

Tower Hamlets  
Safeguarding  
Children  
Board



Keeping children safe in  
Tower Hamlets



Tower Hamlets LSCB  
Annual Report 2016/17

Safeguarding is everyone's responsibility



INVESTORS  
IN PEOPLE | Silver



METROPOLITAN  
POLICE

TOTAL POLICING



Tower Hamlets  
Clinical Commissioning Group

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## Chair's Foreword



I am the Independent Chair of the Safeguarding Children Board and took up my role in November last year. I would like to thank Sarah Baker, the previous chair, for all her hard work.

This annual report has been written following a recent Ofsted inspection in to both Tower Hamlets children's social care and a review of Tower Hamlets Safeguarding Children Board. In both cases, Ofsted have graded the organisations as "inadequate". This is the lowest grading. The Metropolitan Police received a highly critical report on child safeguarding from Her Majesty's Inspectorate of Constabulary (a London wide report that was not specific to Tower Hamlets) and colleagues at Barts Health NHS Trust have been in special measures since their CQC inspection in 2015.

Against this backdrop it would not be appropriate to produce an annual report that attempts to demonstrate that our children are safeguarded to the standards we would hope. Whilst there has been some really good work, carried out by both individuals and organisations, this is overshadowed by the recent inspections.

As a result of the Ofsted inspection, Tower Hamlets Council now has an Improvement Board to oversee the necessary changes in children's services. The improvements will not be made by the local authority alone. All of the agencies engaged in child safeguarding will need to play their part. It is the job of the safeguarding board to facilitate this collaborative approach.

I appreciate that for front line professionals, the additional pressures of an improvement programme will make for a very challenging year ahead. I have met some outstanding individuals and I am confident that together we can meet the expectations that children, young people, families and carers have of our safeguarding services.

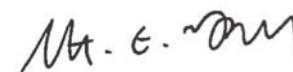
The safeguarding board has been re-designed and will focus on holding

agencies to account and ensuring that agencies work together in the best interests of our children and young people. We know that Tower Hamlets can be a challenging environment for children and young people. Agencies need to improve services and step up to these challenges.

As a result of this year's inspection, the annual report focuses on the improvements to be made and the way the board is dealing with those challenges.

I do thank all of those engaged in safeguarding our children in these challenging times, especially those voluntary services who do so much to support our children, young people and families.

I look forward to reporting progress in my report next year.

A handwritten signature in dark ink, appearing to read 'St. E. Ashley'.

**Stephen Ashley**

Independent Chair  
Tower Hamlets Safeguarding Children Board

# KEEPING CHILDREN SAFE IN TOWER HAMLETS 2016-17

The Local Safeguarding Children Board is here to help keep children and young people free from abuse or neglect.



## POPULATION

**304,900**

Fasted growing local authority in the UK – first time it has exceeded 300,000 since World War II

**32%** Bangladeshi and 31% White British make up our top two groups

**12.4%** of White Other (Eastern/Western Europeans) is the third largest and fastest growing ethnic minority group



**20%** of our population are under 16

**26.6%** of households have dependent children

**49%** of children continue to live in poverty

## CHILDREN PROTECTED

**1,417** child protection investigations were carried out

**388** children were subject to a child protection plan at the end of March 2017 under the following categories:

**Sexual Abuse - 15**

**Emotional Abuse - 182**

**Neglect - 105**

**Physical Abuse - 74**

**Multiple Abuse - 12**



Children living with domestic abuse continue to be the most common reason why children become subject to child protection plans under the category of domestic abuse.

18 children remained subject to child protection plans lasting 2 years due to neglect at home

## EDUCATION

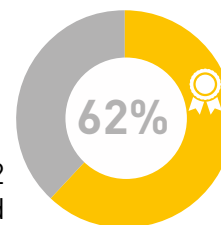
**9 in 10** pupils attending school is from an ethnic minority group



**53%** were eligible for free school meals making it the highest in the country

**62%** achieved a good level of development at age 5

**62%** achieve expected KS2 levels in Reading, Writing and Maths at the end of primary school - above the national average of 54%



**57.1%** of pupils in 2016 achieved 5 grade A\*-C passes

## CHILDREN LOOKED AFTER

**333** children were looked after by the local authority

**43** were under 5

**48** were aged 5 to 9

**122** were aged 10 to 15

**120** were aged 16 to 17



**18** children live in private fostering arrangement

## VULNERABLE CHILDREN

Most children grow up safe, happy and well. However, a small number of children and young people face some serious challenges in their lives.



**61** young people were referred to multi-agency sexual exploitation panel – the average were 14 year old females

**238** incidents of children missing from care

**176** incidents of children missing from home

**25** potential victims of trafficking were identified

**36** child deaths reported this year of which majority were expected (life limiting illness) and under the age of 1

**1** serious case review was published on the LSCB website

# KEEPING CHILDREN SAFE IN TOWER HAMLETS 2016-17

The Local Safeguarding Children Board is here to help keep children and young people free from abuse or neglect.



## ACTIVITY OVER THE LAST YEAR

### EARLY HELP SUPPORT WITH PARENTS/CARERS

**200** parent/carers attended the Annual Parent Conference on 'keeping our children safe and well'



**669** parent/carers accessed advice/information to support their child's school transition

**32,591** unique visits to the Local Offer website

**31** Parent Ambassadors were trained and actively delivering healthy eating sessions in schools

**15,550** contacts made with the Family Information Service

**250** plus members on the Parent and Carer Council regularly contribute to help shape council services for families

## PRIORITIES FOR 2017-18

It is critical that the future priorities for the LSCB focuses on those areas that will directly impact on frontline practice and the support given to families and children.

### Priority 1 - Performance & Audit

- Will monitor the quality of front line practice through an improved and robust statistical analysis of child protection performance and partner agency intelligence for emerging safeguarding issues
- Will ensure there is effective inter-agency scrutiny, a culture of information sharing and constructive challenge through quality assurance

### Priority 2 - Situational awareness

- We will create systems-based leadership to drive safeguarding strategy and practice across key statutory partners and beyond
- We will create and foster opportunities for our safeguarding partners to identify barriers to partnership working

### Priority 3 - Learning from Serious Case Reviews

- We will maintain an effective case review system that applies systemic approaches to reviewing critical incidents
- We will learn from the work partners do to enhance our collective safeguarding knowledge and practice

### Priority 4 - Engagement

- We will share listen and share learning with our local and professional communities
- We will involve and listen to what children & young people need

## Section 1

### Introduction

The Tower Hamlets Local Safeguarding Children Board (LSCB) has a statutory duty<sup>1</sup> to prepare and publish an annual report on its findings of safeguarding arrangements in the area:

*“The chair of the LSBC must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year..... The report should 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 Annual Report is published on the LSCB Website

The year's report is a departure from previous annual reports, which provided an assessment of our effectiveness. The 'inadequate' judgement made by Ofsted, following its review of Tower Hamlets LSCB in February 2016, imposes on us the need to focus on what we need to do to improve our local safeguarding arrangements alongside our key statutory partners. Therefore, the revised structure of this report is as follows:

<b>Executive Summary</b>	consolidates our borough profile and performance information to provide a snapshot summary of this report.
<b>Section 1</b>	describes the legislative and local governance framework of Tower Hamlets LSCB.
<b>Section 2</b>	provides local statistical and safeguarding information providing context for our work in the borough.
<b>Section 3 sets out the:</b>	national and local context for LSCBs in general and what this means for Tower Hamlets safeguarding responsibilities.
	provides a clear response to how we will tackle our shortfalls and strive to improve the way in which we know children in the borough are protected and safeguarded.
	sign-posts our direction of travel for the coming year and beyond. Priorities for 2017-18 are singularly linked to the improvement journey of Tower Hamlets Children's Social Care and LSCB as a partnership body.

<sup>1</sup> Working Together to Safeguarding Children 2015 (DfE)



## Governance

### Legal Context

In April 2006, Tower Hamlets LSCB was established in response to statutory requirements under the Children Act 2004.

Now in its tenth year, the LSCB partnership continues to provide ongoing opportunities to improve local leadership and commitment to drive the safeguarding children agenda, enhance collaborative inter-agency working, increase wider engagement and influence from the professional and local community, develop effective ways in which children are safeguarded for their long-term outcomes and promote the sharing of good practice.

The core objectives of all Local Safeguarding Children Boards (LSCBs) are:

- To co-ordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children in the area of the authority.
- To ensure the effectiveness of what is done by each person or body for that purpose.

The scope of LSCBs includes safeguarding and promoting the welfare of children in three broad areas of activity:

- Activity that affects all children and aims to identify and prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care.
- Proactive work that aims to target particular groups.
- Responsive work to protect children who are suffering, or are likely to suffer significant harm.

### Chairing and Support

The LSCB is chaired independently, in accordance with 'Working Together to Safeguard Children 2015.' Stephen Ashley was appointed as Independent Chair in November 2016 and reports directly to the chief executive of the local authority. His predecessor, Sarah Baker left her chairing position in Tower Hamlets in September 2016.

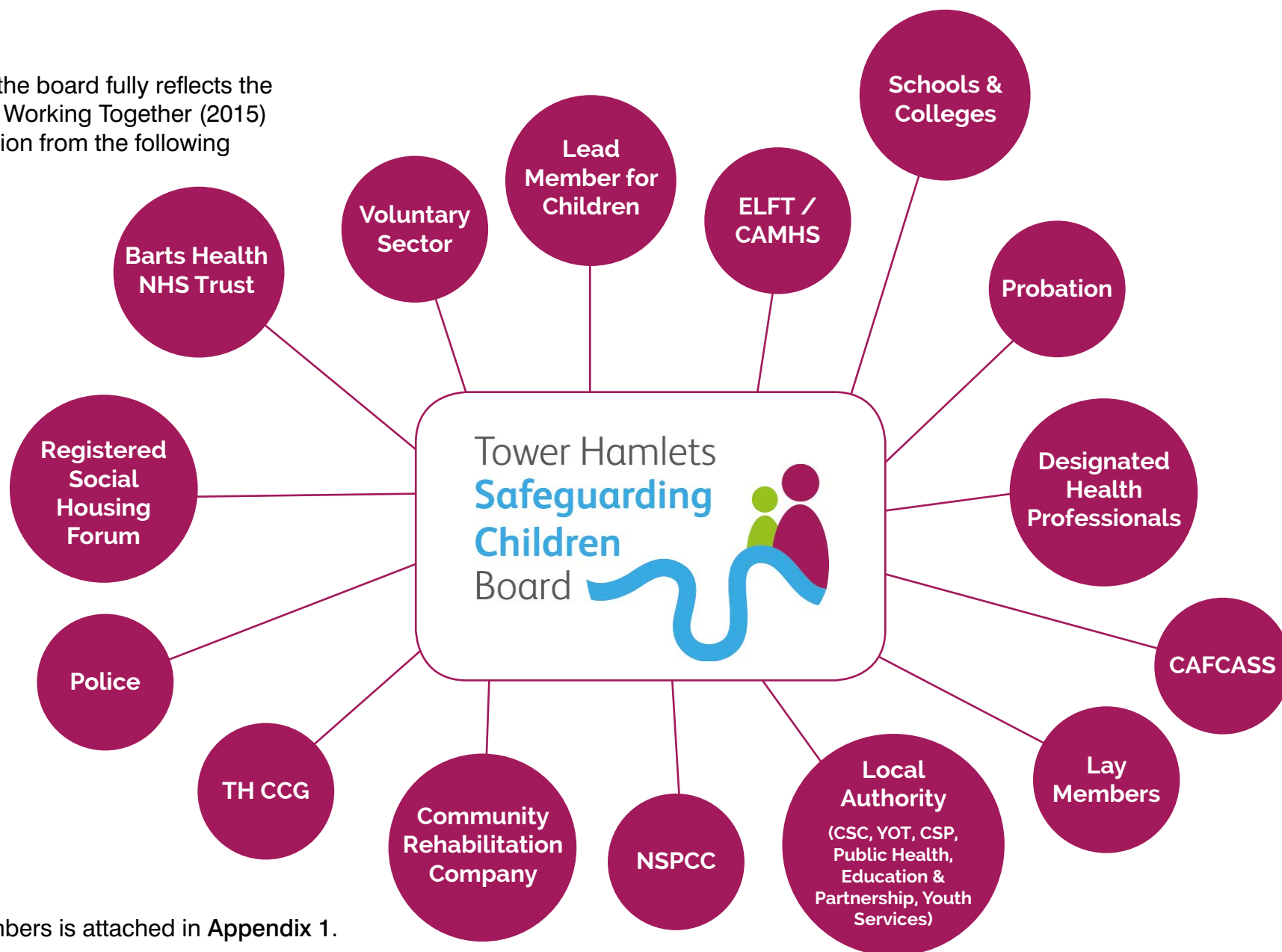
This report covers the period of both chairs' tenure.

A full-time business manager and business support officer along with the child death single point of contact officer support the LSCB. Barts Health NHS Trust funds the latter. Additional support is also provided by the Policy, Programmes and Community Insight function in the Council.



## Membership

Membership of the board fully reflects the requirements of Working Together (2015) with representation from the following partners:



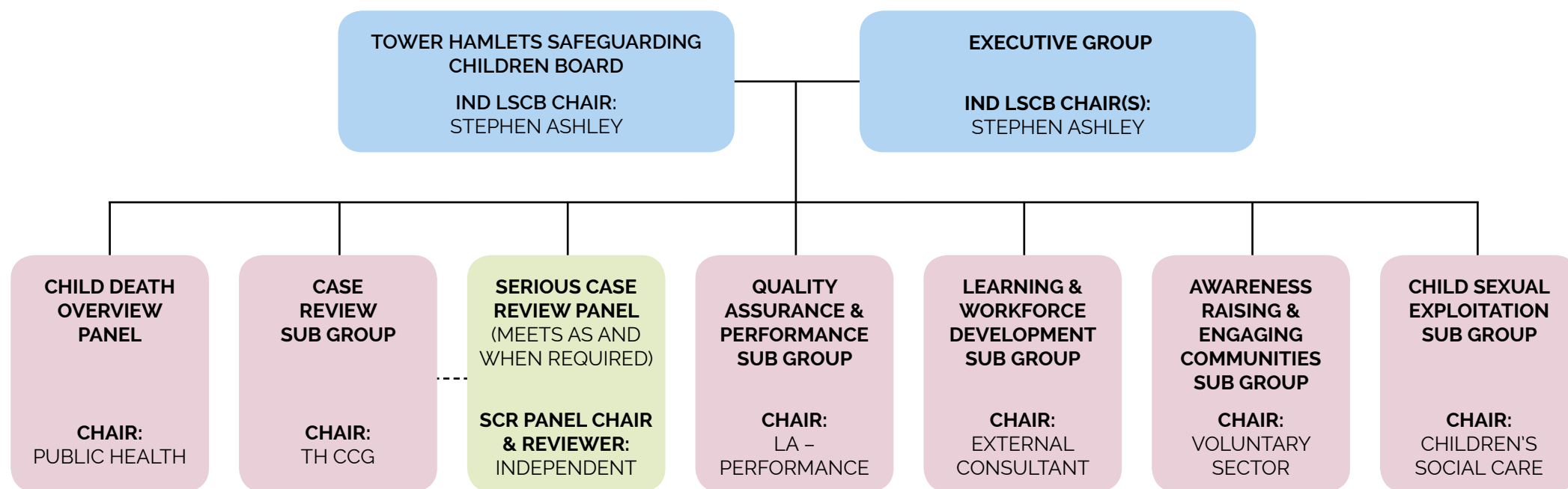
A full list of members is attached in Appendix 1.



## Structure

The Main Board meets every two months. Attendance at the LSCB meetings has been, as always, exceptionally good. The Executive Group also meets bi-monthly.

**The LSCB has six subgroups delivering the key functions of the LSCB:**

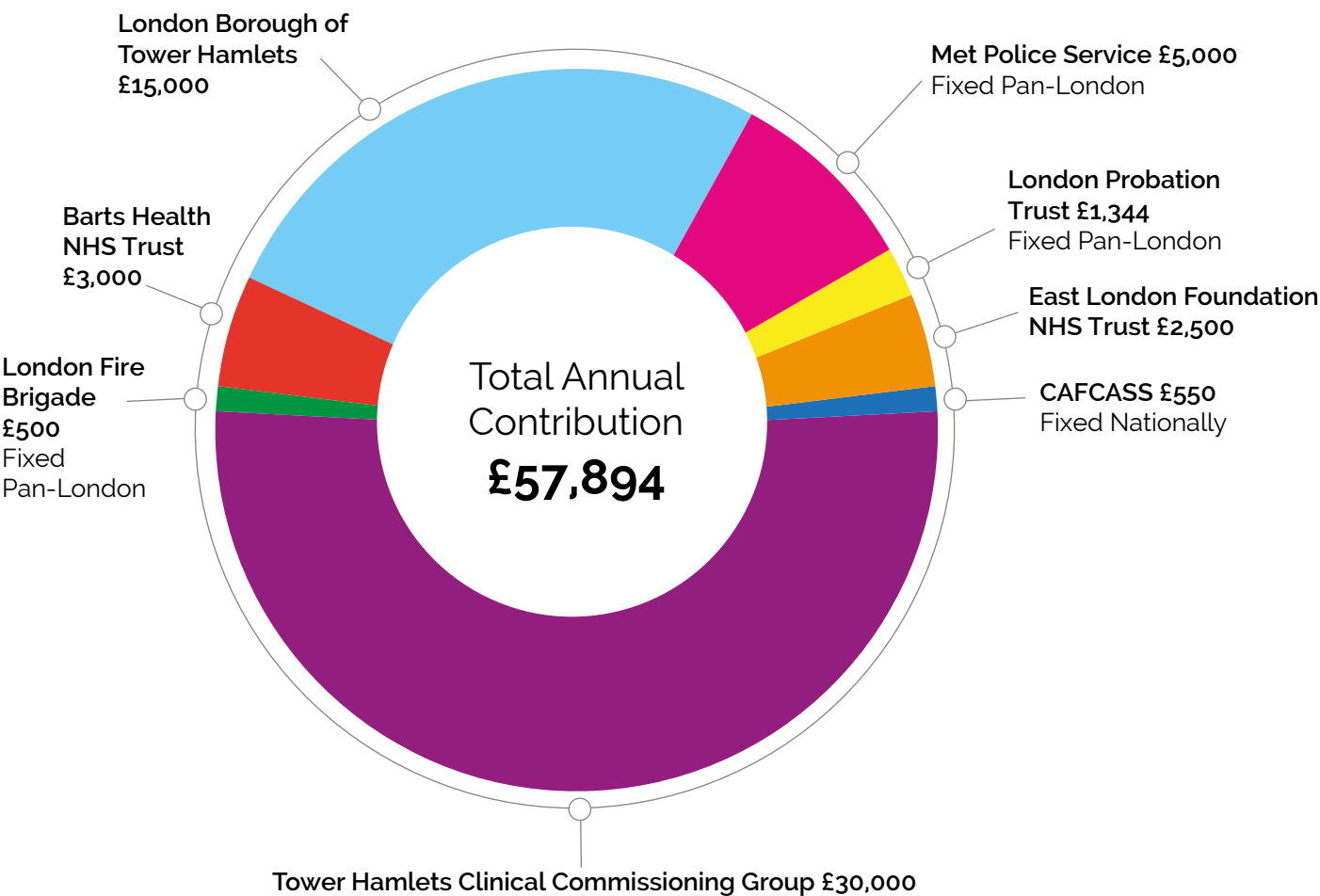


The membership of sub-groups was reviewed to ensure full multi-agency representation and members are able to make decisions on behalf of their organisations. Each sub-group is now well represented by children's social care, mental health, community and acute health services, police, education and the voluntary sector.

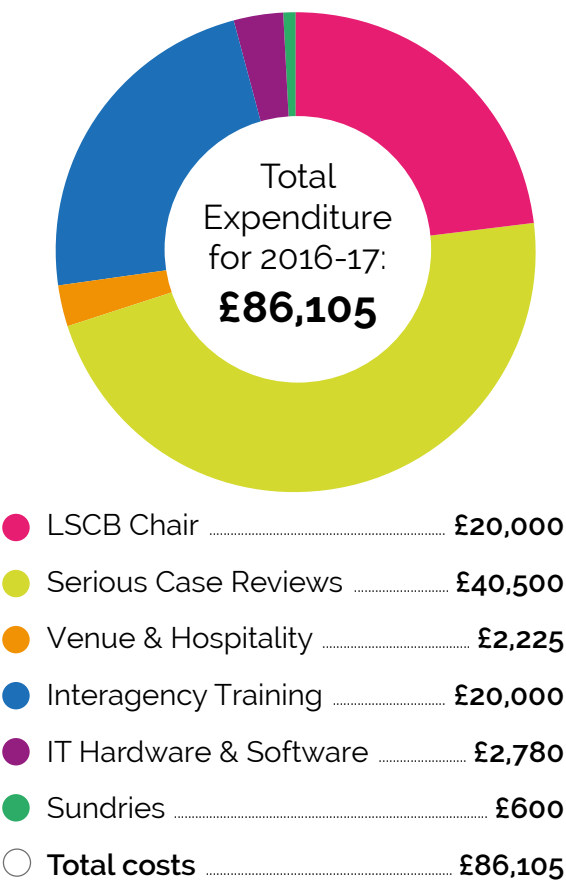
Budget

The LSCB budget consists of contributions from a number of key statutory partners and is managed by the London Borough of Tower Hamlets (LBTH). Working Together, 2013 first placed an increased emphasis on no single agency being overly burdened with the cost of running the LSCB and stated that the LSCB budget is a shared responsibility across the partnership.

The following table shows contributions to the LSCB for 2016-17:



Total expenditure for 2016-17:



The LSCB does not receive sufficient contribution to cover the cost of its annual spend. **The local authority covered this year's shortfall of £28,211**, in addition to staff costs of £55,900.

Unforeseen overspend is largely dependent on the number of serious case and other independent reviews conducted in the year.

## Section 2

### Local background and safeguarding context in Tower Hamlets

#### Population

Based on mid-year population estimates published by the Office of National Statistics (ONS) in June 2017, Tower Hamlets borough's population:

Reached **304,900** in June 2016.

This is the first time the area's population has exceeded 300,000 and first time since World War II.



Between June 2015-2016, **the borough gained 9,600 additional residents** – drivers for this are twofold: natural and migration changes. More birth than deaths and international immigration has increased our growth.



**Our proportion of under-16s at 20%** is similar to that of London and England (20% and 19% respectively).



Conversely, Tower Hamlets has proportionally one of the fewest older residents compared to with other areas. 9% are over 60 compared to London (16%) and England (23%).



Doubled in the past **30 years, making it the fastest growing Local Authority in the UK.**

Local population growth rate (40%) has doubled that of London (16%) and four times that of England (8%).

Gender of our residents comprises of **52.2% male** and **47.8% female** making it the forth highest proportion of male residents in the UK, more than London as a whole (49.8%) and England (49.4%). There are 13,300 more males than females.



Has a relatively **young population**, placed **forth youngest in the UK** with a median age range of 30.6.



## Diversity

The most recent Census in 2011 shows that Tower Hamlets has one of the most diverse populations in the country, home to many communities. Our ethno-demographic profile remains relatively unchanged since we last reported in 2015-16; the next census is due in 2021.

**Bangladeshis remain the largest ethnic minority group at 32%**, the largest in the country, followed by **White British at 31%**. This group has decreased from 42.9% since the 2001 census. The third largest ethnic group is other white (12.4%) consisting largely of eastern and western Europeans, Australian and Americans. This is the fastest growing ethnic group and has almost doubled between the 2001 and 2011 Census.

**At least 90 different languages being used in the borough** and 66% of our residents used English as their main language and 18% use Bengali, making it the forth most linguistically diverse area in England and Wales.



**Households have grown by 28.9% since 2001 with an extra 22,727**, the highest growth seen within London.

A breakdown of households comprises of single person (34.6%), married or civil partner couples (23.7%), cohabiting couples (9.5%), lone parents (10.6%), other households with more than one family residing together (19.6%) and households with full time students (1.9%).

**There are 26,916 (26.6%) households with dependent children.** This is lower than London (30.9%) and England (29.1%). Of this, half live with two parents (49.1%) and a quarter (27.2%) live within a lone parent household.



The 2011 Census found 9% of our residents aged 16 plus, a total of **18,311 adults, had low levels of English proficiency in England.**

It is substantially higher than the average across London (4%) and England (2%). Only Newham was placed higher than Tower Hamlets.



## Diversity - School Population

While two thirds of the boroughs population are from an ethnic minority group (i.e. non-White British), nine in 10 pupils attending school in Tower Hamlets are from an ethnic minority group. The majority of pupils are from a Bangladeshi background (63%).

In the Spring School Census 2017<sup>2</sup>, the Department for Education (DfE) collected information on pupils' country of birth for the first time. However, it should be cautioned that data was missing for a significant proportion of pupils. 23% of all records are missing country of birth. This can be in part due to voluntary information provided by parents in fear of how the information could be misused for other purposes i.e. enforcing immigration regulations.

<sup>2</sup> Source: Tower Hamlets School Census, spring 2017.

Notes: Figures include pupils of all age groups: nursery, primary, secondary and post-16. Figures exclude dual registered pupils. Percentages are based on valid data only (excluding records with missing data).

### Tower Hamlets Pupil Population by country of birth – Spring 2017

	No of pupils	% of pupils
<b>Born in the UK</b>	<b>31,437</b>	<b>91.6</b>
<b>Not Born in the UK</b>	<b>2,878</b>	<b>8.4</b>
Africa	189	0.6
The Americas & the Caribbean	93	0.3
<b>Asia</b>	1,116	3.3
Bangladesh	920	2.7
Other Asian Countries	196	0.6
<b>Europe</b>	1,426	4.2
Italy	856	2.5
Spain	110	0.3
Other EU countries	403	1.2
Other non-EU countries	57	0.2
Middle East	41	0.1
Oceania/ Australasia	13	0.0
<b>Missing Data</b>	<b>9,970</b>	<b>-</b>
<b>Total</b>	<b>44,285</b>	<b>100</b>



## Health

Reducing inequalities in health and wellbeing experienced by so many Tower Hamlets residents is one of the biggest challenges facing the borough.

**Life expectancy has risen over the last decade** it continues to be lower than the London and national averages, and significant health inequalities persist. People in Tower Hamlets tend to become ill at an earlier age and this is reflected in the 'healthy life expectancy' figure, which is lower than the national average. The life expectancy gap between Tower Hamlets and England as a whole is 1.9 years for men and 0.5 years for women.

**13.5% of residents have a health condition or disability that limits their daily activities** and Tower Hamlets has a higher number of residents with a severe disability compared with London and England, despite our relatively young population.



Tower Hamlets has some of the **highest death rates** due to cancer, cardiovascular disease and chronic lung disease in the country. Tower Hamlets also has amongst the highest adult infection rates of HIV, tuberculosis and sexually transmitted infections in London.



**The health and wellbeing of children in Tower Hamlets is mixed compared with the England average.** Infant and child mortality rates are similar to the London average. However, children in Tower Hamlets have worse than average levels of obesity: 22.5% of children aged 4-5 years and 41.9% of children aged 10-11 years are classified as overweight or obese. In addition, oral health is poor, with 45% of 5-year-old children experiencing tooth decay compared to 28% nationally.

In addition to improvements in maternity services, local NHS services have, in recent years, made **significant improvements to immunisation rates**, with coverage amongst the highest in the country for under fives.

Whilst there are **high levels of sexually transmitted diseases amongst adults in Tower Hamlets** (8th highest in the country), the available data suggests that amongst young people, infections may be relatively low. The rate of chlamydia infections in 15-24 year olds is below London and national averages. Whilst the rate of alcohol use in young people is low, drug use in the population is high.

The relationship between the LSCB and health partners, both commissioning and providers, is critical if we are to have an impact on improving the lives of vulnerable children and young people.

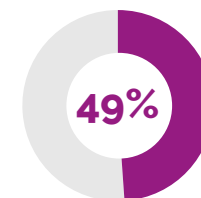


## Child Poverty

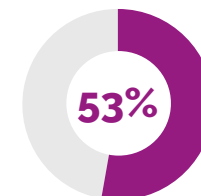
In 2014, there were an estimated 69,300 children and young people aged 0 to 19 living in Tower Hamlets, representing approximately 20% of the total population. The young population in the borough is projected to rise in line with the general population growth.

- The latest available child poverty data remains from 2015<sup>3</sup> and shows that 49% of children and young people in the borough live in poverty. This is the highest child poverty rate in the UK, despite recent falls in line with the rest of London. In the same year, 53% of pupils were eligible for free school meals in state-funded secondary schools, which is the highest level in the country. This level of disadvantage is likely to have lifelong negative effects on the health and wellbeing of children.
- The majority (83%) of these children live in families reliant on out-of-work welfare benefits where the unemployment rate was 9.4% in 2011, the second highest across London.

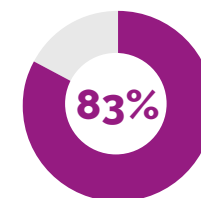
- The rate of homelessness acceptances is in line with the average for London in 2014 (5.1% per 1,000 households) despite it having fallen from a higher rate five years previously (8% per 1,000 households) while across London the rate rose. Similarly, while the rate of households in temporary accommodation rose in London between 2010-2015, it fell in Tower Hamlets though the rate is still higher than average (18.6% per 1,000 households compared to 13.6% as the London average). There is a high rate of overcrowding in the borough with 16% of all households overcrowded.



49% of children and young people in the borough live in poverty



53% of pupils were eligible for free school meals in state-funded secondary schools



83% of these children live in families reliant on out-of-work welfare benefit



<sup>3</sup> London's Poverty Profile Report 2015, New Policy Institute, [www.londonspovertyprofile.org.uk/indicators/boroughs/](http://www.londonspovertyprofile.org.uk/indicators/boroughs/)





## Education and Employment

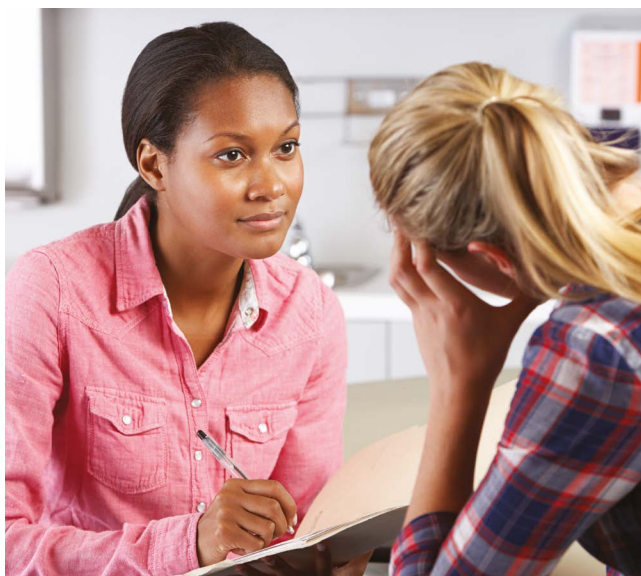
In 2016, 62% of children achieved a good level of development at the age of five compared to a national average of 69%. Despite steady improvement over the last three years, this indicates that the issues highlighted above are continuing to impact on children in the early years.

Despite this disadvantage, children at school do well. In 2016, 62% of children achieved the expected Key Stage 2 level in reading, writing and maths by the end of primary school. This figure was above the national average of 54%. In 2016 GCSE results revealed that 57.1% of children achieved five grade A\*-C passes including English and Maths compared with a national figure of 57.7% for state funded schools in England.

Tower Hamlets results for GCSEs have been above national average since 2011.

At the age of 16, the proportion of young people who are not in education, employment or training is relatively high, although this figure drops to below the London average for those aged 18.

Level 3 (A-Level or equivalent) results are below the London and national average, although there has been some improvement. Between 2013/14 and 2014/15, the gap between Tower Hamlets and the national average (for state schools and colleges) has reduced.



## Children in need of help and protection

To fulfil its statutory function under Regulation 5<sup>4</sup> an LSCB should use data and, as a minimum, assess the effectiveness of the help provided to children and families, including early help.

### Based on our local safeguarding data for 2016-17:

There were a total of 2,528 referrals to children's social care in 2016-17 of which 317 were repeat referrals. This has decreased compared to the previous year 3,333 referrals of which 301 were repeats.

1,417 child protection investigations (s47s) were undertaken

183 of investigations against an adult working with a child were resolved within the 30 day DfE target

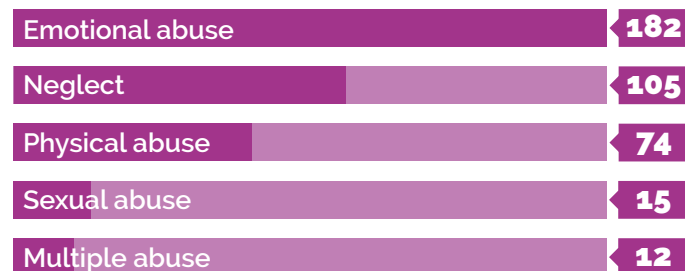
As of March 2017, 388 children were subject to a child protection plan over the 12-month period

Of these, 18 were subject to child protection plans for two years or more. The main reason was neglect

23 children were on a child protection plan for a second or subsequent time, within two years of the previous plan

<sup>4</sup> LSCB Regulation 2006

## Category of Abuse



Emotional abuse is the most common reason for children becoming subject to a child protection plan. These are mainly children who have experienced living with domestic abuse at home

**333 children were looked after by the local authority at the end of March 2016**

Children Looked After by age		
Age at 31 March	Boys	Girls
Under 1:	8	8
1 - 4:	4	23
5 - 9:	28	20
10 - 15:	65	57
16 - 17:	74	46
<b>TOTAL</b>	<b>179</b>	<b>154</b>
<b>Total of Children Looked After at the end of March 2017:</b>	<b>333</b>	

**178 children** were subject to a court application (including care and supervision orders)

**139 out of 183 children looked after** received their annual health and dental check within the 12 month period.

**This has decreased from 83.2%**

**87 out of 287 young care leavers** are not in employment, education or training. This is based on the group of young people (aged 19-24) who were looked after at age 16

**18 children** live in private fostering arrangement

**61 young people** were referred to the multi-agency sexual exploitation panel and are mainly young girls at an average age of 14

**414 return home interviews** were undertaken children missing from home or care of which:

Missing children from care	<b>238</b>
Children from care return home interviews conducted	<b>115</b>
Children from care return home interviews declined	<b>123</b>
Missing from home	<b>176</b>
Missing from home return interviews conducted	<b>80</b>
Missing from home return interview declined	<b>96</b>

Young people who are missing are sometimes trafficked internally for the purposes of criminal and sexual exploitation. The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support. Data is collated nationally by the Modern Slavery Human Trafficking Unit (National Crime Agency). This information contributes to building a clearer picture about the scope of human trafficking and modern slavery victims in the UK.

25 "potential victims of trafficking" were referred to the National Crime Agency

36 child deaths were reported in the year

The child death overview panel reviewed 31 child deaths, of which, 26 were recorded as expected deaths (life limiting illness) and five were unexpected deaths. 28 of the 31 child deaths were under the age of 6 months. The number of neo-natal deaths and those under the age of 1, were the biggest group

2,302 professionals received safeguarding training provided by the LSCB

## Early Help Support with Parents/Carers

The local authority's Parental Engagement Service provides a range of support to parents in schools and other settings such as parenting programmes, awareness events, survey, information and advice.

200 parents/carers attended the Annual Parent Conference 'Informed and Empowered! Keeping our Children Safe and Well'

100% Parents who attend a Parental Engagement course/session report they have increased confidence and awareness to help them support their child's learning, development and wellbeing

91% of the parents attending the 'Emotional First Aid' course felt more optimistic about their future and that confidence in their ability to manage stress in their daily lives increased by the end of the course (using the Edinburgh Emotional Well-being Scale)

School Ready/Neglect pilot programme saw an average 7% increase in school attendance of the children targeted

32,591 unique visits to the Local Offer

669 parents/carers accessed information and advice sessions to support school transition

15,500 calls/drop-ins made to the Family Information Service

31 Healthy Families Parent Ambassadors are trained and active – delivering healthy eating sessions for parents in schools

There are more than 250 active members on the Parent & Carer Council who regularly contribute to the borough wide forum and help shape council services for families

Annual Parent Carer Survey indicated that a quarter (26%) report that their children have been bullied in the past year and nearly six in ten (58%) say they often worry about their children's health and well-being

## Section 11 (Children Act 2004)

Section 11 of the Children Act places a statutory requirement on key organisations to ensure arrangements are in place to discharge their duty to safeguard and promote the welfare of children. Biennial self-assessments are undertaken by the

LSCB partners to assess the effectiveness of the local safeguarding arrangements at a strategic and operational level. The last section 11-audit exercise took place in January 2016 and partners identified a number of key actions to ensure full compliance. The following sets out areas of challenge that arose across the partnership:

- Disclosure and Barring Processes causing delay in safer recruitment standards
- Safeguarding Escalation Processes for safeguarding concerns need further understanding and use
- Budget cuts affecting our training offer and some front line children practitioners are finding it increasingly difficult to attend learning opportunities due to work demand
- Safeguarding is not explicitly part of MOPAC 7 (Mayor's Office for Policing and Crime). Police officers performance are monitored against MOPAC 7
- Safeguarding is not considered in service development and a responsibility of all workers, not just those with a designated role
- Need to embed safeguarding within registered social housing landlords.

## Section 3

### Inspection and Reviews

In August 2016, the corporate director for children's services commissioned an **independent review of Tower Hamlets Safeguarding Children Board**. The review reported its findings in September 2016 and highlighted that the LSCB:

- Had reviewed its governance arrangement to take account of the boards growing remit. However, partners expressed concern about the board's membership, function, breadth of work and capacity to deliver consistently. A number of the issues interlinked and were found to be fundamental to the organisational 'health' of the board and unless tackled would become a pernicious force, undermining the capability of the board to properly fulfil its core businesses.
- The board was seen to be largely compliant with statute but there was evidence that on occasions demand and pressures meant that key dates were missed.
- There was evidence that the board is aware of its responsibilities and had met a number of key functions.
- Specific areas for consideration were made and accepted by the board, these were:

✓	To improve the lines of sight between the chair and the board
✓	To improve the quality audit programme and resolve information sharing barriers
✓	To improve the future role, purpose and structure of the board
✓	To improve the current LSCB Website

The **Children and Social Work Act** received Royal Assent in April 2017, which makes a number of changes around social work practice and the care of looked after children. Significantly, the Act will see the abolition of all sections of the Children Act 2004 that relate to LSCBs. Section 16 describes the arrangement to replace current LSCB structures:

1	<p><b>The safeguarding partners for a local authority area in England must make arrangements for:</b></p> <ul style="list-style-type: none"> <li>(a) the safeguarding partners, and</li> <li>(b) any relevant agencies that they consider appropriate, to work together in exercising their functions, so far as the functions are exercised for the purpose of safeguarding and promoting the welfare of children in the area.</li> </ul>
2	<p><b>The arrangements must include arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area:</b></p> <p>The safeguarding partners are:</p> <ul style="list-style-type: none"> <li>(a) the local authority;</li> <li>(b) a clinical commissioning group for an area any part of which falls within the local authority area;</li> <li>(c) the chief officer of police for a police area any part of which falls within the local authority area.</li> </ul>

Tower Hamlets LSCB is required to publish its new safeguarding children arrangements in the near future.



In February/March 2017, Ofsted undertook a **review of the effectiveness of the LSCB** in conjunction with Children's Social Care Inspection of services for children in need of help and protection; children looked after and care leavers. Ofsted judged Tower Hamlets LSCB to be '**inadequate**' as it found that we were not effectively discharging all our statutory functions. Ofsted found that the recently revised governance framework was not established enough to be effective in facilitating the monitoring and evaluation of the impact of our work programme. In addition, Ofsted also cited:

- The board was excessively large therefore limiting meaningful debate and effective decision-making
- The lead member had not exercised their responsibility as a participating observer, weakening scrutiny of the board
- The board had not ensured timely oversight of key practice areas
- Insufficient monitoring of the quality of front line practice meant the board was not aware of the failings of children's social care to protect children.

#### Ofsted issued five recommendations:



Urgently review monitoring and governance arrangements to ensure the board is fulfilling its statutory functions



Prioritise multi-agency monitoring of frontline practice to ensure that the board has effective awareness of the quality of practice and its impact on outcomes for vulnerable children



Ensure the business management capacity of the board is sufficient to meet the need



Ensure the board prioritises the response of the partnership to the issues of youth violence and gang activity and their relationship to child sexual exploitation, including the development of a comprehensive problem profile



Ensure the effectiveness of multi-agency training is monitored and evaluated, including training for staff in recognising and assessing risks to sexually exploited children

Tower Hamlets LSCB accepted the judgement and recommendations made by Ofsted in April 2017

## Responding to Inspection

Following the local and Ofsted review of the LSCB and publication of the Children and Social Work Act 2017, it was critical for the board to focus on improving areas that directly impact on front line practice and the support given to children and families. It identified six areas to enable the board to improve child-safeguarding practice across agencies and these are incorporated in to 2017-18's priorities:

- Creating systems leadership to drive safeguarding strategy and practice across children's social care, police, health and beyond.
- Developing robust statistical analysis of child protection performance and pan-agency intelligence of emerging safeguarding issues.
- Developing effective inter-agency scrutiny and audit processes and a culture of constructive challenge.
- Maintaining an effective case review system that applies systemic approaches to reviewing critical incidents.
- Promoting pan-agency, single agency and individual learning in order to enhance safeguarding practice and promote service development.
- Effectively engaging with the community and service users in order to create learning to improve strategy and practice.

## What have we done so far

The LSCB urgently revised its structure and immediately put in place a smaller executive board responsible for setting the direction of the board, ensuring it is compliant with its statutory function. It will performance manage the LSCB through its systems, processes and impact.

There is now an operational group reflecting a wider partnership contingency. This group will resolve issues raised by partners, draw up and agree policy and undertake an initial governance role. Its focus will be on:

- Resolving multiagency performance and audit issues
- Situational awareness of the safeguarding environment, sharing intelligence and resolving obstacles
- Implementing learning from serious case reviews
- Ensuring safeguarding messages reach professionals and the public
- Coordinate interface with other partnership boards to enhance safeguarding children's work

A new child-level performance dataset is being developed to provide a detailed understanding of live frontline practice. Partner data from health agencies, police, public health and children's social care will be triangulated to enhance the knowledge base.

There is now a Health Forum led by Tower Hamlets CCG that will look specifically at health performance issues and identify problematic areas where they interface with children's social care.

A new quality assurance framework is being developed to allow the LSCB to test out practice through deep dive, single and multiagency case audit.

### LSCB Performance Dataset Core Safeguarding Child Level Data

Deep dive  
audits

Single-agency  
case audits

Multiagency  
case audits

Thematic  
audits

Increased collaboration with other partnership boards including the community safety partnership and adults safeguarding boards.

A number of issues relating to children's social care data were identified during the Ofsted Inspection, this highlighted that recording practice and compliance issues had undermined the accuracy of some of the child data being used in Tower Hamlets. While some of these data quality issues were known to children's social care and remedial actions were being taken, the effectiveness of these actions was not yet evident at the time the Inspection took place. However, the LSCB has decided to include the children's safeguarding data that was known to the board at the time. **See Appendix 2.**

A revised child-centred performance management process has since been put in place for 2017-18. This focuses on the needs of the child through their safeguarding journey and demands a much higher level of compliance and scrutiny. The LSCB is working with key partner agencies to ensure there is an accurate multi-agency dataset in place and that information is tested regularly through quality assurance processes.

The business management capacity has been increased with the recruitment of a permanent board coordinator post. Plans are in place for a performance and quality assurance officer to oversee the increased monitoring activities of the board.

A new LSCB website in conjunction with Safeguarding Adults Board will replace the current version.

Next year, the LSCB aims to provide a full account of what our local data tells us about children who are in need of support, protection and are looked after. In addition, children's social care, metropolitan police and Barts Health NHS Trust will report on the improvements made to safeguard children work following their respective inspections.

**The LSCB will demonstrate that through its improved oversight, monitoring and scrutiny, children in Tower Hamlets are safe.**



## Priorities for 2017-2018

It is critical that the future priorities for the LSCB focus on those areas that will directly impact on frontline practice and the support given to families and children. It will need to be easily adaptable to the new statutory arrangements as we move forward:

### Priority 1

#### PERFORMANCE & AUDIT

Developing robust statistical analysis of child protection performance and pan-agency intelligence of emerging safeguarding issues.

Developing effective inter-agency scrutiny and audit processes and a culture of constructive challenge.

We will monitor the quality of front line practice through case audits and thematic deep-dive

We will improve and agree an information sharing protocol to support our work

We will refine our quality assurance framework

### Priority 2

#### SITUATIONAL AWARENESS

Creating systems leadership to drive safeguarding strategy and practice across children's social care, police, health and beyond.

Create and foster opportunity for partners to discuss pertinent issues in their agencies, blockages to partnership working, information sharing.

We will increase our scrutiny of partners through improved governance

We will review all current LSCB policies/protocols, identify gaps

We will revise our threshold guidance

### Priority 3

#### LEARNING FROM SERIOUS CASE REVIEWS

Maintaining an effective case review system that applies systemic approaches to reviewing critical incidents.

Promoting pan-agency, single agency and individual learning in order to enhance safeguarding practice and promote service development.

We will undertake serious case and other learning reviews

We will monitor the impact of learning and demonstrate outcomes for children

### Priority 4

#### ENGAGEMENTS

Effectively engage with the community and service users in order to create learning to improve strategy and practice.

- Ascertain what children and young people need
- Disseminating safeguarding messages
- Working with other partnership boards

We will share pertinent learning through a Safeguarding Awareness Month

We will involve and listen to the views of children and young people

We will improve our communication with the public and local community

## Section 4

### Appendices

#### Appendix 1 – Membership List (as of 31 March 2017)

Name	JOB TITLE
Alex Nelson	Voluntary Sector Children & Youth Forum Coordinator
Alexandra Law	Nursery School Heads Forum Representative (Harry Roberts Nursery)
Alice Smith	CAFCASS Rep
TBC Shahzia Ghani	Service Head - Safer Communities – LBTH Deputy rep
Vacant	Secondary School Heads Rep (Bow Secondary School)
Chris Hahn	Interim Named Nurse for Safeguarding Children - BHT
Christine McInnes	Service Head, Learning & Achievement - LBTH
Christabel Shawcross (Papers only)	Independent Chair Tower Hamlets Safeguarding Adults Board
Claire Belgard	Interim Service Head – Youth & Community Service – LBTH
Clare Hughes	Lead Named Nurse for Safeguarding Children - BHT

Name	JOB TITLE
Cllr Rachael Saunders	Lead Member for Children's Services
Debbie Jones	Corporate Director, Children's Services – LBTH
Diane Roome	Lay Member
TBC	Head of Stakeholder & Partnerships - Community Rehabilitation Company (London)
Rebecca Scott (Dr)	GP Representative Tower Hamlets CCG
Esther Trenchard-Mabere	Associate Director of Public Health
Hanspeter Dorner	ELFT CAMHS Rep
Vacant	Service Head, Housing & RSL Rep
Jan Pearson	Associate Director for Safeguarding Children - ELFT
Judith Lewsey	Designated Nurse for Safeguarding Children & LAC
Julia Hale (Dr)	Designated Doctor, Barts Health NHS Trust

**Appendix 1 – Membership List continued**

Name	JOB TITLE
Layla Richards	Service Manager, Policy, Programmes & Community Insight - LBTH
Lucy Marks	Chief Executive , Compass Wellbeing CIC
Marian Moore	Service Manager for Tower Hamlets, NSPCC
Mike Hirst	Primary School Heads Forum Rep (Seven Mills)
Nasima Patel	Service Head – CSC, LBTH
Neherun Nessa Ali	Lay Member
Nick Steward	Director of Student Services Tower Hamlets College
Nikki Bradley, MBE	Service Manager, YOS and Family Interventions/Troubled Families LBTH
Pauke Arrindell	Voluntary Sector Rep Home Start
Sandra Reading	Director of Midwifery & Nursing (RLH), Barts Health NHS Trust
Stuart Cheek (DCI)	Met Police Service – Child Abuse Investigation Team

Name	JOB TITLE
Stuart Webber	Head of Safeguarding Hackney, City of London and Tower Hamlets - National Probation Service
Sue Williams	Borough Commander, Met Police Tower Hamlets
DCI Ingrid Cruickshank	Deputy rep
Sarah Williams	Legal Services – LBTH
Stephen Ashley	Independent LSCB Chair
Tom Strannix	Voluntary Sector Representative – Manager, Place2Be
Tracey Upex	Deputy Borough Director – Tower Hamlets, ELFT
Will Tuckley	Chief Executive - LBTH

## Appendix 2 - LSCB Performance Data 2016-17

The recent Ofsted inspection of children's social care identified a number of issues with recording practice and compliance that undermined the accuracy of the data being used to inform decision-making. While some of these data quality issues were known to children's social care, and actions were

being taken, the effectiveness of these actions was not yet evident. In 2017/18, a revised child-centred performance management process has been put in place, which focuses on the needs of the child and demands a much higher level of compliance with all recording standards.

The analysis below does not highlight any specific data quality concerns for 2016/17 data, but in general this data should be read with caution and within the described context.

### Children in Need

There was a relatively low rate of referrals into children's social care services per 10,000 of the children & young people population. We believe that high thresholds to social care intervention in the "front door" teams contributed to this lower level of referrals i.e. contacts were not always appropriately escalated to referral stage and beyond. This is similarly reflected in the low rate of assessments completed compared to statistical neighbours.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
LOCAL1	Referral rate per 10,000 of the children & young people (C&YP) population	426.7	431.7	443.8	529.0	404	532.2	566.8
APA SS6	Percentage of Referrals that were repeat referrals	9.6%	10.6%	10.0%	9.1%	12.5%	22.3%	15.5%
N07	Rate of assessments per 10,000 of the C&YP population	413.6	410.8	331.8	336.0	376	489.5	488.3
N14	Assessments completed within 45 days or less from point of referral (CIN Census methodology)	74.8%	75.8%	85.1%	87.1%	71.4%	83.4%	78.1%

## Child Protection

There were high rates of activity in relation to formal child protection enquiries, with a high rate of formal enquiries (section 47s) and a high rate of children subject to a child protection plan, though the trend over the last few years has been a reduction of the rate of children on child protection plans. The proportion of child protection plans lasting over two years has reduced over the last three years and there are a comparatively low proportion of 'repeat' child protection plans (where children become subject to child protection plans for a second or subsequent time).

Performance in relation to timeliness of Initial Child Protection Conferences deteriorated since the previous year and was well below comparator groups. Though the proportion of children visited in line with the timescales set out in their plan increased, the proportion of children receiving a timely review of their child protection plan reduced and was below comparator group benchmarks.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
	Rate of Children Subject of a Child Protection Plan per 10,000 at 31 March	58.2	55.6	51.0	50.1	45.9	43.1	39.0
N08	Section 47 (child protection) enquiries rate per 10,000 C&YP population	190.2	167.0	162.1	191.7	167.5	147.5	141.2
N13	Initial Child Protection Case Conferences – rate per 10,000 C&YP population	63.9	57.4	62.1	65.3	68.2	62.6	57.9
N15	Initial Child Protection Case Conferences convened within 15 days from point Child Protection Strategy meeting held	59.1%	52.2%	58.2%	69.5%	63.2%	76.7%	70.3%
N17 (Formerly NI 64)	Percentage of Child Protection Plans lasting two years or more at 31 March and for child protection plans which have ended during the year.	10.1%	7.1%	11.4%	7.0%	5.6%	3.8%	3.4%
N18	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time	14.5%	17.9%	15.2%	19.3%	12.2%	17.9%	17.4%
N20 (6 months Rolling Year)	Percentage of cases where the lead social worker has seen the child in accordance with timescales specified in the CPP.	N/A	65.4%	54.5%	51.0%	69.9%	N/A	N/A
NI 67	Percentage of Child Protection Reviews carried out within statutory timescale	98.0%	97.6%	94.9%	99.5%	91.2%	93.7%	96.0%
APA SS13	Percentage of children with CP plans who are not allocated to a Social Worker	0.0%	0.3%	0.0%	1.0%	0.0%	N/A	N/A
LOCAL2	Percentage of LADO cases resolved in 30 days or less	74.1%	69.6%	69.0%	67.0%	64.9%	N/A	N/A

## Looked After Children

The number of looked after children per 10,000 of children & young people population, at 50, was below the England and statistical neighbour average. Long term placement stability, an important factor in maintaining good levels of wellbeing, was above comparator group performance but has decreased over the last three years. Short term placement stability was worse than comparator groups, having increased over the same three year period.

The proportion of looked after children receiving regular health and dental checks had apparently reduced to 59%, although this is an area where there have been known recording issues in 2016/17. Similarly, known recording issues have impacted on the apparent proportion of looked after children who received a timely review.

There was a significant increase in the percentage of children who went missing from care at some point during the year, though this increase is reflected nationally and amongst our statistical neighbour group. Locally, improved attention to, and recording of, this issue has driven this increase.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
	Rate of Looked After Children per 10,000 as at 31st March	53.0	55.0	44.0	47.3	50	60.0	62.4
LACP01 (Formerly NI 62)	Percentage of CLA with three or more placements	11.2%	11.0%	9.7%	11.1%	12.7%	10%	10.9%
LACP02 (Formerly NI 63)	CLA under 16, looked after for 2.5 years or more and in the same placement for 2 years	69.6%	79.0%	78%	75.0%	71.6%	68%	67.1%
LACP04	The percentage of children looked after who went missing from care during the year as a percentage of all children looked after during the year (new definition)	-	-	5.1%	8.1%	15%	9%	9.8%
PAF C63	CLA who participated in their review	98.4%	88.6%	92.4%	89.4%	86%	N/A	N/A
NI 66	CLA cases which were reviewed within required timescales	96.4%	89.9%	85.5%	65.0%	54.1%	N/A	N/A
APA SS(LAC)5	Percentage of CLA with a named Social Worker	99.0%	98.2%	99.3%	98.3%	99.1%	N/A	N/A
PAF C19	Percentage of CLA >12 months who had an annual Health and Dental check	85.6%	91.5%	89.8%	68.0%	59%	86.4%	90.7%
PAF C19	Percentage of CLA >12 months whose Immunisations were up to date	79.7%	78.5%	88.2%	77.4%	69%	N/A	N/A

## Care Proceedings

Timeliness of care proceedings has improved over the last few years, with latest average of 29 weeks below the England and statistical neighbour average, though short of the 26 week national target. There was a significant increase in the percentage of children who went missing from care at some point during the year, though this increase is reflected nationally and amongst our statistical neighbour group. Locally, improved attention to, and recording of, this issue has driven this increase.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
A08	Average length of care proceedings locally (weeks)	53	42	35	29	29	30	35

## Leaving Care

Outcomes for children leaving care remain positive compared to England and statistical neighbour group, with more care leavers entering employment, education or training, and living in suitable accommodation.

Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	England Average	Statistical Neighbours
LACLC02 (Formerly NI 148)	The proportion of young people aged 19 who were looked after aged 16 who were in employment, education or training	85%	61%	56%	58%	58%	49%	53%
LACLC03 (Formerly NI 147)	The proportion of young people aged 19 who were looked after aged 16 who were in suitable accommodation	90%	67.6%	92%	94%	91%	83%	83%



## Appendix 3 - Glossary

BHT	Barts Health Trust	DHR	Domestic Homicide Review	NSPCC	National Society for the Prevention of Cruelty to Children
CA04	Children Act 2004	DV&HCT	Domestic Violence and Hate Crime Team	NTDA	National Trust Development Agency
CAF	Common Assessment Framework	ED	Emergency Department (A&E)	PFSS	Parent and Family Support Service
CAG	Clinical Academic Group	ELFT	East London Foundation NHS Trust	PVE	Preventing Violent Extremism
CAIT	Child Abuse Investigation Team	FGM	Female Genital Mutilation	RLH	Royal London Hospital
CAMHS	Child and Adolescent Mental Health Service	FNP	Family Nurse Partnership	SAB	Safeguarding Adults Board
CCG	Clinical Commissioning Group	IPST	Integrated Pathways & Support Team	SCR	Serious Case Review
C&F ACT 2014	Children & Families Act 2014	LAC	Looked After Child	SEND	Special Education Needs and Disabilities
CHAMP	Child & Adolescent Mental Health Project	LADO	Local Authority Designated Officer	SI	Serious Incident
CLA	Children Looked After	LCS	Leaving Care Services	SIP	Social Inclusion Panel
CME	Children Missing from Education	LSCB	Local Safeguarding Children Board	SoS	Signs of Safety
CPS	Crown Prosecution Service	MARAC	Multi-Agency Risk Assessment Conference	TH	Tower Hamlets
CSC	Children's Social Care	MASE	Multi-Agency Sexual Exploitation (Panel)	THSCB	Tower Hamlets Safeguarding Children Board
CSE	Child Sexual Exploitation	MASH	Multi-Agency Safeguarding Hub	VAWG	Violence Against Women and Girls
CSP	Community Safety Partnership	MPS	Metropolitan Police Service	WT15	Working Together 2015
CQC	Care Quality Commission	NICE	National Institute for health and Care Excellence		
DCOS	Disabled Children Outreach Service				

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Tower Hamlets  
**Safeguarding  
Children**  
Board

