Tower Hamlets
Safeguarding
Children
Board

ANNUAL REPORT 2014-2015

Contents

Tower Hamlets Safeguarding Children Board Chair's Foreword:

"Tower Hamlets Safeguarding Children Board places children's safety at the heart of commissioning and delivery of services across borough so that all children and young people, including the most vulnerable are happy, healthy, safe and can achieve their full potential"

Sarah Baker
Independent Chair
Tower Hamlets Safeguarding Children Board

I am delighted to present the seventh Tower Hamlets Safeguarding Children Board (THSB) Annual Report. In line with Working Together 2015 the Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. 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 well-being board. The report should also provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should 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.

The year has seen an unprecedented amount of new legislation and policy to safeguard children and families, which has had significant impact on the work of the board, this year:

- The Children and Families Act 2014
- Care Act 2014. The Act principally improves things for adults but it includes improvements for children, especially those with special educational needs and disability
- Public Law Outline: Guide to Case Management in Public Law Proceedings came into effect on 22nd April 2014
- Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children came into effect in April 2015
- Counter-Terrorism and Security Act 2015
- Pan-London Child Protection Procedures – the core procedures were revised to reflect the changes in the Working Together guidance

All of these have shaped the way the THSCB partnership has worked to ensure children and young people across Tower Hamlets are safeguarded. The THSCB has supported partners to understand the implications of the legislation through bi-monthly board member development sessions. This work will continue over the coming year.

Following the publication of the Jay Inquiry Report into Child Sexual Exploitation (CSE) in Rotherham, the THSCB commissioned an independent review of CSE. This is

now complete and will form the basis of the THSCB Annual conference at the end of the year.

Following a number of significant youth crimes in Tower Hamlets the THSCB commissioned a review of six young men. The learning from the review is currently being shared across the THSCB partnership

The THSCB published a Serious Case Review in November 2014 and over 350 practitioners and managers attended the learning events to support learning dissemination from the review. In addition the THSCB has commissioned another Serious Case Review regarding a young man who was the perpetrator of a serious crime. THSCB will report on this in next year's annual report.

THSCB has been working with the local PREVENT Board to support partners understand the emerging concerns for children and young people at risk of radicalisation and the implications for safeguarding them. This work will continue as a priority over the coming year.

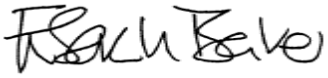
The THSCB partnership in Tower Hamlets faces some challenging agendas and recognises it has a significant amount of work to do to ensure that children and young people across the Borough continue to be safeguarded.

As the Independent chair I will continue to meet with the Chief Officers of the statutory partners, Clinical Commissioning Group, Metropolitan Police, Local Authority as well as the lead member for Children's Services to ensure accountability, and challenge across the partnership is focussed on safeguarding children and young people.

Priorities for the coming year are:

1. Radicalisation and Extremism
2. Child Sexual Exploitation, Missing Children and Serious Youth Violence
3. Children with Disabilities
4. Learning, Performance and Quality Assurance
5. Communication and Engagement
6. Responding to emerging national and local safeguarding themes

I would like to thank all partners for their ongoing commitment to the work of the Tower Hamlets Safeguarding Children Board and look forward to the coming year and challenging journey we face together.



Sarah Baker
Independent Chair

Section 1: Local Context

Tower Hamlets Joint Strategic Needs Assessment (JSNA) is a robust and thorough analysis of the characteristics of the borough's population with a focus on health and wellbeing, including wider determinants of health. The JSAN can be found at http://www.towerhamlets.gov.uk/lgnl/health__social_care/joint_strategic_needs_assessme.aspx. This section draws on the evidence contained in the JSNA to highlight the key factors relevant to the work of the THSCB.

Population

Tower Hamlets has experienced the fastest growing population in the country in recent years, growing almost 30% between the 2001 and 2011 Census. This growth has continued, with the population rising from 254,000 in 2011 to 272,000 in 2013, and projected to rise a further 18% to 320,000 by 2022 and to over 350,000 by 2033.

Tower Hamlets is the third most densely populated borough in London, and the daytime population increases by about 60%, rising to 428,000. Around 107,000 commuters head to work in Canary Wharf each day, and major tourist attractions like the Tower of London draw in over four million visitors each year.

The population of Tower Hamlets is diverse, but there are many active communities who get on well together, with a thriving community and voluntary sector. Community facilities such as Idea Stores and leisure facilities are well-loved and well-used. The borough has seen unprecedented educational success, opening up more opportunities to the young people coming through our schools, and employment rates are rising.

Despite all this change and success, Tower Hamlets still has challenges to face. Too many residents have significant health problems. High housing costs and low incomes mean that homes are unaffordable for many. Too many residents are not in work and struggle to make ends meet, especially as reforms erode the welfare state and costs of living rise. One of the biggest challenges the borough faces is ensuring that the benefits of growth and prosperity reach all parts of our community, with a fairer distribution of wealth and income across Tower Hamlets.

Children and Young People

In 2014, there were an estimated 69,292 children and young people aged 0 to 19 living in Tower Hamlets, representing approximately 25% of the total population. The young population in the borough is projected to rise in line with the general population growth.

In spring 2015, the school census records indicated that over 90% of pupils belonged to an ethnic group other than White British compared to 27% in England. Furthermore, English is recorded as an additional language for 73% of pupils where English and Bengali are the most commonly recorded spoken community languages in the area. The single largest group (64%) of children and young people of statutory school age (5 to 15) are of a Bangladeshi background.

Health

Reducing the inequalities in health and wellbeing experienced by so many Tower Hamlets residents is one of the biggest challenges facing the borough. Although life expectancy has risen over the last decade it continues to be lower than the London and national averages, and significant health inequalities persist. We know that people in Tower Hamlets tend to become ill at an earlier age and this is reflected in the 'healthy life expectancy' figure which is significantly lower than the national averages. 13.5% of residents have a disability which 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, as well as the highest infection rates of HIV, tuberculosis and sexually transmitted infections.

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: 12.4% of children aged 4-5 years and 25.4% of children aged 10-11 years are classified as obese. In addition, oral health is poor, with 39% of 5 year old children experiencing tooth decay compared to 31% nationally.

Low birth-weight is associated with poorer health and educational outcomes, and Tower Hamlets has high levels of babies born with low birth-weight, at 9% compared to a London average of 7.5%. The cause of this is not known and the JSNA flags a need for further work to determine this. Nevertheless, it is known that early access to high quality maternity services to support women through pregnancy can have an impact. There have been significant improvements in these services in Tower Hamlets over recent years but poor outcomes persist, pointing to a need to focus on the wider determinants of health such as deprivation.

In addition to improvements in maternity services, the local NHS has in recent years made significant improvements in immunisation rates, with coverage amongst the highest in the country for under 5s.

Whilst there are high levels of sexually transmitted diseases in Tower Hamlets (8th highest in the country), the available data suggest 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 of the THSCB and health partners, both commissioning and providing, is critical if we are to have an impact on improving the lives of vulnerable children and young people.

Child Poverty

The latest available child poverty data is from August 2012 and shows that 39% of children and young people in the borough live in poverty. This is the highest child poverty rate in the UK, despite recent falls. 48.5% of pupils are 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 (86%) of these children live in families reliant on out-of-work benefits.

In Tower Hamlets, just over half (55%) of all children in poverty live in couple families and the remaining 45% live in lone parent households. Tower Hamlets is unusual in this respect as in all other local authority areas more children in poverty live in lone parent than couple families.

Welfare Reform

Welfare reform poses one of the biggest challenges to the Tower Hamlets partnership, in terms of the economic wellbeing of residents as well as the financial impact on the council and housing providers. Partners need to work together to understand and demonstrate its impact on local people, as well as supporting residents through the changes. The government's welfare reforms have disproportionately affected local residents with over 700 households subject to the benefit cap and a further 2,300 losing income because of the under-occupancy reduction (often referred to as the "Bedroom Tax"). Locally commissioned research estimates that the cumulative impact of all welfare reforms means that households claiming benefits are now £1,670 per year, or £32 per week, worse off. These impacts affect over 40,000 households; over half will be households where someone is in work.

The introduction of Universal Credit and the transition from Disability Living Allowance to Personal Independence Payments has already begun. Improving digital and financial inclusion are issues particularly relevant to these changes, as benefit claims become online by default and monthly payments are made directly to residents. In terms of the services which support people into work and to progress, feedback suggests they are still too disconnected and not focused enough on the needs of individuals. We know that employment at living wage levels is the only sustainable way to mitigate the impact of welfare reform. A commitment has therefore been made to create more integrated employment services. This will be pursued by a range of partners to create a holistic response to residents in need of some extra help – not just in terms of employment services, but housing and welfare advice, health and wellbeing, family support, English and maths skills, financial and digital inclusion and childcare. This partnership approach will be essential as we move towards the next phase of welfare reform: the national roll-out of Universal Credit.

A key issue faced by the THSCB partnership is in developing support for our most vulnerable children and young people and ensuring that they have access to safe, appropriate accommodation. It is important that the THSCB reflects on how these changes impact on families when considering safeguarding children.

Education and employment

In 2015, 62% of children achieved a good level of development at the age of 5 compared to a national average of 66%. Despite steady improvement over the last 3 years, this indicates that the issues highlighted above are continuing to impact on children in the early years.

Despite this disadvantage, at school children do well. By the end of primary school at Key Stage 2, 83% of children achieved the expected level in English and Maths in 2015, above the national average of 80%. At GCSE, 64.7% of children achieve 5 grade A*-C passes including English and Maths in 2015. Whilst no national figures

are yet available for GCSE results in 2015, in Tower Hamlets they 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. Key Stage 5 (A-Level or equivalent) results are below the London and National average, and showing little sign of improvement.

Our most vulnerable young people in Tower Hamlets

Unsurprisingly given the multiple indicators of social disadvantage highlighted in this report, the rate of children in need per 10,000 population in Tower Hamlets is relatively high at 785.8, compared to 680.5 nationally and 688 in London. Similarly the rate of children subject to a child protection plan per 10,000 population is high at 55.6 compared to 42.1 in England and 37.4 in England.

Recent high profile cases have highlighted a number of emerging risks affecting young people in Tower Hamlets:

- The risk of sexual exploitation, highlighted by enquiries in Rotherham and Doncaster.
- The risk of radicalisation, highlighted by recent cases of young people in the borough leaving the country to join extremist groups abroad.

What does this mean for the THSCB?

There is a wealth of information suggesting that the level of need in our child population is high, and pointing towards the importance of partnership working to safeguarding the wellbeing of children.

The data suggests that whilst schools in Tower Hamlets are working well to help children maximise their potential, there is a continuing need to improve support for children and parents in the early years, and for young people as they leave school.

The THSCB has been responding to the impact of these community and demographic factors through a variety of ways. We have commissioned two reports over the last year to help partners understand how to improve our services to support young people who are engaged in serious violent behaviour, and to safeguarding children from sexual exploitation. We are also working closely with the Community Safety Partnership to ensure that services provided through the Prevent initiative are successful in preventing young people from becoming radicalised through extreme ideology.

Section 2: Statutory context, accountability and Governance arrangements

Tower Hamlets Safeguarding Children Board was established in April 2006 in response to statutory requirements under the Children Act 2004.

Now in its eighth year, the THSCB partnership continues to provide ongoing opportunities to improve local leadership and commitment to drive the safeguarding children agenda, enhance collaborative inter-agency working relationship, 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 such 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.

The THSCB is chaired independently, in line with 'Working Together to Safeguarding Children.' Sarah Baker was appointed as Independent Chair in February 2014 but had acted in an interim capacity the preceding year.

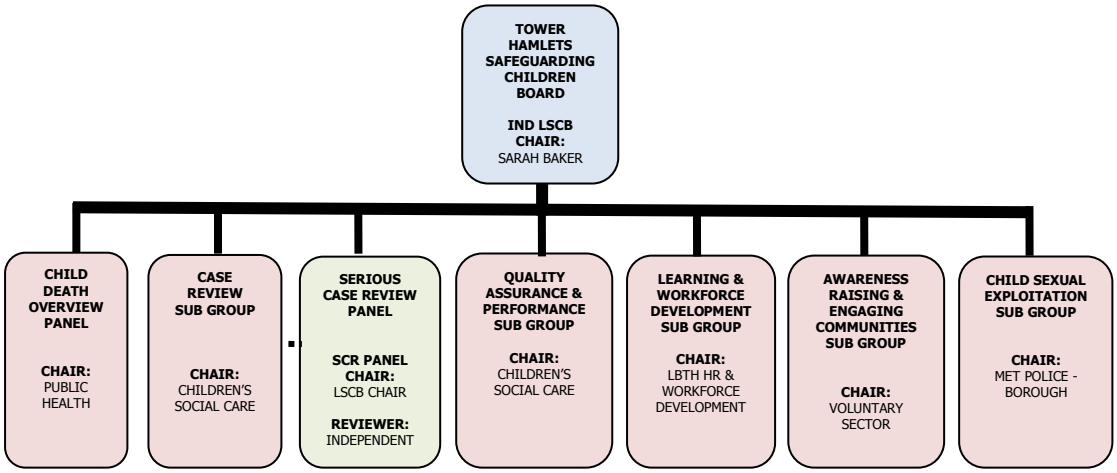
In line with 'Working Together' 2015, the chair reports directly to the Head of Paid Service and meets regularly with the Corporate Director of Children's Services and the Service Head for Children's Social Care, who also acts as the Professional Advisor to the THSCB.

THSCB is supported by a full-time business manager and the child death single point of contact administrator, the latter is funded by Barts Health NHS Trust. Additional support is also provided by the Children's and Adults Services Resources Policy, Programmes and Community Insight function. The Chair challenges the Board partners to ensure they directly contribute to the Board's effectiveness.

Membership of the Board fully reflects the requirements of Working Together 2015. A full list of members is attached as Appendix 1. THSCB is keenly aware of the value of an additional independent voice at Board discussions and oversight of safeguarding arrangements. As a result and following new guidance in Working Together 2015, we appointed 2 lay members in 2014. These members have introduced welcome additional independent scrutiny to the Board.

The Board meets every two months. Attendance at THSCB Main Board meetings has been, as always, exceptionally good. Previously, it was reported that attendance at subgroup had been intermittent at times, but this is now greatly improved. The THSCB Business Plan and Risk Register are monitored by the Chair and business manager, reporting progress back to Board members. This has resulted in better leadership and cross-over of tasks amongst the groups.

The THSCB has six subgroups and the work of these groups is reflected within this report:



Subgroup chairs have made a concerted effort to ensure the membership of their groups means they have members who can act as influencers and make decisions. They have identified gaps and taken necessary steps to rectify this with partners. Each subgroup is now well represented by children's social care, acute, mental health and community health services, police, education and the voluntary sector.

Statutory & Legislative Framework

In March 2015 the Department for Education (DfE) published the revised Working Together to Safeguard Children (2015) and in anticipation; THSCB undertook a gap analysis exercise to identify the areas it needed to develop. For example, the reporting line for the THSCB chair was amended and steps were taken to improve the parity in financial responsibility for the THSCB. We have also developed an outcome based learning and improvement framework, which focuses on three areas of learning: serious case review, audits and multi-agency training.

As a consequence of Working Together 2015, the London Child Protection Procedures were also updated. These have now been published and local agencies are informed about and sign-posted to the new procedures via the THSCB website.

Budget

The THSCB budget consists of contributions from a number of key partners and is managed by London Borough of Tower Hamlets (LBTH). Working Together 2013 first placed an increased emphasis on no one agency being overly burdened with the cost

of running the THSCB and stated that the THSCB budget is a shared responsibility across the partnership.

Following this, an exercise was undertaken to review the actual costs of supporting THSCB work. For example, serious case reviews, learning events, communications and involving young people. As contributions have remained unchanged for several years and there is now a drive for more independent expertise and input, the THSCB Chair has requested an increase in funding from key partners. The following table shows contributions to the THSCB for 2014-15.

Agency	Contribution	Fixed
Met Police Service	5,000	Fixed Pan-London
London Probation Trust	2,000	Fixed Pan-London
East London Foundation NHS Trust	2,500	
CAFCASS	550	Fixed Nationally
Tower Hamlets Clinical Commissioning Group	15,000	
Barts Health NHS Trust	3,000	
London Borough of Tower Hamlets	234,102	
Total Annual Contribution	**262,152**	

For a full breakdown of THSCB Income and Expenditure for 2014-15 see Appendix 3

Relationship with other Strategic Boards

The THSCB has had a close working relationship with the Children and Families Partnership Board (formerly Trust) for some years. However, there has also been work to strengthen the THSCB's links with other existing strategic boards. There has been dialogue between the THSCB and other Boards to determine the remits and roles and to provide clarity around how they can work together to improve the safeguarding of children, their life-chances and future outcomes.

Health and Wellbeing Board

Tower Hamlets Health and Wellbeing Boards (HWBB) was formed in response to national health reforms (the Health and Social Care Act 2012). The board is the leading body responsible for health and wellbeing issues in Tower Hamlets. Chaired by the Mayor of Tower Hamlets, the partnership brings together councillors, community leaders, GPs, public health, social care, housing providers, Healthwatch and the community voluntary sector in one forum.

Its vision is to create stronger links between organisations that support and impact people's health and wellbeing and work together with residents to improve the health and wellbeing of everyone living and working in the borough.

By joining up health and wellbeing services across the borough, this will improve the:

- quality and safety of services
- access to health and wellbeing.

The partnership plays a lead role in championing local health issues, giving residents a new voice to shape local services and say what matters most to them.

The Tower Hamlets Health and Wellbeing Strategy is a key commissioning strategy for the delivery of services to children and adults across the borough. The HWBB is currently developing its strategy for 2016-19 and so it is critical that, in compiling, delivering and evaluating the strategy, there is effective interchange between the HWBB and both the Adult and Children's Safeguarding Boards. Specifically there need to be formal interfaces between the Health and Wellbeing Board and the Safeguarding Boards at key points including:

- The needs analyses that drive the formulation of the Health and Wellbeing Strategy and
- The Safeguarding Boards' annual business plans. This needs to be reciprocal in nature assuring that Safeguarding Boards' needs analyses are fed into the Joint Strategic Needs Analysis (JSNA) and that the outcomes of the JSNA are fed back into safeguarding boards' planning;
- Ensuring each Board is regularly updated on progress made in the implementation of the Health and Wellbeing Strategy and the individual Board plans in a context of mutual challenge;
- Annually reporting evaluations of performance on plans to provide the opportunity for scrutiny and challenge and to enable Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

Following on from consultation between the Chairs of the HWBB, the THSCB and the Safeguarding Adults Board, a protocol has been agreed which sets out the expectations and interrelationships between health and safeguarding, making explicit the need for Boards to share plans and strategies and offer challenge to each other. The THSCB will therefore take its annual report to the HWBB and ensure that the Chair of the HWBB has sight of its Business Plan on an annual basis. The HWBB will bring its strategy to the THSCB on an annual basis. The Independent THSCB Chair is an identified stakeholder of the HWBB, receiving agendas and newsletters relating to the HWBB, in addition to attending the HWBB to present the annual report, and attending meetings to ensure synergy of work and challenge to the partnership to ensure safeguarding is prioritised.

Children and Families Partnership Board

The Children and Families Partnership Board (CFPB), unlike the THSCB and HWBB, is not statutory. However, in Tower Hamlets it is the recognised forum where multi agency partners convene to further a wider range of outcomes for children, young people and their families. The Independent THSCB Chair is a member of the CFPB, which meets every two months.

The role of the Independent Chair of the THSCB on the CFPB is crucial as it ensures that the policies, strategies and projects discussed at the CFPB can be aligned to safeguarding best practice and outcomes, providing challenge and opportunities for the THSCB and CFPB to work together.

The Children and Families Plan 2012-15 was developed by the Children and Families Partnership to provide a framework for how our Partnership would work together to continue to improve outcomes for children and families in Tower Hamlets. The Children and Families Partnership is currently developing its plan for 2016-19. The THSCB Chair will continue to scrutinise this plan as it develops, to ensure that it reflects THSCB priorities.

Community Safety Partnership

The Tower Hamlets Community Safety Partnership (CSP) is a multi-agency strategic group set up following the Crime and Disorder Act 1998. The partnership approach is built on the premise that no single agency can deal with, or be responsible for dealing with, complex community safety issues and that these issues can be addressed more effectively and efficiently through working in partnership. The CSP is made up of both Statutory Agencies and Co-operating Bodies within the borough and supported by key local agencies from both the Public and Voluntary Sectors. Registered Social Landlords (RSLs) have a key role to play in addressing crime and disorder in their housing estates. Partners bring different skills and responsibilities to the CSP. Some agencies are responsible for crime prevention while others are responsible for intervention or enforcement. Some have a responsibility to support the victim and others have a responsibility to deal with the perpetrator. Ultimately the CSP has a duty to make Tower Hamlets a safer place for everyone.

The CSP is required by law to conduct and consult on an annual strategic assessment of crime, disorder, anti-social behaviour, substance misuse and re-offending within the borough and the findings are then used to produce the partnership's Community Safety Plan. The THSCB actively contributes to this wide reaching consultation process.

The CSP recognises that it has a responsibility to address all areas of crime, disorder, anti-social behaviour, substance misuse and re-offending as part of its core business. However, it also recognises that there are a few particular areas, which have a greater impact on the people of Tower Hamlets and their quality of life. For this reason, it has agreed that it will place an added focus on these areas and forms the 2013-16 priorities. These are:

- Gangs and Serious Youth Violence
- Anti-Social Behaviour (including Arson)
- Drugs and Alcohol
- Violence (with focus on Domestic Violence)
- Hate Crime and Cohesion
- Killed or Seriously Injured
- Property / Serious Acquisitive Crime
- Public Confidence
- Reducing Re-offending

The important links between CSP and THSCB have been highlighted in the last year through joint work on the Ending Gangs and Serious Youth Violence Strategy, the THSCB's commissioned report on young people involved in serious violent behaviour, and preventing radicalisation (the Prevent programme).

Safeguarding Adults Board

The chairs of both the THSCB and the Safeguarding Adults Board (SAB) meet together to ensure there is collaborative working on both agendas. The new Care Act duties for SABs are in many ways aligned to those for THSCBs, and to maximise the joint working opportunities, the Council has recently restructured to align the support for both boards within its Policy, Programmes and Community Insight service. This will further strengthen the existing formal arrangements for joint working.

Both boards continue to have a focus on adult mental health, preventing violent crime and domestic abuse as this affects both vulnerable adults and children. An additional area of joint focus over the last year has been safeguarding people from the risks associated with radicalisation.

Section 3: Progress on Priority Areas

This section sets out the progress that the THSCB has made in relation to priorities identified in the business plan for 2014-15. For each priority, we set out what we did, what difference it made, and what we will do next, which will be carried forward into the next year's business plan.

Priority 1 – Child Sexual Exploitation

What did we do?

- THSCB has a Child Sexual Exploitation (CSE) Strategy and Action Plan in place, which is overseen by the CSE subgroup.
- Following the publication of the Ofsted Thematic Inspection of CSE and the Independent Inquiry in to CSE in Rotherham, we assessed ourselves against the findings and recommendations. This led to the CSE Strategy and Action Plan being revised to strengthen areas around increasing awareness amongst professionals, parents/carers and young people to improve recognition and identification.
- In addition the THSCB commissioned an independent review of practice in relation to child sexual exploitation practice in the borough. The findings from this review are being used to plan our work for 2015-16 (see 'what will we do next' below.)
- The Pan-London CSE Protocol was refreshed following a period of consultation which THSCB contributed to. As a result, the principles and guidance were embedded in the local strategy adopting and promoting their suggested early warning signs in to our awareness raising and training messages – these are:.

  Sexual health and Behaviour

  Absent from school or repeatedly running away

  Familial abuse and/or problems at home

  Emotional and physical condition

  Gangs, older age groups and involvement in crime

  Use of technology and sexually bullying

  Alcohol and Drug misuse

  Receipt of unexplained gifts or money

  Distrust of authority figures

- The Domestic Violence and Hate Crime Team (DV&HCT) through its Violence Against Women and Girls (VAWG) strand has developed a 'whole school' programme, working from governor level down to parental engagement teams, which takes a rights based approach to tackling all forms of abuse, including CSE. In the past 12 months, 350 teaching and non-teaching staff have received training on CSE, domestic abuse, forced marriage, gender, female genital

mutilation and VAWG and over a 1000 young people have received training and workshop on all strands of gender based violence.

- A range of projects aimed at supporting young people to become peer supporters. For example, over an 8-week programme they have developed a leaflet for young people that highlights the issue of abuse and covers topics such as healthy relationships, sex and consent, CSE, Forced Marriage
- The Safer London Foundation have provided a specialist CSE support service to young girls at Pupil Referral Units providing group work and individual support to those at risk or as victims of CSE.
- A conference was held to explore the needs of young people in Tower Hamlets with the aim of ensuring best practice in safeguarding young people. This was attending my over 120 professionals and a follow up campaign is planned in Autumn 2015 to encourage and empower young people themselves to become active in stopping the abuse
- Met Police held Operation Makesafe event jointly with City and Hackney LSCB to raise awareness amongst hoteliers and licensed premises to recognise CSE and the role they play in preventing vulnerable young people coming to harm – the message they received was based on the 'see something say something' campaign
- The Multi-Agency Sexual Exploitation Panel (MASE) has continued to meet on a monthly basis. The MASE came in to effect from February 2014 so there are no equivalent data to compare this year's data with.
- The CSE Coordinator post was increased from part time to a full time position who has undertaken a targeted programme of awareness raising and multi-agency training, including GPs, Child and Adolescent Mental Health Services (CAMHS), Housing and supported housing provisions, Schools, Youth Services, Attendance and Welfare, Social Work teams across family support, intervention, looked after children, leaving care, children with disabilities to name amongst a few. The total number of staff who have received information about recognising CSE and knowing how to respond and seek additional support far exceeds 500 across the THSCB partnership
- A dedicated practitioner was assigned to screen all contacts of a CSE type nature within the Tower Hamlets Multi-Agency Safeguarding Hub (MASH). Offering advice and practice support to process through the local referral pathway
- Barts Health safeguarding children team has delivered bi-monthly CSE awareness seminars, for all staff, with priority to those working in key relevant services, i.e. sexual health services, A&E and school health. Barts Health is represented and contributes at the MASE panel meetings. Information about children and young people discussed is shared appropriately via electronic records.
- Sexual health services have adopted the British Association for Sexual Health and HIV (BASHH) CSE proforma "Spotting the Signs" which is used in conjunction with the electronic record, Preview. This record is used and shared by sexual health services across all three Barts Health areas (Tower Hamlets, Waltham Forest and Newham). This enables information to be shared when young people who are at risk of CSE choose to use services out of borough. Staff are reminded via Level 3 training of their responsibility to refer cases of suspected CSE to children's social care as appropriate.

- The local authority has improved its assessment and recording systems to capture risk assessments undertaken by social workers, including those who are looked after by Tower Hamlets. This new system will contribute to our ongoing understanding of the prevalence, profile and features of CSE specifically in Tower Hamlets.

What difference did we make?

- We have reached over 1000 staff across the multi-agency partnership leading to an increase in concerns reported to MASE.
- The has led to an increase in reporting to the Police moving Tower Hamlets from the second lowest to the fourth highest in comparison to the London profile. The police are also increasing their use of child abduction notices locally.
- The MASE reviewed 65 cases between April 2014-March 2015, of which 35 led to a s47 enquiry (child protection investigation process) in comparison to 17 s47 enquiries for the previous year.

What will we do next?

- Implement findings and recommendations from the Independent CSE Review with an immediate focus on refreshing the local CSE Framework, including MASE Panel, referral pathway and strategic oversight
- The CSE Review made a number of recommendations for the THSCB and agency specific recommendations for children's social care, Barts Health and the Police, these suggest further work in Tower Hamlets to improve our knowledge around the local CSE landscape, including the readiness of the workforce to recognise and respond appropriately. The recommendations covered the following areas:

Recommendations	THSCB Response
Improving Database and Performance	We will respond through refining our CSE database that will not only profile CSE victims but also the perpetrators whether they are individuals or part of a gang/group targeting vulnerable young people in our area. This will allow for partners, especially the police to engage in disruption activities if not at least building evidence towards securing our first convictions. An annual multi-agency case or thematic audit will be conducting to measure how well we are responding to CSE Intelligence held by partners for children who go missing from home or care, those involved in gangs and serious crime will be captured in the CSE database to support the MASE panel to identify local trends and assist in profiling
Training	In addition to the range of training offered through our THSCB and single agency programme, targeted training will be delivered to

	Housing providers, integrated youth services, enforcement officers and CAMHS to support their role in tackling CSE
Commissioning Services	Tower Hamlets does not currently commission a specialist CSE service as support is provided through existing statutory and voluntary provisions for children and young people. However, the review recommended that any future commissioning by local authority departments, partners or the voluntary sectors, the council's children's commissioning team should be notified to ensure the scope and remit is in line with local needs and strategic direction.
Support for victims of CSE	THSCB will undertake an audit and review of all the providers who work with victims of CSE to assess the quality of support provided and develop a strategy for a joined up approach for the ongoing support for CSE children and young people.
Supporting Schools	The Council will strengthen its support to all schools, including faith and other independent schools. This will focus on better use of sex and relationship education (SRE) and guidance on online safety, recognising that schools are able to opt out of SRE.
Parent/Carer and Community Awareness	THSCB will develop a communication strategy to ensure that there is co-ordinated approach with safeguarding partners and other service providers, to promote awareness for parents, faith and the wider community of CSE.
Working with perpetrators and potential perpetrators of CSE	In conjunction with all partners, THSCB will seek to identify all service providers who work with Perpetrators and Potential Perpetrators to ensure there is a cohesive approach to intervention and prevention. This will form a part of the local CSE strategy
Involving Children & Young People	Improvements need to be made in capturing the voice of young people to enhance the local CSE strategy and ongoing activities

- We will hold a THSCB Safeguarding Conference during Safeguarding Awareness Month to ensure the workforce are aware of the CSE indicators, referral pathway, learning from national reviews and findings from the local independent review.
- Continue to deliver THSCB training on CSE level 1 to professionals but develop a more advance course for those working directly with young people involved in/victims of CSE.
- Increase the awareness of parent/carers and young people themselves so they are empowered and equipped to recognise and stop the abuse.

- Involve more parents and young people in CSE child protection strategy meetings.
- Explore the role of family group conferences and signs of safety in helping families to recognise their strengths and risk areas, and identify what they can do to help resolve the presenting problems themselves.
- Deliver a second Operation Makesafe event and target this at Community Enforcement Officers as part of the Autumn's Safeguarding Month activities.
- Produce and widely disseminate a local practitioner guide and launched at the safeguarding conference.
- We will work through our local Police's public protection unit on disruption strategies and prosecutions as Tower Hamlets has not had a single conviction though we have had two police operations around CSE. The intelligence gathered through these investigations can be used in the future should any of the victims wish to reconsider pursuing matter. The Police CSE lead will be co-located within the MASH will greatly help in information sharing and improve multi-agency response times.
- As part of our continuous learning, Tower Hamlets Children's Legal Team have a dedicated solicitor for CSE cases and we will be exploring how to use Civil Orders against perpetrators as spearheaded by Birmingham Council.

Priority 2 – Harmful Practices

What did we do?

- Harmful practices, which include forced marriage, so-called 'honour' based violence, faith based abuse and female genital mutilation (FGM) are significant issues for the borough and have a large impact on our residents.

- The Mayor's Office for Policing and Crime (MOPAC) has funded a two year pilot programme for a select number of London boroughs, and Tower Hamlets has successfully bid to be part of the pilot. It is the first pilot project in London to tackle all elements of harmful practices together. This means that Tower Hamlets is at the forefront of a best practices programme to support victims of violence against women and girls. The Project focuses on:

    - Early identification and prevention – We were successful in our bid for DfE Innovation Fund to provide an extra element to work on the Harmful Practices Pilot to specifically focus on FGM. The aim of this element is to proactively prevent girls from being cut. The children at greatest risk are the female children of FGM victims; the starting point of this innovation is therefore identification of adult victims of FGM through a joint approach between midwifery and social care services, in order to offer timely and proactive intervention. The funding has allowed us to recruit a specialist social worker, who is based in the Hospital Social Work Team, to take all cases of FGM.

    - Safeguarding and access to support - Over 100 professional and community violence against women and girls (VAWG) champions have been recruited and trained to support our work in safeguarding young people from abuse, with Harmful Practices as an integral part of this preventative project. We

have also delivered training to over 500 professionals across the borough as part of our VAWG training programme. MOPAC has also commissioned two part-time harmful practice advocates to provide capacity building support to professionals on any cases of harmful practices, as well as taking on high need cases of any form of harmful practices by referring into specialist support services in Tower Hamlets and increase identification of those experiencing abuse in the Borough. The advocates are based within the domestic violence and hate crime One Stop Shop at Whitechapel Idea Store and within the children's social care team at the Royal London Hospital.

- Enforcement and prosecutions – this is an area that remains a challenge for Tower Hamlets and other areas. There has not been a successful prosecution around harmful practices, especially around the practice of FGM. However, the Council is working closely with Metropolitan Police colleagues to ensure identification of victims and with our CPS colleagues to ensure that cases that have been identified are progressed through the criminal justice system.

- Community engagement – through the MOPAC and DfE innovation fund we have commissioned a consortium of organisations to deliver an additional programme of training. We have also recruited two advocates to provide capacity building support to professionals and community engagement work to ensure that the whole borough is involved. Two community engagement projects have been commissioned – one which will recruit FGM peer advocates and champions, working with the specialist social worker and health services to provide a wraparound support for women and children who are affected by FGM; and another which will conduct focus groups and workshops to challenge attitudes and beliefs around the myths surrounding FGM. Finally we have secured 25 volunteers from the local community to champion FGM prevention work and nearly 100 professional champions

- The Domestic Violence and Hate Crime Team (DV&HCT) coordinates the Multi-agency risk assessment panel (MARAC) which has an important role in safeguarding children who have been living in households where there is high risk domestic abuse happening. Young people aged between 16 and 18 are also supported as victims in their own right.
- A new FGM health clinic was established at the Royal London Hospital in June 2014, with robust referral pathways from ante natal services.
- Barts Health have implemented robust referral pathways from other health services into specialist maternity services and the FGM clinic. Women identified at ante-natal booking or on referral are automatically referred to the Gateway Midwifery team (for vulnerable women) and the specialist safeguarding midwife. Any safeguarding issues relating to other family members are assessed and appropriate referrals are made to children's social care. Bart's Health staff are reminded of their responsibility to refer potential FGM cases to children's social care during Level 3 safeguarding children training

What difference did we make?

- In the past 12 months, five young people have received a high level of intervention and support through our MARAC arrangements.

What will we do next?

- Increase identification of vulnerable children (and women) at risk of FGM.
- Increase awareness amongst professionals through dedicated training at 2 levels, multi-agency training and specialised training for health professionals, social workers and police officers.
- Increase the number of cases supported by specialist services through better identification and dedicated referral pathways across FGM and wider harmful practice areas relating to VAWG.
- Increase the number of champions from the organisations in Tower Hamlets and the community to support survivors of FGM and tackle beliefs in the future.

Priority 3 – Children Looked After

What did we do?

- We reviewed the Entry in to Care Panel to explore threshold issues
- Thematic discussion was introduced to the looked after children tracking panel, which is a management oversight case tracking group monitoring children looked after i.e. kinship care, emotional wellbeing, education attainment.
- Action for Children were commissioned to undertake independent return interviews to ensure a robust triage is in place for children missing from school, home and care.
- Private fostering arrangements are reported to the THSCB every year and the Council's Private Fostering Team continue to provide a safeguarding oversight to these children.
- Following a TH CCG commissioned review of the Barts Health looked after children (BHT LAC) team additional funding was made available to employ an administrator and additional specialist nurse. Both posts were recruited to in 2014. This has enabled more robust administrative and communication systems to be established between children's social care and BHT LAC team. Additionally, the BHT LAC team are now able to view GP records for LAC children, giving instant access to immunisation status. This supports early identification of health needs, and additionally, this key performance indicator can be shared in a timely way with children's social care.
- The newly appointed LAC specialist nurse has a specific responsibility for the health assessments of remanded young people. The BHT LAC team have appreciated the significant input of children and young people in care to develop a health passport. This was launched in January 2015. A questionnaire was developed to establish the views of children, young people, and foster carers of the service provided by the LAC team. This will be repeated again in 2015 and children in care's participation will be included in its design.

What difference did we make?

- 26 private fostering arrangements ended in this year and there were 16 new notifications in total. In addition to those continuing to privately fostered from the previous year, there were a total of 22 children in private fostered arrangements at 31st March. This is lower in comparison to the previous year where 65 cases were open to children's social care. The reasons for the drop in

notifications may be as a result welfare reforms and benefit caps as well as stricter Immigration rules. However, this will need to be further analysed to ensure we are aware of and providing a safeguarding service to all those children living in private fostering arrangement. Of these children, the Council undertook two child protection (s47) investigations of a child who may have been trafficked for the purpose of domestic servitude and another for concerns related to FGM. One child was removed and placed in the care of the local authority.

- Service users open to the local authority's Private Fostering Team indicates that the majority of those known are unaccompanied minors, abandoned children, students or over stayers from Bangladesh, including those from the Congo, Vietnam and China. Many of these young people are living with extended family in order to access better education and achieve improved life opportunities.
- For 2014 – 2015, the majority of notifications (36%) continue to be from Education which includes schools and the Pupil Admissions Team. Notifications received from the Home office are around 18%. CSC's front door team (IPST) is the first point of contact and received 27% of direct notifications. Notification from others which includes community /faith groups account for 19% of alerts. For further full information and analysis the Private Fostering Annual Report can be found on the THSCB website.
- Placements of children in care have been good, with a low proportion of children experiencing more than three placements and a high proportion in placements for 2 years or more. This is attributed to a Team Around the Child approach
- Following a consultation with younger children in care (under 14) we have listened to their views on what improvements they want to make in the placements. These by and large centred on their living circumstances, house rules, social activities and personal choices. We will work with foster carers to address the areas young people are important to improving their daily lives.
- Outcomes for looked after children still need improvement. The proportion of looked after children achieving 5 or more good GCSEs is still too low, and there has been a drop in the proportion of looked after children having annual health and dental checks.

What will we do next?

- Redefine our Corporate Parenting so that its pledge and vision for children looked after is strengthened 'to help children and young people grow and belong, have a fulfilling life, live a healthy, happy life, pursue interests, goals and more. It will also ensure children and young people have time to relax, spend time with family and friends, think about what they want to do with their lives, and have a sense of achievement and purpose'
- Implement the refreshed LAC strategy 2015-18 to ensure there are sufficient placements, meaningful participation and better education and health outcomes
- Develop new guidance for practitioners for leaving care services which will focus on new work approaches that encompasses friendship and peer intervention, with a move away from relying on traditional 1:1 support
- Introduce enrichment programme of events for children looked after to encourage children's aspirations and broaden their activities to widen their future horizons

- Provide children looked after with additional educational support through a 'local offer' of Math and English tuition (or other subject) so their aspirations are realised
- Undertake audit of cases where Children show distress through their behaviour, e.g. challenging, boundaries and improve social work response and support
- Improve mental health support with a more dynamic and accessible referral process by embedding a dedicated Child and Adolescent Mental Health Service (CAMHS) team within children's social care
- Improve our response to the voice of foster-carers in assessment and intervention; and increase support to out of borough carers
- Consult with young people who have experienced a removal of their liberty, either through secure placement or prison setting, so there is a good understanding of their specific support needs.

Priority 4 – Neglect Strategy

What did we do?

- The thematic inspection on neglect completed in the previous year highlighted that the multi-agency workforce did not have a shared understanding in recognising neglect and its impact, the understanding of threshold for intervention, planning effective intervention and understanding the role early help can play in supporting children and their families. As a result, the THSCB mandated that the THSCB Neglect Strategy focus on raising knowledge to improve on response in the first year.

- A new comprehensive multi-agency programme of level 1 and level 2 training was delivered and a further series of workshops was provided as part of the THSCB chair's interface with front line practitioners.

- A training pool consisting of staff from health, education and social care was brought together specifically to develop the DfE Neglect training programme ensuring key messages from local and national Serious Case Review informed the desired changes in practice.

- The Tower Hamlets Family Wellbeing Model has been revised to improve guidance around neglect including a refresh of our threshold document.

- Delivery of Signs of Safety training has increased over the year embedding neglect to engage practitioners in mapping neglect cases and improve partnership response

- Provided an accessible menu of Parenting Programmes for Tower Hamlets Parents and Carers through the delivery of 25 one off, short and intensive parenting programmes including: Emotional First Aid, Triple P and Strengthening Families Strengthening Communities, some of which were targeted through schools and children centres.

- Undertaken multi-agency case audit on neglect cases between April and July 2014, employing a new approach in line with our Learning & Improvement

Framework which brings together a focus group of practitioners involved in the cases. Signs of Safety strengths-based model was used in the approach and found that on the whole there was improved partnership working, enhanced health services were secured for timely intervention for child with disability and child protection plans and legal process were seen as turning points in shifting drift and delay. Areas for improvement focused on getting early help right, balancing the intensity of neglect cases where often numerous agencies can be involved at the same time and to make timely escalation.

What difference did we make?

- Over a 100 staff from across the THSCB partnership received the DfE Neglect level 1 and level 2 training. The majority have reported through evaluation that they found the training thought-provoking, shifted their perceptions around what constitutes neglect, increased their knowledge around the issue and particularly found learning from local and national SCRs helpful to contextualise. Almost all agreed they found working with cases where neglect is suspected both complex and challenging
- Neglect remains to be the most common reason why children become subject to a child protection plan. In 2014-15 there were 205 assessments completed by Children's Social Care and 86 children subject to a child protection plan where neglect was a factor. Both numbers have decreased in comparison to the previous year. This may be an indicator of better early help but further investigation will need to take place to understand this in more detail
- The neglect strategy stated that the performance indicator measuring the average length of time a child remains subject to a child protection plan for neglect and emotional abuse will set the year 1 benchmark. This stands at 10 months for children subject to child protection plan for neglect and 9 months for those with the dual category of neglect and emotional abuse

What will we do next?

- The THSCB Performance Report needs to be improved to report on the agreed neglect indicators more regularly to provide a better picture of this cohort of children at risk of harm.
- Multi-agency case audit programme to include another audit of neglect cases but the range of cases is widened so that the THSCB can compare the improvements that are being made to practice and identify targeted areas for improvement year on year. This
- Undertake a review on the wider impact of the Neglect strategy following its first year of implementation and report findings to the THSCB membership

Priority 5 – Serious Case Review and Thematic Learning Lessons Reviews

What did we do?

- In the past year, THSCB have completed one serious case review (SCR), the report on 'Jamilla' who died as a result of neglect and malnutrition, was

published in November 2014 and initiated a new SCR which is due to be completed during 2015-16.

- We have held five SCR learning dissemination events from the Jamilla SCR reaching over 350 practitioners and managers across the THSCB Partnership. The findings of this review concluded that the infant's death could not have been predicted nor prevented due to the rapid decline of her care. Despite this, a number of judgements were made around practice and recommendations to address the gaps. These focused on:
  - multi-agency assessment and subsequent responses suggested focus is based on current levels of functioning within families, with insufficient consideration of the potentials risks arising from ongoing vulnerabilities
  - the need to improve enhanced health service provision, particularly in relation to midwifery, health visiting and the interface between these universal health services
  - minimising the risk posed to 'invisible children' who are new to the UK or the local authority, especially under-fives.
  - Broaden the Think Family approach so wider family members are included in assessments
  - Understanding the impact of additional factors such as harmful cultural practices, lack of housing, information sharing difficulties around early intervention contributing to vulnerability of children and their family
  - The need to challenge the 'myth' of neglect taking form predominantly as long-term, persistence failures. This case demonstrated that neglect can be rapid and devastating.
- In addition to the new SCR, the case review group considered two cases but neither met the threshold for a SCR although a single agency review was conducted by Children's Social Care concerning a looked after child.
- THSCB commissioned an independent review of CSE, as highlighted in the earlier update relating to priority 1.
- Similarly, a thematic review was initiated concerning 6 young men who were involved in serious violence either as victims or perpetrators. Whilst this did not meet the SCR threshold, the THSCB considered that a thematic review should be undertaken to ensure that any issues with local services and their support for this group of young men are identified. The thematic review made a number of recommendations including:
  - A multi-agency risk assessment system that considers the impact of violence within the home by siblings, language and cultural dimensions in families in transition between first, second and third generation
  - A multi-agency older children's risk panel is established to share information and develop joint risk assessments and plans for older high risk children. A clear threshold and referral criteria will need to be developed.
  - An approach or methodology for working with highly complex cases within Children's Social Care and more broadly within the local authority and partner agencies should be developed. An inter-agency protocol on working with complex cases should also be developed to support this

- Learning and Development to support staff to understand additional factors that increase vulnerability such as the impact of multiple childhood adversity and trauma

What difference did we make?

- The Jamilla Serious Case Review, published in November 2014, made a number of recommendations with particular emphasis on the family wellbeing model, the re-specification of the enhanced health visiting service and the midwifery service for vulnerable mothers. The findings of the SCR have been delivered to a wide ranging workforce with targeted learning for health professionals.
- The FWB model has been revised to reflect the key findings of the SCR including improving the pathways in to MASH ensuring there is clearer process for cases that do not meet CSC threshold and can be passed to lead professionals who in turn coordinate the work of the team around the child/family. Additional guidance has been reinforced through the common assessment framework (CAF) training. Further work will be undertaken to ensure the 'step-down' arrangements from CSC is robust so that children and families are supported by universal services.
- The full impact of the Jamilla SCR recommendations is yet to be realised as we ensure the actions are followed through. This will be the first SCR in which we will used our local learning and improvement framework to assess, measure the outcome for children and families through a rigorous quality assurance programme and integrate the learning across the partnership.

What will we do next?

- Learning from the CSE and Thematic Review will be rolled out as widely as possible ensuring further reach.
- Both these reviews were conducted outside of the SCR methodology but did use a systems approach. As a result the THSCB will need to consider incorporating a quality assurance plan to understand the short and long term impact on practice and interagency working as a result of changes implemented by partner agencies

Priority 6 – Safeguarding Children with Disabilities

What did we do?

- This year we focused on expanding our short break provisions for families and children in the borough and also have an integrated short break panel in place to allocate resources
- Reviewed previous children with disability case audits undertaken which highlighted workforce development issues still needed to be addressed. A dedicated post is in place to champion the need of disabled young people over the age of fourteen.
- In response to service user feedback, we re-commissioned our independent visiting service to also provide Advocacy Service for children with disabilities

- The Integrated Service for Children with Disability was short listed for APSE Awards 2014 under the category of health and wellbeing and our short break overnight service 'Discovery House' were judged by Ofsted to be outstanding for the fourth consecutive year

What difference did we make?

- Tower Hamlets has a robust system in place for identifying and recording the number of children and young people with Special Educational Needs (SEN) or a disability. As a result, we have been able to identify families who are not accessing services and children entitled to short beak services. Access to specialist short break provisions have steadily increased year on year, with 513 children using the provisions in the borough in comparison to 463 the previous year.

- Tower Hamlets produced an updated handbook for parents and young people setting out what families can expect in terms of support for them and their children to help with the transfer across to adult services. The handbook also sets out the services available for young adults with disabilities. This is available at www.towerhamlets.gov.uk/childrenwithdisabilities. 'Preparation for Adulthood' Surgeries were held at Phoenix School and Beatrice Tate with follow up annual sessions plan in place.

- As part of the case audit findings, we have ensured our assessments are more focused on outcomes aligned against the Education, Health and Care Plan (C&F Act 2014), that the voice of the child is captured and balanced against that of the family member views.

- More parents and carers are being assessed, and those with learning difficulties are now accessing psychological assessments earlier on in the process to assist with our understanding of the child's needs. This means parents/carers also receive earlier psychological help for themselves.

What will we do next?

- We will listen and respond to user feedback to inform development of person centred planning in partnership with our families. We will also prepare the workforce to support children in placements within and outside the borough.
- Implement recommendations of the parent survey on short breaks and continue to increase usage and first time self-referrals
- Reduce dependency on transport with travel training for children and young people with disabilities
- As part of the Transition (to adult services) action plan parents will be supported to recognise and manage their child's sexuality. In conjunction, there will be further emphasis on developing the local care network as not enough emotional support is offered to carers to respond to the needs of the children.
- Using Picture Exchange Communication tool (PEC) we aim to expand communication on safeguarding issues for children & families through a dedicated post holder
- We will influence the commissioning of placements. One of the main concerns to be addressed is the access to CAMHS services for children who are placed out of

borough. There needs to be a commissioning led solution as a number of s.47 (child protection) investigations of disabled children are placed in residential schools outside Tower Hamlets. Further exploration will be undertaken with our local CAMHS to consider developing a specialist provision for this group of children.

Priority 7 – Recruitment of Lay Members

What did we do?

- Two lay members recruited from local Tower Hamlets community, both with backgrounds in working with the wider community and one with a specific connection to school governors.
- Lay members are linked in and support the work of the THSCB through their input at THSCB subgroups.
- Lay members were inducted, including attending safeguarding children training, and are supported by the business manager and THSCB voluntary sector representative

What difference did we make?

- Both lay members provide challenge and scrutiny at the board meetings. For example, both challenged that the findings and response to the child sexual exploitation review may focus on professional and agency response, raising the awareness of CSE and the role parents and the public can play, needs to be equally embedded in the THSCB response to the findings. As a result, some consultation with young people and parents and awareness raising events will be undertaken in the coming year.

What will we do next?

- Lay members will continue to play an important role introducing external challenge to the Board.
- Lay members will assist in delivery awareness raising and consultation activities covering a range of safeguarding children issues.

Priority 8 – Embed Family Wellbeing Model

What did we do?

- Following a wide-scale review of the Family Wellbeing Model (FWBM) in late 2013/early 2014, in consultation with THSCB partners, the revised model was launched at an event in June 2014.
- The revised FWBM contains revised thresholds indicators, a new social care protocol and new information around recognising neglect
- Following a launch using a range of local media, training was provided for practitioners in the new version of the Model.

What difference did we make?

- In 2014-15, 995 CAFs were completed; an increase of over 100 assessments from the previous year.
- 269 referrals were made to the Social Inclusion Panel in 2014-15, an increase of 100 from 2013-14.
- At the same time, a continuing low number of referrals to social care, along with a low proportion of repeat referrals, suggest that the FWBM has been successful in articulating clearly the referral thresholds, and offering professionals effective pathways to early help services.

What will we do next?

- We will undertake a targeted review of the Model to take account of learning from serious case reviews. This will ensure that historical vulnerability is included in tier descriptors and include guidance for practitioners on how to ensure this is recognised when stepping down a case from children's social care. We will be taking this through the THSCB in the autumn prior to re-launching the model across the Partnership.
- We will also carry out a comparison exercise against the London Continuum of Need in July 2015.
- We are about to start some work around Neglect with schools. We are monitoring the impact of the new ways of working in the MASH team, including the Signs of Safety work at tier 2.
- In response to the neglect strategy and the Jamila SCR, we have agreed a closer delivery interface between the Parent and Family Support Service and Children Social Care in number of areas and neglect will be a focus for this year.
- We are currently scoping a number of opportunities and have agreed to develop a targeted approach to neglect which assumes that families where there are neglect features are not getting timely change work (Ofsted Report on neglect) and we want to test any new neglect assessment tools to see if this increases step up into children's social care by better identification or step down by effective change.
- The Parent and Family Support Service will work with a small number of schools where there are concerns around low level neglect impacting on attendance and attainment and there are a number of vulnerabilities. The Service will deliver a bespoke parenting programme using neglect assessments and interventions to these families and will report on the effectiveness of this approach to the FWBM steering group. We will use the learning and feedback to inform wider work of the steering group and THSCB.

Priority 9 – THSCB Performance Dataset

What did we do?

- The Performance and Quality subgroup has established a multi-agency dataset drawing on a range of sources to ensure the Board is informed about safeguarding issues.

- Three thematic case audits have been completed as detailed in section 5 of the report. Learning events have been held with practitioners to feedback the results.

What difference did we make?

- The dataset and audits have informed the work of the board, including the analysis of safeguarding issues set out in section 4 of this report.

What will we do next?

- We will review and further strengthen the dataset, to align it more closely with the strategic priorities identified by the Board.
- The reliability of data returns from partners needs to be addressed. We will be refreshing the membership and terms of reference of the Quality and Performance subgroup to help support this.
- Analysis of the data at partnership level also needs to be improved to inform the work of the Board. This will be progressed through the refreshed Performance and Quality subgroup.
- Learning from audits needs to be strengthened so it is used strategically by the Board. The Performance and Quality subgroup will develop regular reports to sit alongside performance data to inform this.

Responding to emerging safeguarding areas:

In addition to responding to the specific priorities outlined in this section, the THSCB has also identified specific safeguarding issues emerging from national or local information requiring particular attention. For Tower Hamlets these are as follows:

Preventing Violent Extremism (PVE) and Radicalisation:

We have been proactively working to address the Prevent Agenda, with Children's Social Care leading in this area, to identify children and young people who are at risk of violent extremism and radicalisation. The Social Inclusion Panel (SIP) acts as the initial point of contact where information is shared in a multi–agency context to determine the most appropriate course of action, including the need for statutory social work intervention.

In recent times we have seen a growing trend of children and young people being referred to Children's Social Care where ranging from those considered to be at risk of radicalisation, to those considered to have been already radicalised.

This is a new and emerging area of practice which poses a number of challenges for statutory social work. One key challenge is that these cases do not present the usual vulnerabilities and risks that warrant a social work intervention, and we often rely on soft intelligence from Police and others to agree a statutory or proportionate response, but without the permission to share this information with families. A recent number of cases have highlighted such operational challenges, and in particular the challenge around working with Prevent legislation and the statutory safeguarding duties under the Children Acts and Working Together 2015. Despite this, the Council has had to take decisive action to safeguard the young people and,

where appropriate, their siblings who were at risk of being radicalised or presented a flight risk.

We have identified the need to build further specialism and expertise in this field and will set up a dedicated PVE team to work in a multi-agency context and draw on the learning gained from our practice so far to develop an intervention/assessment model that best meets the needs of these vulnerable children. Alongside this team, we aim to develop our own in-house specialist assessment framework to address the risks and complexities arising from these extremism related cases, and will deliver training and development of front line staff to improve the knowledge and skill set, whilst improving our working relationships with key agencies especially the police Counter Terrorism Unit (SO15).

This year, four young women travelled to Syria while others have been prevented from leaving. As a result our safeguarding and child protection practice within this new field has been scrutinised in the courts and under the spotlight of national media and Government debate. In addition, Ofsted inspections of five local independent schools highlighted there were clear safeguarding gaps in relation to preventing violent extremism. These new experiences and challenges has led the Council and the THSCB determined to ensure partner agencies are cognisant with the duties placed under the Prevent agenda and impending changes to the Counter Terrorism and Security Act, due to come in to effect in July 2015.

In the past year, the THSCB has held a development session to explore the issues and implications for safeguarding children and the topic remains a standing agenda item at all board meetings. The THSCB has contributed to the local Prevent delivery plan and the Council has undertaken a programme of support to schools and for parents. Prevent training is being delivered to social work, school and housing staff, and new guidance has been issued to ensure preventing violent extremism is incorporated into safeguarding policies. An information leaflet for parents was published and local mosques helped to distribute this after Friday prayers. The five schools that had been inspected were offered a package of safeguarding support.

In the coming year, we will continue to develop our local practice and knowledge base. Tower Hamlets will support the learning of others; for example, contribute to the wider work of the London Safeguarding Children Board (London Councils). We recognise we are pioneering this new area of work and are in a unique position to offer our learning to others.

Signs of Safety:

Signs of Safety (SoS) is an innovative, strengths based approach to working with children and families. Tower Hamlets have been working towards embedding this as our preferred practice framework since 2011 and is now one of ten local authorities successful in the England Innovations bid in recognition of the progress made to the interface between social work and health.

The SoS framework places a greater emphasis on creating safety within family networks as well as outlining worries and concerns in a way that families genuinely understand and are able to engage with. Families tell us that they prefer to work in this way and that it brings a greater clarity to the processes that they are involved with.

We have continued to deliver SoS training and widening the scope to include schools, children centre and other agencies. Similarly, we will continue to embed the SoS approach within our assessment, child protection, quality assurance and early intervention processes.

Children missing from home, care and education:

In recent months, the Council has recognised that its systems, practice and cross agency communication has not been sufficiently robust in responding to the needs of children who go missing from home, school or care. Through direct practice, children who go missing have been tracked and supported on their return but there was insufficient oversight at senior level and insufficient triangulation of children missing from education. We have, since June 2015, joined up regular reporting of children who go missing from home, from education and from care. A new Missing Children Group will be set up to triangulate information on those missing and will focus on individual cases to ensure there is sufficient monitoring and support, a detailed overview and a point at which trends and learning can be gathered. This group will consist of representatives from Education, Police and Children's Social Care with input in from Youth Offending and the MASE Panel Chair.

Action for Children have been commissioned to offer all young people who go missing from care the opportunity to have an independent interview within 72 hours of their return. The feedback from the interview will be shared with the agencies involved and the overall lessons will be considered on a quarterly basis to inform preventative planning.

Children missing from education have been redefined by the DfE as children who are not in receipt of full-time education (defined as 25 hours education per week). A well-established system is in place for partner agencies to notify the local authority of any children thought not to be receiving education. Such children identified as not in education and identified to be particularly vulnerable are supported by an assessment using the Common Assessment Framework (CAF) with the formulation of multi-agency support to meet their needs and coordination is by a Lead Professional.

Challenges:

The Independent THSCB Chair and Partners are kept informed of the safeguarding arrangements for children and young people, including areas of concern/risk through board reports and presentations. Within this context, partners have a specific role to challenge each other in what they are doing and how well they promote the welfare and needs of children and young people. Equally, the THSCB Chair brings an element of independence to the challenges and the follow-through actions they put in place.

In recognition that the board has a large membership and not everyone will have the opportunity to contribute, the Chair has ensured each board meeting covers development topic areas to encourage interrogation, debate and insight. In the past year a number of reports and discussions have allowed for the THSCB as a partnership to be collectively challenged as well as individual agencies. These have included:

- The Community Safety Partnership (CSP) was challenged in relation to the Domestic Homicide Review (DHR) Process and concerns about not sharing review reports with the THSCB in a timely way to ensure recommendations are

jointly addressed. **This is an on-going issue that still requires further discussion with the CSP Chair**

- Following an inspection from the CQC, Barts Health Trust (BHT) was placed under special measures. The Chair sought re-assurance from the Trust on its improvement plan as well as assurance from Tower Hamlets CCG as to how the improvements are being monitored and scrutinised. **BHT shared their improvement plan and noted the failings were not linked to safeguarding dimension of the inspection process. Updates and progress will continue to be presented to the THSCB until further notice.**

- Insufficient financial contributions to the THSCB budget to enable the Board to fulfil its statutory functions in line with Working Together 2015. The Chair recorded this as a risk and requested additional contributions from partners as it is unsustainable for the local authority to continue meeting the shortfall. The largest expenditure remains for the cost of serious case/thematic reviews, which is core THSCB business area. **This issue was followed up with the chief executive officers for each statutory agency but remains unresolved. The issue remains on the THSCB risk register and will be reviewed again.**

- The Child Death Overview Panel (CDOP) Manager position remained vacant for some time; this was identified as a critical role and necessary in meeting THSCB duties under the Children Act 2004. **THSCB Chair wrote to Tower Hamlets CCG supporting the need for funding to be allocated and the post recruited. This was resolved and a permanent CDOP manager is now in post.**

- Health commissioners lodged concern that out of Borough children placed in a school in Surrey were being refused CAMHS assessment/treatment by Surrey & Boarders Partnership Trust (service providers), increasing risk posed to the young people. Tower Hamlets CCG wrote to Surrey CAMHS accepting responsibility for commissioning and covering the costs to no avail. THSCB Chair placed a challenge with the Surrey THSCB Chair to resolve the matter but there has been minimal engagement on the matter. **The issue has been placed on the THSCB risk register in recognition that this is an issue across the country, not just Surrey. The matter is outstanding.**

- GPs reported they had very little written communication from the Gateway Midwifery team and as a result, did not know if their referrals had been received or if these very vulnerable women were attending their antenatal appointments regularly. **Chair challenged Barts Health to resolve the issue urgently an agreed service standard was agreed including as a minimum GPs are to be provided with receipt of referral with details of the allocated midwife. Further work has since been undertaken to improve the liaison between GPs and Midwifery which can be audited.**

Section 4: Statutory Partner Agency Contribution to Safeguarding Children

THSCB partners have contributed to meeting the priorities outlined in section 3. In addition they have also continued to safeguard children from within their agencies:

London Borough of Tower Hamlets

As the lead agency for safeguarding children, in particular through our Children's Social Care service, much of this report focusses on our activity, particularly section 3. For this section of the report, we focus on additional activity across the Council that contributes to safeguarding children.

Our schools have an important role to play in safeguarding, and the Council supports schools in fulfilling this role. There is very strong collaborative working between the Council and schools. We ensure that governors take safeguarding seriously and are up to date with their training, and also support schools in investigating allegations against staff through the Local Authority Designated Officer (LADO.) Radicalisation and the Prevent programme has been an increasing focus over the last year, with particular concerns raised in relation to independent schools, where there has been little joint working with the Council historically. In response to this, the Council has offered these schools support and built some positive relationships, but there is more work to do. There is also a current concern about children who are home educated but not registered with the Council.

Our Community Safety services support the safeguarding agenda in several ways. The MARAC is a good example of the work they do to support multi-agency responses to safeguarding issues, and this was inspected recently resulting in a good rating. Our Tower Hamlets Enforcement Officers (THEOs) have been trained in safeguarding and violence against women and girls to ensure that they are aware of how to spot safeguarding issues, and what to do in response.

The Council's Housing services are also represented on the Board. One of the main risks currently being addressed is the implications of welfare reform, leading to homeless families being placed outside the borough, sometimes in bed and breakfast accommodation.

Challenge & Scrutiny - the Council has in place rigorous scrutiny and challenge processes. Specifically in relation to safeguarding, there is a Corporate Management Team safeguarding group on which the Head of Paid Service and corporate directors are represented. In addition, the Corporate Parenting Steering Group, which is chaired by elected members, ensures that safeguarding issues are robustly addressed. The independent chair of the THSCB meets regularly on a one to one basis with the Head of Paid Service to ensure that challenge from the Board is taken forward in delivering the Council's services. Our current challenges in relation to safeguarding are reflected in our update above- i.e. ensuring that we are able to effectively support and intervene to safeguard children in independent schools, and those that are home educated.

Public Health

Public Health has no direct service provision role, working instead at a strategic level: conducting needs assessments, facilitating partnerships and commissioning services.

Based on extensive stakeholder consultation carried out in 2013/14 ('The Healthy Child Review') we reviewed and strengthened the service specifications and service requirements of a number of commissioned services that were re-procured in 2014/15, including:

- School Health;
- Child and Family Weight Management Service;
- Breastfeeding Support Programme;
- Universal Healthy Start Vitamins Scheme.

Public Health leads on the work of the Child Death Overview Panel (CDOP), including implementation of its recommendations from previous reports. As part of this work, a series of promotional/educational messages for front line staff and parents have been developed from recommendations arising from the CDOP process and cascaded through maternity and early years settings. We have also secured additional funding to ensure that the CDOP is supported by a suitably qualified manager.

Public Health is currently engaged in on-going work with NHS England and the LGA on the process for transferring commissioning responsibility of 0-5 Healthy Child services (i.e. Health Visiting and the Family Nurse Partnership) to the local authority in October 2015. A stakeholder engagement process has been used to inform a new service model for 0-5 Healthy Child services (Health Visiting).

Public health has a lead role in chairing the Family Nurse Partnership (FNP) Advisory Board. Through this we have broadened key stakeholder involvement by increasing membership.

We are also responsible for co-ordinating the JSNA for safeguarding children which is being updated in 2015-16.

We have coordinated local participation in NSPCC's 'Coping with Crying' pilot project. This is a parent education programme, using a film, with the aim of reducing the incidence of shaken babies. The pilot was evaluated in 2014-15.

In response to the growing body of evidence on the importance of the first two years of a child's life in creating solid psychological and neurological foundations to optimise lifelong social, emotional and physical health, and educational and economic achievement, funding has been identified to commission a new parent and infant emotional health and wellbeing programme. This includes training for peer supporters and other frontline staff working with parents and carers during pregnancy and the first year of the child's life and draws on the principles of the FNP and will provide support for a wider group of parents and carers combined with a locality coordination programme to strengthen and join up services provided across the NHS, local authority and voluntary sector.

Challenge and Scrutiny – Public Health, as a part of the Council, are subject to rigorous scrutiny and challenge. This includes a Corporate Management Team safeguarding group as well as an elected member led Corporate Parenting Steering Group.

NHS England (London)

NHS England is responsible for the assurance of CCGs and direct commissioning of independent contractors and specialised commissioning. Since the changes to the commissioning system, NHS England (London) has worked hard to ensure that quality of commissioning in relation to child safeguarding remains robust. This has included hosting the named GP role.

There is a clear assurance process and evidence in relation to the authorisation and ongoing assurance of CCGs of which safeguarding has been a part of. There is a London wide safeguarding work plan in place.

Challenge & Scrutiny - Through the work plan we have aimed to improve systems and processes within NHS England (London) and the wider system. In relation to THSCBs the major challenge has been attendance by NHS England due to capacity issues.

Tower Hamlets Clinical Commissioning Group:

As a commissioning agency the CCG continually reviews the safeguarding arrangements of the providers we commission. Included within this are regular quality and performance reviews. Within the CCG safeguarding is at the heart of the commissioning decisions where the CCG works to the following statement of commitment to safeguarding children:

> *The CCG takes its **commitment** to keeping **children safer** seriously by making sure that safeguarding is **visible** in all that we do to promote every child's wellbeing. We **communicate** our **goals** and **plans** clearly to the population we serve, our partner agencies and the services we commission. We work in **collaboration** with other agencies and hold our providers to account. We stand by this commitment, are **publically accountable** for it, and are **proactive** and strive to maintain it at all times. As a **listening, open** and **transparent organisation** we can **evidence** what is **working well** for children, what is **not working** so well and **learn** from these.*

This statement is viewable on the CCG website; and the designated professionals advise commissioners on safeguarding children aspects of the services we commission. This report year has seen us maintain some continuity with ensuring the CCG has access to these key safeguarding roles despite a long term vacancy for the designated LAC Nurse, a newly appointed designated doctor following retirement of the previous post-holder, and a change in the Governing Body Lead for Safeguarding Children.

We have clear accountability for safeguarding children throughout the CCG so everyone is clear on our arrangements, most of our staff have received safeguarding children training commensurate to their role. The governing body received its annual safeguarding session in October focussing on the recent SCR on child G and there was a 'lunch and learn' session for all staff on safeguarding children.

This year has seen the CCG make changes to the performance Dashboard with agreement from the providers and currently testing out the data accuracy of the metrics and working with providers to address any difficulties. The CCG safeguarding

children and commissioning group is the main vehicle for ensuring safeguarding children arrangements are effective and where the effectiveness of our assurances are evaluated. It is also the place where issues are brought to resolve through commissioning levers, and where new areas of concern either driven by policy, research/reviews or national consultation are considered by the CCG in response and to improve how health addresses these issues individually or collectively. Over the past year this group has:

1. **standing items:** Received feedback from THSCB, Reviewed SCR's and considered the health arrangements for LAC.
2. **Issues:** Raised and dealt with issues related to 'male circumcision', risk related to communication between GPs and other healthcare professionals, Youth workers operating within A&E, concerns related to capacity of health visiting, safeguarding arrangements affected by re-procurement.
3. **Quality Assurance:** conducted a QA review of Barts Health Sexual Health services, scrutinised the serious incident reports of Barts and ELFT related to safeguarding issues.
4. **Policy/research/Reviews:** Considered Ofsted's thematic review of neglect, The Centre for Justice review of Gangs and Girls, guidance on pupils in school with medical conditions.
5. **Governance:** monitored the CCG overarching safeguarding children action plan, its review and recommendations for LAC, the work-plan of the named GP, restructured the safeguarding children and commissioning group to give more time to safeguarding children by separating out from safeguarding adults, been subject to an Internal Audit by Baker Tilly Risk Advisory Services.
6. **Development:** Ensured GPs and their staff receive safeguarding children training, worked with GP safeguarding leads to develop a Signs of Safety approach to case reflection, supporting a proposed independent research into the effectiveness of primary care meetings to improve safeguarding children
7. **Future Work:** identified areas for future work related to national and THSCB initiatives; THSCB CSE Review, Responding to the Health Working Group Report on CSE, Spotting the Signs, Ofsted's report, Local Authority 'Birth Mothers Project' and ensuring safeguarding children is built into the decommissioning processes of community health services via the Pre-Qualifying-Questionnaire and subsequent stages.

Challenge and Scrutiny – We have six designated roles with the CCG to ensure that there is sufficient internal challenge and scrutiny. These posts are:

- Designated Nurse
- Designated Doctor
- Designated Nurse LAC
- Designated Doctor LAC
- Named GP for Safeguarding Children
- Board Lead for Safeguarding Children

These arrangements were subject to a recent internal audit which confirmed how strong our arrangements are as a CCG.

Barts Health NHS Trust

Barts Health provides acute hospital services from two sites in Tower Hamlets: the Royal London Hospital and Mile End Hospital. It also provides community health services. The following is in addition to the work undertaken in respect of the response to the THSCB key priority areas, detailed in section 3.

The friends and family pilot for children is underway at our Royal London Hospital (RLH) site, and being developed for use in community services. A health specialist is located in the Tower Hamlets Multi Agency Safeguarding Hub (MASH) to support early decision making re borderline Family Wellbeing Model tier 2/3 cases that are "mashed". Barts Health has achieved compliance above 80% at Levels 1-3 safeguarding children training (Intercollegiate document 2014). All training material was updated to reflect the Intercollegiate document 2014 changes.

Safeguarding children supervision is provided across all key areas (although full implementation not complete). Monthly psychosocial meetings take place for sexual health services at both RLH and Mile End Hospital (community services), facilitated by members of the safeguarding children team.

Barts Health is represented on all THSCB sub groups and at the Board, and contributes fully to the work of the THSCB. The organisation is also a member of MARAC and shares relevant information pertaining to vulnerable children.

Multi-agency psychosocial meetings take place in RLH Emergency Department (ED) weekly to share information about children and young people who attend, and for whom there are additional concerns. This does not negate the immediate referrals to children's social care at the time of attendance. A violence reduction nurse is employed in RLH ED to support activity relating to the reduction of gang related activity and the implications for young people. Youth workers from the Council continue to work on a sessional basis in RLH ED.

Barts Health Family Nurse Partnership (FNP) team continue to support the cohort of vulnerable young women who have first time pregnancies, according to the FNP national programme. The gateway midwifery team provide an enhanced midwifery service to all identified vulnerable women in Tower Hamlets. Barts Health is a provider of universal 0-19 health services in Tower Hamlets which support children, young people and their families in meeting identified health needs.

Relevant staff are aware of their responsibilities re allegations of child abuse against staff. A number of referrals have been made to TH LADO and staff have been supported through the process.

Regular briefing sessions have been held for staff across the organisation focussing on CSE and learning from SCR. BH trust board received the annual safeguarding children board report, and an update. A trust board safeguarding seminar was held in January 2015.

Audits have been undertaken of the quality of referrals to children's social care, documentation and record keeping relating to safeguarding and child protection cases, and MARAC referrals. Each audit has a recommendation and action plans.

Barts Health regularly reviews the THSCB Section 11 (Children Act 2004) Audit action plan and can demonstrate progress on areas of challenge. The organisation completes a quarterly safeguarding children dashboard, submitted to CCG which measures wide ranging safeguarding children metrics. This has been revised in 2014/15 and BHT is working with the designated nurses to review the data

The safeguarding children team have participated in the multi-agency child protection plan tracking and LAC tracking meetings.

The Women and Children's' Clinical Academic Group (CAG) has a Quality improvement group, chaired by the Director of Nursing and Governance, with safeguarding children representation that reviews complaints, Serious Incidents, audits and CAG action plans relating to children (i.e. CQC, SCRs)

The organisation has a safeguarding children operational committee and a strategic integrated safeguarding committee. This is chaired by the deputy chief nurse who has devolved executive responsibility for safeguarding. The committee has considered the impact of BHT recruitment processes, implementation of National Institute of Clinical Excellence (NICE) guidelines relating to domestic abuse, implementation of the supervision policy across the organisation, the health CSE report, actions from SCR's and learning reviews. The BHT integrated safeguarding children action plan is reviewed by exception at integrated committee.

Challenge and Scrutiny - Since the implementation of MASH across London, the sharing of Merlin forms by the Metropolitan Police Service (MPS) to health services ceased. Barts Health worked with IPST/MASH to develop a solution to enable the sharing of key information to enable universal services in BH to provide early intervention support around issues of domestic abuse, and for staff to be aware of potential risks associated with lone working.

Although agreed locally the process was challenged by the MPS at strategic level. This situation is currently being reviewed by NHS England safeguarding lead, and the MPS. The issue was also made a recommendation in the serious case review for baby Jamilla. There remains a risk that information received by MASH via Merlin reports (police) is not shared with Barts Health.

East London Foundation Trust

East London Foundation Trust (ELFT) provides mental health services, including CAMHS, in Tower Hamlets.

The Corporate Safeguarding Team is well resourced in comparison to other trusts, with one full time person for each of the three boroughs the Trust operates in.

The Trust provides a wide range of services, which can differ between the different authorities. A lot of these services do not work directly with children but the Trust takes the approach that they will consider the best way to work with families as whole. There is also the child and adolescent mental health project (CHAMP) Team which does work directly with the children of parents with a mental health condition.

The Trust provides its own training in safeguarding but also facilitates staff to access THSCB Training. They run courses up to Level 3 for senior clinicians and all CAMHS staff. This remains as face to face training despite the pressure to move to a model of e-learning.

There has been less of an issue with damaging therapeutic relationships when making referrals to Children's Social Care. The wards will make contact with Children's Social Care directly if they have safeguarding concerns.

All safeguarding incidents are monitored closely and learning and evaluation takes place. It is difficult to be clear that the improvements in safeguarding are directly related to positive improvements in practice rather than under-reporting, however there are detailed reporting mechanisms. When incidents are followed up it is clear that the practice is very strong. The safeguarding training uses real-life examples but it can be difficult to pick generalised themes. There is a plan to provide some bespoke training to consultants. This opportunity has been used previously to address the issue of child sexual exploitation.

There is an emerging priority of peri-natal mental health, which is an area for joing working between THSC and the local safeguarding adults board. The Peri-natal team is working well and has close links with the hospital social work team.

Challenge and Scrutiny- The main challenge for ELFT is resources, within the current climate of public sector austerity. There has been some uncertainty about funding for the CAMHS social work service, which would have led to a significant shift in the focus of the service. The Trust is currently working on plans to reshape the service so that it can continue to provide effective support to young people within a reduced financial envelope.

Police- child abuse investigation team (CAIT)

The Police have been focussing on sanctioned detection rates, attendance at case conferences and input into strategy meetings. The East region, of which Tower Hamlets is part, has by far the highest number of crimes, and has had a high officer vacancy rate which is now being addressed. The CAIT is represented at senior level on all of the LSCBs in the region.

Challenge and scrutiny- our main challenge as set out above has been ensuring that there is a Police perspective at case conferences and strategy meetings. The focus on sanctioned detections has brought with it a risk of officers being encouraged to record incidents as 'no crime.'

Section 5: Quality and Effectiveness of Safeguarding Arrangements in Tower Hamlets

This section sets out the THSCB's view of the current quality and effectiveness of safeguarding arrangements in Tower Hamlets.

It draws on the following information, seeking to benchmark with national and local information where this is available:

- Statistical information reported regularly as part of the THSCB's management information reports
- Information from the Child Death Overview Panel
- Inspection reports from regulatory bodies
- Serious Case Reviews
- Thematic reviews commissioned by the Board and carried out by external bodies
- Case Audits
- Section 11 audits
- Allegations against staff

Statistical information- analysis of key issues

Appendix 2 gives a full analysis of the agreed THSCB dataset with comparative information where appropriate and available.

Analysis of this information highlights the following key issues:

Early Help

The Early Help offer in Tower Hamlets is organised around the Family Wellbeing Model (FWBM), which is available at http://www.childrenandfamiliestrust.co.uk/family-wellbeing-model/

The FWBM is a model for everyone who works with children, young people and parents or carers in Tower Hamlets – across the partnership, to help them work together to provide the most effective support for children and their families. The Family Wellbeing Model supports the vision of the Tower Hamlets Children and Families Plan 2012-15, which is that children should be healthy, safe, achieve their full potential, are active and responsible citizens, are emotionally and economically resilient for their future. A revised model was published in April 2014, following a comprehensive review involving consultation across the partnership. The model was signed off by the THSCB, and is promoted through the activities of the Board.

The model sets out support that is available for families at Tier 1 (universal support), Tier 2 (targeted support) and Tier 3 (specialist support). It guides practitioners on how to make an assessment of the level of support needed and how to access that support.

Targeted intervention is supported through the Common Assessment Framework (CAF), and Social Inclusion Panel (SIP), which facilitates multi-agency responses to more complex cases at the top end of tier 2 need.

The total number of CAFs completed in the period April 2014 to March 2015 was 995 (it was 887 in the previous year.) This is a 12% increase. It is the highest annual rate of CAF completion except for 2010/11 when a significant number of very young children had been assessed through the Child Development Grant requirements and, as this had required completion of the CAF in order to access resources, it had artificially boosted the percentage of children under 3 for whom a CAF was undertaken. Following an emphasis on CAF review completion there has been significant progress in the period April 2014 to March 2015. 1148 reviews were completed compared to 974 the previous year. This is an 18% increase. This demonstrates that the partnership is continuing to make progress in embedding use of the CAF to ensure that families needing early help are effectively supported.

CAF uses a scoring system to set a baseline for families and measure progress. This allows the partnership to assess the effectiveness of early help. In 2014-15, the proportion of families reporting an improvement in their average score at review was 70.6%, which is a slight decrease from the 2013-14 figure of 74.7%. The three year trend still shows improvement, and the slight drop in 2014-15 is not thought to be of concern particularly in the context of increasing volumes. This demonstrates the effectiveness of our early help intervention provided through the CAF.

Use of the SIP as a way of accessing support for more complex cases has also increased, demonstrating again that this way of multi-agency working is becoming more embedded across the partnership. 269 referrals were made in 2014-15, an increase of 100 from 2013-14.

Child in need/ child protection

There is a relatively low rate of referrals into children's social care services per 10,000 population, coupled with low rates of repeat referrals; referrals leading to no further action; and referrals where the child was found not to be in need following an assessment. This is evidence of strong arrangements at the point of contact, with referrals for social work input being made appropriately.

There are 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. This is evidence of strong processes for identifying children most needing statutory intervention, through our multi-agency safeguarding hub (MASH).

A very high proportion of child protection plans last over two years. We have looked at a sample of cases to understand this data, and found particular issues with longstanding sibling abuse and return of violent offenders who return to the home, where it was appropriate to maintain plans for a long period. However in some cases where issues of parental capacity to protect were present, issues were not resolved early enough. In response to this, Children's Social Care are implementing a new focus on using the Public Law Outline pre-proceedings and specialist assessments earlier on, to ensure timely resolution of issues. There is a comparatively low proportion of 'repeat' child protection plans (where children

become subject to child protection plans for a second or subsequent time), indicating that interventions delivered as part of plans are effective, and that plans are not closed prematurely.

Certain ethnic groups are over represented in the child in need and children subject to child protection plans populations, in particular those of mixed heritage and white Irish children. This reflects the national picture and the recognised need to ensure effective work with these families.

Looked after children

The number of looked after children per 10,000 population in 2014, at 55, was below the England Average of 72 but in line with the London average. This number has fallen in 2015 to 49.9. The Council is currently investigating the reasons for this to ensure that children are not being left at home for too long. Placement stability, an important factor in maintaining good levels of wellbeing, is good, with the proportion of children experiencing three or more placements in a year low, and the proportion in the same placement for at least two years high. In line with the national picture, educational outcomes are poor when compared to their peers. In 2014 11.5% of relevant looked after children achieved 5 or more GCSEs graded A*-C, which is slightly below the England average. Provisional results indicate that in 2015 this figure has gone up to 19.4%. Whilst it is important to note that this is a very small cohort (approximately 30 children in any given year) and the level of special educational need is high, this does point to a continuing need to strengthen support to looked after children through school. The proportion of looked after children receiving one or more exclusions is in line with the national average at around 10%. Absence from school, at 4.1% in 2014, is in line with the national average for looked after children.

The proportion of looked after children receiving regular health and dental checks in 2015 was 89.8%, a slight decrease from the previous year. Actions are in place to improve performance in this area, recognising the importance of health and dental checks to ensuring positive health outcomes. The THSCB has played an important part in moving this forward, by introducing multi-agency challenge to support joint working between social care and NHS services.

Crime

Information provided to the Board by the Metropolitan Police Service highlights the issue of children and young people as victims as well as perpetrators of crime. Whilst the rate of sexual offences against children is relatively low, the data shows that, compared to London figures, Tower Hamlets has high rates of violent crimes, domestic violence and robbery involving children as both victims and suspects. The number of violent crime is increasing. The sanction detection rate for domestic violence is high, but for violent offences is relatively low. The THSCB's review of cases where young people are involved in serious violent incidents will help to shine a light on this issue and help partners to develop more effective intervention to tackle it.

Numbers of first time entrants to the Youth Justice system are below similar council areas, but above the national average, with a reoffending rate in line with similar council areas but above the national average.

Health and NHS Services

Presentations to A&E departments for unintentional and deliberate injuries are below similar areas and national rates.

Levels of childhood obesity remain high but, as a result of successful interventions to promote healthy eating and obesity, are now showing signs of plateauing.

The rate of under 18 conceptions has continued to fall and is now below England and London averages.

There are two NHS provider trusts working in Tower Hamlets. Barts Health runs our acute hospital services, and our community health services. East London Foundation Trust (ELFT) runs mental health services including CAMHs.

Whilst the THSCB dataset relating to health services has yet to be finalised, there has been a focus on ensuring staff working in health services are appropriately trained in safeguarding, and this has been monitored by the THSCB, which has also offered support in developing training content. Both trusts report at or above target performance in levels 1, 2 and 4 training but below target at level 3. Turnover and sickness levels for key groups of staff are good in most services, but turnover of paediatric nurses is an issue in Bart's Health.

Information from the Child Death Overview Panel (CDOP)

Over the last year, CDOP has reviewed 14 child deaths. As a result of these reviews it identified the following key issues:

- The need to ensure follow up of children who do not attend hospital appointments
- The need for improved communication between community midwives and health visitors
- The need to ensure that mothers are offered whooping cough vaccination in pregnancy and that this is documented

Inspection reports

Safeguarding arrangements in Tower Hamlets were last inspected by Ofsted in 2012. The inspection concluded that safeguarding arrangements and services for looked after children were 'good,' with capacity for improvement in both areas 'outstanding.'

The Care Quality Inspection inspected hospital services run by our acute and community provider, Bart's Health, publishing reports in May 2015. As a result, the Trust was put in special measures with inadequate ratings for safety and leadership. Services for young people were also rated inadequate. The Trust has in place an improvement plan with oversight and assurance from Tower Hamlets CCG and the National Trust Development Agency (NTDA). As part of the improvement plan, the Trust is implementing a work-stream on patient safety which has included strengthening site based safeguarding teams, reviewing and strengthening incident responses and improving monitoring. The CCG is reporting progress on this plan to

the THSCB and has assured the Board that it is satisfied with progress. It should be noted that Bart's Health also provides community based health services in Tower Hamlets but these services were not subject to the improvement notice resulting from the inspection and there are no current safety concerns about these services.

Case audits

The THSCB's Quality and Performance subgroup carried out multi-agency case audits during 2014-15 of cases involving child sexual exploitation, neglect and emotional abuse.

Staff focus groups have been held to communicate the learning from these audits, which have provided invaluable qualitative insights into practice, albeit from a small sample.

Good practice commonly identified in the audits includes:

- Effective relationships between social workers and service users
- Effective multi-agency working including team around the child
- Stability and continuity of workers
- Effective input from Independent Reviewing Officers

The audits highlighted areas for improvement and learning points which were specific to each case. These were fed back during the focus groups to ensure that workers were given the opportunity to learn from this.

More needs to be done to evidence the impact of audits on practice, and to increase the use of audit to support multi- agency learning. This will be an area of focus for the THSCB in 2015-16.

Section 11 audits

Section 11 is a reference to s.11 of the Children Act 2004, which places a duty on named statutory organisations to be mindful of the need to safeguard and promote the welfare of children. The audit measures the degree to which organisations comply with this duty, against a set of eight standards covering governance and accountability arrangements, training, safe recruitment processes, effective multi-agency working, information sharing and how organisational development is informed by the views of children and young people.

THSCB conducted its second bi-annual s.11 audit in Spring 2013 with partners and Tower Hamlets Schools and will be completing a further audit in 2015.

Partners who took part in the audit were confident that they were meeting all of the required standards, although a number of areas for improvement were identified, in particular in relation to user engagement.

More needs to be done to ensure that the results of section 11 audits are fully analysed and used to improve practice across THSCB partners. This will be an area of focus for the THSCB in 2015-16.

Allegations against staff

The last published report from the Local Authority Designated Officer (LADO) covers the year ending 31 August 2014. This shows that the number of contacts has remained roughly consistent with previous years after a peak in 2012-13, but there was big increase in the proportion of contacts leading to strategy meetings, from 27% to 51%. The main source of contacts, as in previous years, was from schools. Performance in meeting investigation timescales remains at a similar level to previous years, at 68%.

There are no obvious patterns emerging from the analysis of allegations against staff which give rise to concern for the THSCB.

The social work health check

The health check is an annual survey of social workers, which gives useful insight of the experience of working with children and families in Tower Hamlets. The most recent survey was carried out in late 2014 and showed a confident workforce with an improving perception of management and leadership. However, 35% of workers could not identify anything that the THSCB had done to improve practice, pointing to a need to improve communication with front line workers. We are using learning events from serious case reviews, case file audit learning exercises, THSCB newsletter and our annual safeguarding month to address this issue.

Serious case reviews and thematic reviews

The THSCB also uses learning points from serious care reviews and thematic reviews to inform its view of effectiveness. This is covered in more detail in section 3, as part of our update on priority 5.

Summary analysis and issues for the THSCB

The THSCB draws on a range of intelligence to assure itself of the quality of safeguarding arrangements in Tower Hamlets. This evidence shows that the arrangements for statutory child in need and safeguarding children are strong. Social work practice is generally good, with evidence that workers are effective in building relationships with families to effect change. There is also evidence from case audit work of strong multi-agency working.

There is evidence that the THSCB has made an impact in its promotion of the Family Wellbeing Model and where it has challenged partners on performance issues, and that the majority of social workers recognise where the THSCB has made a difference to their practice.

There are, however, issues emerging from this analysis for the THSCB to consider as part of its work plan for 2015-16:

- Understanding the reasons for the low, and reducing, number of looked after children.
- The high level of domestic violence.

- The high level of violent crime and robbery involving children as both victims and perpetrators.
- Inconsistent evidence of the quality of multi-agency working - in some instances this has been found to be strong, and in others less so. This points to a need for greater consistency of practice.
- Concerns about the quality of some NHS services.
- The need to strengthen the board's work in relation to using multi-agency and section 11 audit as a tool for improving the effectiveness of safeguarding.
- Despite the majority of social workers being able to identify where the THSCB has made a difference to their practice, there is a significant minority who do not, suggesting that there is more work to do on communicating the Board's work.

In addition to the evidence highlighted in this section, particular concerns have emerged over the last year in relation to the radicalisation of children by extremist groups. The extent of this issue, and effectiveness of local services in addressing it, is something that the THSCB will need to assure itself of over the course of 2015-16.
.

Section 6: PRIORITIES FOR 2015-16

The priority areas set for 2015-16 are based on the strengths and improvement areas identified in this report as well in response to national issues. Some priorities will continue from 2014-15 as they require ongoing attention:

Priority 1 – Improving our knowledge, practice and multi-agency response to children and young people at risk of radicalisation and extremism

Priority 2 – Ensuring there is an effective arrangement and intelligence sharing in place for victims and perpetrators of Child Sexual Exploitation, Missing Children and those at risk of serious youth violence

Priority 3 – Understand how well Children with Disabilities are safeguarded from abuse and harm

Priority 4 – Learning, Performance and Quality Assurance using the THSCB learning and improvement framework informs our future plans and priorities

Priority 5 – Communication and Engagement will seek the views of professionals, parent/carers and children and young people to support the work of the THSCB and ensure they are, in turn, informed of the safeguarding issues in the borough

Priority 6 – Respond to emerging Safeguarding areas arising from national developments or through local learning

In conjunction with the THSCB subgroup chair's a comprehensive work plan will be developed against the above priorities, incorporated in to the overarching THSCB business plan and delivered in partnership with key agency leads across the local authority, health, education, police, voluntary sector, lay members and others.

We will report what we have achieved, what we need to improve and the difference we made to the lives of children, young people and their families in next year's THSCB annual report.

APPENDICES

Appendix 1 – Tower Hamlets Safeguarding Children Board Membership during 2014-15

The agency membership is correct as of 31st March 2015, though named individual representatives may have changed throughout the year.

NAME	JOB TITLE	EMAIL ADDRESS
Abzal Ali	Targeted Youth Support Manager Youth Services - LBTH	Abzal.ali@towerhamlets.gov.uk
Alex Nelson	Voluntary Sector Children & Youth Forum Coordinator	alex@vcth.org.uk
Andy Bamber	Service Head - Safer Communities - LBTH	Andy.bamber@towerhamlets.gov.uk
Andy Ewing	Borough Commander, Met Police – Tower Hamlets	Andrew.ewing@met.police.uk
Ann Roach	Service Manager, Child Protection & Reviewing - LBTH	Ann.roach@towerhamlets.gov.uk
Anne Canning	Service Head, Learning & Achievement - LBTH	anne.canning@towerhamlets.gov.uk
Cathy Smith	Secondary School Heads Rep (Bow Secondary School)	smithc@bow-school.org.uk
Carole Austin	Service Manager, East London NSPCC	Carole.austin@nspcc.org,uk
Cllr Gulam Robbani	Lead Member for Children's Services	gulam.robbani@towerhamlets.gov.uk
David Galpin	Legal Services – LBTH	David.galpin@towerhamlets.gov.uk
Diane Roome	Lay Member	-/-
Emma Tukmachi (Dr)	GP Representative Tower Hamlets CCG	emmatukmachi@nhs.net
Esther Trenchard-Mabere	Associate Director of Public Health	Esther.trenchard-mabere@towerhamlets.gov.uk
Helal Ahmed	Voluntary Sector Rep Poplar HARCA	Helal.ahmed@poplarharca.co.uk
Jan Pearson	Associate Director for Safeguarding Children, ELFT	jan.pearson@elft.nhs.uk
Jackie Odunoye	Service Head, Housing & RSL Rep	Jackie.odunoye@towerhamlets.gov.uk
Judith Lewsey	Lead Named Nurse for Safeguarding Children, Barts Health NHS Trust	Judith.lewsey@bartshealth.nhs.uk
Keith Paterson (DCI)	Met Police Service – Child Abuse Investigation Team	keith.paterson@met.police.uk
Khalida Khan	Service Manager Children with Disabilities Service, CSC	Khalida.khan@towerhamlets.gov.uk

Layla Richards	Service Manager Policy, Programmes & Community Insight - LBTH	layla.richards@towerhamlets.gov.uk
Linda Neimantas	Assistant Chief Officer Community Rehabilitation Company (London)	Linda.neimantas@london.probation.gsi.gov.uk
Linda Kim-Newby	Senior Service Manager CAFCASS	linda.kim-newby@cafcass.gsi.gov.uk
Lorna Jacques	Voluntary Sector Rep (Children's Society)	Lorna.jacques@childrenssociety.org.uk
Maggie Buckell	CCG Representative	Maggie.buckell@towerhamletsccg.nhs.uk
Nick Steward	Director of Student Services Tower Hamlets College	Nick.steward@tower.ac.uk
Neherun Nessa Ali	Lay Member	-/-
Robert Mills	Nurse Consultant for Safeguarding Children & Designated Nurse, Tower Hamlets CCG	rob.mills@towerhamletsccg.nhs.uk
Robert McCulloch-Graham	Corporate Director for Children Services - LBTH	Robert.mcculloc-graham@towerhamlets.gov.uk
Sally Shearer	Director for Nursing/Safeguarding Children, Barts Health NHS Trust	Sally.shearer@bartshealth.nhs.uk
Sara Haynes	Primary School Heads Rep (Arnhem Wharf)	head@arnhemwharf.towerhamlets.sch.uk
Sarah Baker	Independent THSCB Chair	Sarah.baker19@nhs.net
Sarah Wilson	Director of Specialist Services	Sarah.wilson@elft.nhs.uk
Stuart Johnson	Service Manager, Youth Offending Service - LBTH	Stuart.johnson@towerhamlets.gov.uk
Vanessa Lodge	NHS England (London) Representative	vlodge@nhs.net

Appendix 2 – Tower Hamlets Safeguarding Children Board Performance Data Table

This section contains performance information from children's social care:

Children in Need

		2012/ 2013	2013/ 2014	2014/ 2015	England Average	Statistical Neighbours
LOCAL1	Referral rate per 10,000 of the children & young people (C&YP) population	426.7	431.7	443.8	573.0	594.0
APA SS6	Percentage of Referrals that were repeat referrals	9.6%	10.6%	10.0%	23.4%	15.8%
N07	Rate of assessments per 10,000 of the C&YP population	413.6	410.8	331.8	355.7	152.7
N14	Assessments completed within 45 days or less from point of referral	74.8%	75.8%	85.1%	82.3%	71.9%

Child Protection

		2012/ 2013	2013/ 2014	2014/ 2015	England Average	Statistical Neighbours
	Rate of Children Subject of a Child Protection Plan at 31 March	58.2	55.6	51.0	42.1	42.1
N08	Section 47 (child protection) enquiries rate per 10,000 C&YP population	190.2	167.0	162.1	124.1	121.8
N13	Initial Child Protection Case Conferences – rate per 10,000 C&YP population	63.9	57.4	62.1	56.8	60.3
N15	Initial Child Protection Case Conferences convened within 15 days from point Child Protection Strategy meeting held	59.1%	52.2%	58.2%	69.3%	61.9%
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%	4.5%	4.8%
N18	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time	14.5%	17.9%	15.2%	15.8%	16.7%
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%	69.0%	58.4%
NI 67	Percentage of Child Protection Reviews carried out within statutory timescale	98.0%	97.6%	94.9%	94.6%	97.4%
APA SS13	Percentage of children with CP plans who are not allocated to a Social Worker	0.0%	0.3%	0.0%	N/A	N/A
LOCAL2	Percentage of LADO cases resolved in 30 days or less	74.1%	69.6%	69.0%	N/A	N/A

Looked after Children						
		2012/ 2013	2013/ 2014	2014/ 2015	England Average	Statistical Neighbours
	Rate of Looked After Children as at 31st March	53.0	55.0	44.0	60.0	70.0
LACP01 (Formerly NI 62)	Percentage of CLA with three or more placements	11.2%	11.0%	9.7%	11.0%	12.0%
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%	87.0%	67.0%	68.0%
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%	N/A	N/A
PAF C63	CLA who participated in their review	98.4%	88.6%	92.4%	N/A	N/A
NI 66	CLA cases which were reviewed within required timescales	96.4%	89.9%	85.5%	N/A	N/A
APA SS(LAC)5	Percentage of CLA with a named Social Worker	99.0%	98.2%	99.3%	N/A	N/A
Looked after Children - Health						
PAF C19	Percentage of CLA >12 months who had an annual Health and Dental check	85.6%	91.5%	89.8%	86.4%	90.7%
PAF C19	Percentage of CLA>12 months whose Immunisations were up to date	79.7%	78.5%	88.2%	N/A	N/A

Care proceedings						
		2012/ 2013	2013/ 2014	2014/ 2015	England Average	London Average
N22	Number of C&YP (per 10,000) aged 0-17 years who are the subject of an application to court in the past 6-months (including care & supervision orders)	N/A	N/A	N/A	N/A	N/A
A08	Average length of care proceedings locally (weeks)	53	42	35	30	35

Leaving Care						
		2012/ 2013	2013/ 2014	2014/ 2015	England Average	Statistical Neighbours
LACLC02 (Formerly NI 148)	The proportion of young people aged 19 who were looked after aged 16 who were not in employment, education or training	N/A	28.0%	38.5%	38.0%	32.8%
LACLC03 (Formerly NI 147)	The proportion of young people aged 19 who were looked after aged 16 who were in suitable accommodation	N/A	67.6%	86.1%	77.8%	82.3%

Education						
		2012/ 2013	2013/ 2014	2014/ 2015	England Average	Statistical Neighbours
LACATT01	The percentage of children looked after continuously for 12 months who achieved at least level 4 at Key Stage 2 in both English and mathematics	71.0%	62.0%	62.0%	48.0%	51.8%
LACATT02 (Formerly NI 101)	Percentage of CLA who achieved 5 A*-C GCSEs (incl. English & Maths)	25.0%	11.5%	11.5%	12.5%	18.5%

Appendix 3 – THSCB Budget and Expenditure for 2014-15

A) Partner Contributions for 2014-15

Police	5,000	Fixed Pan-London
Probation	2,000	Fixed Pan-London
ELFT	2,500	
CAFCASS	550	Fixed Nationally
CCG	15,000	
BHT	3,000	
LBTH	234,102	
NHS England (London)	0	
Total Annual Contribution 2014/15	**262,152**	

B) THSCB – Fixed Annual Costs – for last year

	Actual 2014/2015
THSCB Chair (30 days p/a)	22,500
THSCB Business Management	58,896
THSCB Administrator Support	0
Staffing Costs – QA & Safeguarding Manager	15,000
Staff Costs – Engaging Young People (Youth Service)	10,000
Staffing Costs – THSCB Training Coordinator & Support	35,000
Staffing Costs – CSC contribution to training	15,000
THSCB Training Contribution	7,000
HR & Workforce – Contribution for THSCB Training Programme	25,200
Total	**188,596**

C) THSCB - Recurring Variable Annual Costs

	Recurring Variable
Hospitality	2,113
Training/Conference (attendance)	0
Commensura Surcharges	0
Case Review Group: Serious Case Review x 2 SCR Learning Dissemination Events (room hire & hospitality) Non-SCRs (thematic) x 1 CSE Review	 23,075 3,644 24,908 19,816
Total Costs	73,556

Summary of THSCB Budget and overall spend:

Total Actual Cost of the THSCB for 2014-15	**262,152**
Partner Contributions	-262,152
Balance	0

Appendix 4 - GLOSSARY

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