarding arrangements for teenage parents section (page 7) identified an issue with access by sexual health professionals to all Luton schools to provide a

standardised Sex and Relationship Education package. This was identified as a consequence following the demise of the 'Healthy Schools' scheme.

The current status is Public Health is currently undertaking a mapping exercise on PSHE work with Luton High schools with a final report due in April 2014 and further work is planned to address health and wellbeing in schools.

The Parental Mental Health and Safeguarding Children section (page 10) references findings from a national research (Report – "New learning from serious case reviews a two year report for 2009 to 2011") focusing on learning from serious case reviews in which children aged 5 to 10 years were the particular focus. The national report provides a clearer understanding of the extent to which domestic violence, misuse of alcohol and/or drugs and parental mental health problems factors were significant for the family involved in each of the serious case review reviewed (139 cases): 63% of cases featured domestic violence and 58% featured mental health problems of one or both parents. Parental substance misuse was mentioned for 42% of families, with a context of drug misuse in 29% of families and alcohol misuse in 27% of the cases. Only 14% of families didn't feature any of these factors. A key message the LSCB wish to promote for Luton professionals is that while singularly, parental substance misuse, domestic violence and parental mental ill health may pose risks of harm to children, it is the combination of these factors which is particularly toxic.

The Supporting parents/carers with learning disabilities section (page 11) continues to be an area of particular focus for the LSCB as the young mother involved in the Luton Child B SCR had a learning disability which did not meet the threshold for adult social care involvement. Similarly, in the ongoing Child D SCR, there is a lack of clarity as to whether the Mother had a learning disability or was uneducated as she didn't complete High School but no LD assessment was completed and there is no framework in place to assess her parenting capacity. This is likely to result in a recommendation from this SCR.

Work has been ongoing to identify a transition route into Adult Social Care (ASC) for Vulnerable Care Leavers (VCL). However, not all cases referred to A.S.C. have been accepted for services as they do not fit the existing criteria and there remains a concern of VCLs still falling through the net. This has been identified as a key priority for development by the ASC Strategic Transition Group.

In addition, national research has identified the focus is on learning disabled mothers because typically they are their children's primary or exclusive care givers. The LSCB has highlighted a concern that fathers with learning disabilities may not be assessed for support to help them understand their parenting role, if their partner does not have a learning disability.

The Arrangements for meeting the needs of deaf children in Luton section (page 13) identifies there is no systematic arrangement for ensuring deaf children and their families receive a joint assessment involving health, education and social care, nor a defined multi-disciplinary 'pathway' for planning and service provision..

Through the Children's Hearing Impairment Strategic working group (CHISWG), work has been undertaken to clarify with Teachers of Deaf (TOD) and outreach workers for deaf children the formal referral arrangement with children's social care but there still

appears to be a significant degree of ad-hoc practice in this area. TOD describe that they “hang on” to deaf children they might be concerned about because they do not feel confident in either the referral arrangement or the likelihood that a child will receive an appropriate assessment and / or service provision.

There is evidence of some gaps in integrated arrangements in response to deaf children which in turn can result in delays in recognition of need and provision of assessment, lack of preventative work, ambiguous pathways of service provision, and responsiveness only in situations of acute need (the escalation of which might be preventable with early support). These challenges, alongside the diverse family contexts of deaf children, indicate the need to consider further how to consolidate an integrated and skilled provision for deaf children and their families in Luton.

The welfare and well being of children using or affected by alcohol or drugs section (page 19) highlights learning from national research for professionals working in complex families, is to guard against the tolerance of unacceptable levels of care, particularly where this is seen as normal for the family or community and be mindful of the differing priorities between child protection and substance misuse systems (statutory and voluntary sector) which may impact on positive collaboration between services/agencies.

An update to the section on safeguarding issues arising from Guns and Gangs in Luton (page 33) identifies Op. Boson as Bedfordshire Police’s dedicated response to the rise in firearm crime in Luton.

The partnership operational panel managing the risks around the young people in the prioritised risk cohort continues to sit fortnightly, working to the YOS remit, with each young person having a dedicated worker and customised plan.

This panel is governed by a Partnership Co-ordination Group comprising Police, YOS, Probation, Health, LBC and SoLUTiONs. This group reports to the Community Safety Executive as the strategic owner of the gang and youth violence problem.

L& D hospital data covering the Boson cohort identified twelve youths attending A&E for a variety of violence-related reasons, with injuries sustained by force or knife. The youths are over-represented (one-third of hospital attendances against one-tenth of cohort membership) in this sample.

REPORT

4. The LSCB Annual Report is attached

IMPLICATIONS

5. Nil

CONSULTATIONS

6. N/A

APPENDICES

7. Nil

LIST OF BACKGROUND PAPERS

LOCAL GOVERNMENT ACT 1972, SECTION 100D

None.