

Safeguarding Children Board Annual Report 2015-2016

London Borough of Tower Hamlets

Tower Hamlets
**Safeguarding
Children**
Board



Tower Hamlets Safeguarding Children Board Annual Report

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Independent LSCB Chair's Foreword



LSCB Vision:

“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

Welcome to the eighth Annual report of the London Borough of Tower Hamlets Local Safeguarding Children Board (LSCB) and the fourth in my tenure as the Independent Chair.

In accordance with Working Together to Safeguard Children Guidance 2015 the LSCB is required to publish an Annual Report detailing how it has achieved its functions set out within Regulation 5 of the Local Safeguarding Children Boards Regulation 2006 under section 14 of the Children Act 2004. These are:

- Assess the effectiveness of the help being provided to children and families, including early help;
- Assess whether LSCB partners are fulfilling their statutory obligations
- Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Over the last year the LSCB has made some significant progress. Partner organisations have shown increasing commitment to the work of the LSCB and this has led to some significant analysis and developments, for example in our work in relation to Prevent and Child Sexual Exploitation.

Lay members have gained significant confidence in their roles over the last year and are now facilitating safeguarding sessions with parents and school governors. They provide challenge in LSCB meetings to enhance debate and discussion evidenced through their questioning of complex safeguarding concepts which in turn enhances clarity and decision making.

The LSCB meetings are well attended by members of the partnership which demonstrates a huge commitment to the work of the LSCB but also creates a challenge to ensure that all partners feel engaged and able to join in discussion and have a voice.

There have been some major leadership changes within partner organisations across Tower Hamlets including within the Local Authority, Borough Police, Barts Health NHS Trust, which will hopefully now brings some stability to the partnership and enable a strong executive to lead safeguarding for children across the partnership.

The LSCB has worked with Dr Alex Chard to further develop the learning and improvement framework and develop a more systemic approach to our thinking and application of learning. This has included a master class for the LSCB and subgroup chairs and a review of the Learning and Improvement Subgroup of the LSCB. Through applying a systemic approach to reviewing the Troubled Lives, Tragic Consequences thematic and serious case reviews we have been able to identify common themes which will inform wider learning and influence professional practice.

As LSCB chair I have made a number of challenges to the partnership and more strategically to Government, These have included challenge in respect of the appropriate level of membership to effect change. This led to some role changes and has allowed some agendas to progress. There has also been challenge regarding the performance data set both in terms of partner contributions and the quality of analysis to inform the LSCB partnership regarding safeguarding risks and issues. We are making some significant progress now which is informing the range of our quality audits. Partners have engaged in the section 11 self-assessment and have participated in scrutiny and challenge sessions with myself and the LSCB business manager to further analyse and develop agency action plans. Some areas of commonality such as safer recruitment system and processes will be addressed through the LSCB overarching business plan. We will also be auditing progress against the agency action plans in the coming year.

The LSCB has led on some key developments over the last year:

Radicalisation and Extremism (Prevent) – CSC and the borough Police have worked with SO15, the Justice System and the Home Office to make some ground breaking changes to how children at risk of radicalisation are dealt with. The work has gained national attention and is influencing the work in other LSCB areas and cited in the Wood Review as an example of good alternative multi-agency working arrangement. There has been significant work with schools and as LSCB chair has joined the Prevent team in meeting

with School Governors to ensure they have a greater understanding of their role in safeguarding vulnerable children within the context of the revised Prevent Duties (Counter Terrorism and Security Act 2015).

Child Sexual Exploitation - Our CSE review has led to some significant developments including an improved and relevant database to help enhance our knowledge of our local problem profile. This is informing our work in safeguarding children at risk of or victims or perpetrators of CSE including peer on peer abuse and children being exploited to traffic drugs and weapons outside the borough boundaries. The problem profile is helping us to understand more about the perpetrators of CSE. We have increased our direct work with families to help them recognise children at risk and resources to support them in their parenting role.

Early Help – Our learning from Serious Case reviews has given us a deeper understanding of neglect which has challenged the perception of neglect occurring only as a result of cumulative harm over time. The Jamilla SCR has influenced the development of early help services including the early help hub due to be launched in autumn. This new ‘early years front door’ will facilitate sign posting to services and information to help families manage difficulties as they arise.

The Family Well Being Model is LBTH’s framework for early identification and provision of support for those families who do not meet the threshold for Children’s Social Care. The Jamilla Serious Case Review challenged the LSCB to review thresholds to ensure they were robust and understood by the LSCB partnership.

The complexity and challenges of the priorities the partnership has faced this year has led the LSCB to review its effectiveness as a committed but large board. The requirement to make some far reaching decisions has culminated in the development of an Executive Board whose membership comprises the Local Authority (Corporate Director Children’s Services), Metropolitan Police both Borough and Child Abuse Investigation Team (CAIT), the Clinical Commissioning Group and National probation Service. The Executive has been able to drive forward some key decisions and hold partners to account more effectively. It has been interesting to note the synergy with the outcome of the Wood Review in respect of this development. Over the coming year the Executive needs to review and strengthen its relationship with other strategic partnerships boards across Tower Hamlets including the Safeguarding Adult Board, Community Safety partnership and health and Wellbeing Board to ensure all opportunities are taken to maximise joint working to safeguarding children and young people.

The LSCB faces a difficult year with the implementation of the Wood Review and faces some key Challenges through the increasing budget pressures partners are facing and the consequential impact this will have on the work of the LSCB. To provide increased insight and direction into how to manage these challenges a review of the LSCB will be undertaken in the summer. As the Independent Chair, my analysis of the work to be undertaken by the LSCB partnership for the coming year should continue to build on from the progress made in the following areas:

- In light of the serious case reviews and thematic reviews the LSCB should focus on the effectiveness of partner's early help responses to fractured families, poor parenting, abuse and neglect, understanding the underlying vulnerabilities due to abuse, loss and trauma.
- The LSCB must strengthen its engagement with the communities within Tower Hamlets. Through the Thematic Review Troubled Lives - Tragic Consequences significant insight was gained about the communities the young men lived in. The consequences of their difficult life experiences can lead to a shift from vulnerable to dangerous behaviour. We have seen this in our work with victims and perpetrators of CSE, and those at risk of radicalisation and extremist ideology
- The work undertaken around Prevent, Child Sexual Exploitation and Harmful Practices, which includes female genital mutilation, forced marriage, 'honour' based abuse must continue to reach our local faith and minority communities. The LSCB must also listen to the voice of children and young people and ensure they are a driving force influencing the direction for the year ahead.

These key areas will continue to be delivered through the identified priorities for the coming year:

Priority 1 – Ensure our Early Help and Early Identification Offer is robust


Priority 2 – Improve knowledge, practice and our multi-agency response to children and young people at risk of radicalisation and extremism

Priority 3 – Ensure there are effective arrangements and intelligence sharing in place for victims and perpetrators of Child Sexual Exploitation, Missing Children and those at risk of serious youth violence

I would like to thank all partners for their continued commitment to the LSCB and joint partnership working. The strength of the partnership provides a sound basis for safeguarding children and young people in Tower Hamlets

and should give the communities with Tower Hamlets the confidence in the work of partner agencies

Sarah Baker

A handwritten signature in black ink that reads "Sarah Baker". The signature is written in a cursive style with a period at the end.

Independent Chair - LSCB London Borough Tower Hamlets

1. Section 1 – Governance & Accountability Arrangements

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

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

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

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

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

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

The LSCB is chaired independently, in accordance with 'Working Together to Safeguarding Children.' Sarah Baker was appointed as Independent Chair in February 2014 and reports directly to the Chief Executive of the local authority.

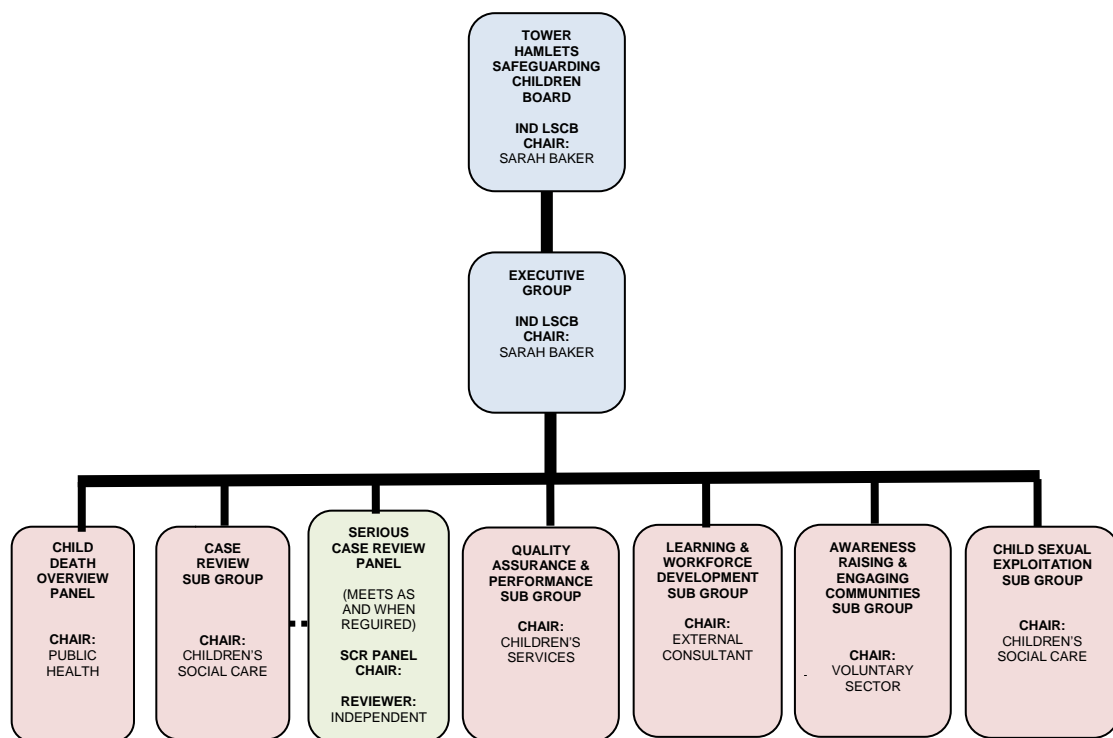
The LSCB is supported by a full-time business manager and the child death single point of contact officer. The latter is funded by Barts Health NHS Trust. Additional support is also provided by the Children's and Adults Services Resources Policy, Programmes and Community Insight function in the Council. The Chair challenges the Board partners to ensure they directly contribute to the Board's effectiveness. This is achieved through Board workshop discussions designed to facilitate wider partnership discussion.

Membership of the Board fully reflects the requirements of Working Together (2015). A full list of members is attached in **Appendix 1**. The LSCB is keenly aware of the value of including an additional independent voice during Board discussions and in the oversight of safeguarding arrangements. It achieves through the involvement of lay members.

The Board meets every two months. Attendance at the LSCB meetings has been, as always, exceptionally good. The LSCB 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 coordination of tasks amongst the groups.

In November 2015, the LSCB re-introduced an Executive Group which consists of the key statutory partners: the local authority (children’s services), police, probation and health commissioners. This group acts as the strategic management body of the main board. Its key function is to performance manage the LSCB through its systems, processes and impact. The Terms of Reference for this group can be found in Appendix 2.

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



The membership of sub-groups has been reviewed to ensure they are multi-agency and members are able to make decisions on behalf of their organisations. Each sub-group is now well represented by children’s social care, acute health, mental health and community health services, police, education and the voluntary sector. The sub-group chairs and the LSCB chair meet regularly to share their work and provide updates on progress. This ensures a clear interface across the work streams and avoids silo working.

1.1 Relationships with other Strategic Boards

Health and Wellbeing Board

Health and Wellbeing Boards (HWBB) were established by the Health and Social Care Act 2013. HWBBs are a statutory requirement for local

authorities and are intended to be a Board where key leaders from health and care commissioning agencies work together to improve the health and wellbeing of their local population and reduce health inequalities.

The Tower Hamlets Health and Wellbeing Strategy is a key commissioning strategy for the delivery of services to children and adults across the borough and so it is critical that, in compiling, delivering and evaluating the strategy, there is effective interchange between the HWBB and both the Local Children's and Adults' Safeguarding Boards. Specifically there needs 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 LSCB and the Safeguarding Adults Board (SAB), 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 LSCB will therefore present its annual report to the HWBB to enable the HWBB to incorporate LSCB priorities in its own strategy. The HWBB will bring its strategy to the LSCB on an annual basis to further support the LSCB with the development of its strategy and Business Plan. The Independent LSCB 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 as appropriate to ensure synergy of work and challenge to the partnership to ensure safeguarding is prioritised.

Community Safety Partnership

The Tower Hamlets Community Safety Partnership (CSP) is a multi-agency strategic group led by the Council, and 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 LSCB 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 the CSP will place an added focus on these areas which will be the priorities for 2013-16.

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 Council's Head of Community Safety is a member of the LSCB to ensure that there is a formal link between the work of the two boards. This has ensured that the perspective of community safety is integral to the work of the LSCB and vice versa.

Safeguarding Adults Board

The Safeguarding Adults Board (SAB) is a statutory requirement set out in the Care Act 2014 which gives duties to ensure that all agencies work together for the welfare of adults. The main responsibilities of the SAB are set out in Part 1, section 43 of the Care Act 2014 and include the requirement to co-ordinate and quality assure the safeguarding adults activities of the member agencies.

The independent chairs of both the LSCB and the SAB meet together to ensure that there is collaborative working on both agendas. The new Care Act duties for SABs are in many ways aligned to those for LSCBs, and to maximise the joint working opportunities, the Council has restructured to align the support for both boards within its Policy, Programmes and Community

Insight service. This has further strengthened 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.

The Children and Families Partnership

The Children and Families Partnership Board (CFPB), unlike the LSCB 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 LSCB Chair is a member of the CFPB, which meets every two months.

The role of the Independent Chair of the LSCB 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 LSCB and CFPB to work together.

The Children and Families Plan 2016-19 has been developed by the Children and Families Partnership to provide a framework for how our Partnership will work together to continue to improve outcomes for children and families in Tower Hamlets.

Significant progress has been made in a number of key areas since the last Children and Families Plan (2012-15) was produced. The number of children living in poverty has gone down, education results have gone up and more of our young people are in education, training or employment. The Plan for 2016-19 aims to build on this progress and key areas of it will be delivered by the LSCB.

1.2 Budget

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

Following this, an exercise was undertaken to review the actual costs of supporting the LSCB's work. For example, serious case reviews, learning events, communications and involving young people.

The following table shows contributions to the LSCB for 2015-16:

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	15,000	
Total Annual Contribution	43,050	

For a full breakdown of LSCB Income and Expenditure for 2015 -16 see **Appendix 4**.

For the coming year 2016-17, Tower Hamlets CCG has agreed to increase their contribution to £30,000 . In addition, the Schools Forum in Tower Hamlets and the London Fire Brigade are new contributors and have agreed to provide some financial contribution to support the work of the LSCB. These have been gratefully received. This will increase the current budget from £43,050 to a total annual sum of £78,550.

The LSCB Executive Group will consider how it will meet any unforeseen expenditure, such as the cost of additional serious case reviews.

1.3 National and Legislative Context

In March 2015 the Department for Education (DfE) published the revised Working Together to Safeguard Children (2015) and in anticipation the LSCB undertook a gap analysis exercise to identify the areas where it needed to further develop. Local developments have included the LSCB Independent Chair reporting directly to the Chief Executive of the Council and progress towards making the costs of the LSCB more equal across different organisations. We have also developed an outcome-based learning and improvement framework, which focuses on three areas of learning: serious case reviews, audits and multi-agency training.

Section 14 of the Children Act 2004 and Working Together to Safeguard Children 2015 sets out the statutory objectives and functions for an LSCB as follows:

1. To coordinate 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; and

2. To ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention
- (ii) training of persons who work with children or in services affecting the safety and welfare of children
- (iii) recruitment and supervision of persons who work with children
- (iv) investigation of allegations concerning persons who work with children;
- (v) safety and welfare of children who are privately fostered
- (vi) cooperation with neighbouring children's services authorities and their Board partners

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned

Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of the Working Together to Safeguard Children guidance. Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory function under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help
- assess whether LSCB partners are fulfilling their statutory obligations
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children

In 2015/16 the government issued additional guidance to all LSCBs in respect of radicalisation and extremism which needs to be recognised as a safeguarding issue and should be included in the quality assurance work undertaken by the Board.

Additionally the government contacted all LSCB Chairs and Chief Executives of councils in 2015 following publication of the Jay report reinforcing the importance of ensuring robust responses to Child Sexual Exploitation.

In May 2016, the Wood Report was published. The report details a review of the role and functions of LSCBs with a view to making safeguarding arrangements for children more effective. It sets out a new framework for improving the organisation and delivery of multi-agency arrangements to protect and safeguard children and contains recommendations for national government to consider. These recommendations suggest that appropriate steps should be taken to recast the statutory framework that underpins the model of LSCBs, Serious Case Reviews (SCRs) and Child Death Overview Panels (CDOPs). The report argues that on a scale of prescriptive to permissive arrangements, the balance has moved too close to a focus on how things should be done rather than on outcomes for children and young people. During the course of 2016/17 the Tower Hamlets LSCB will be considering what changes are required in light of this report.

A full copy of the Wood Report can be found via the link below:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526329/Alan_Wood_review.pdf

1.4 Local Background and Context

Population

The estimated resident population of Tower Hamlets is 284,000. Over recent years, the borough has seen some of the fastest population growth in the country. Tower Hamlets remains a relatively young borough, with almost half of the recent population rise concentrated in the 25-39 age range. The profile of the borough is one of increasing diversity, with 43% of the population born outside of the UK. There are sizeable Bangladeshi (32%) and White British communities (31%) and an increasing number of smaller ethnic groups in the resident population.

Tower Hamlets is the third most densely populated borough in London, and the daytime population increases to 396,000 during the day. Over 100,000 commuters commute to work in Canary Wharf each day, and major tourist attractions like the Tower of London draw in over 4,000,000 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 69,300 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 2016, 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. People in Tower Hamlets tend to become ill at an earlier age and this is reflected in the 'healthy life expectancy' figure which is lower than the national average. The life expectancy gap between Tower Hamlets and England as a whole is 1.9 years for men and 0.5 years for women. 13.5% of residents have a health condition or disability 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. Tower Hamlets also has amongst the highest adult infection rates of HIV, tuberculosis and sexually transmitted infections in London.

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

Low birth-weight is associated with poorer health and educational outcomes, and Tower Hamlets has high levels of babies born with low birth-weight (low birth weight is less than 2500g and very low birth weight is less than 1500g), at 9.3% compared to a London average of 7.7% and 7.4% for England. The cause of this is not known and the borough's Joint Strategic Needs Assessment (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, local NHS services have, in recent years, made significant improvements to immunisation rates, with coverage amongst the highest in the country for under 5s.

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

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

Child Poverty

The latest available child poverty data is from 2015^[1] and shows that 49% of children and young people in the borough live in poverty. This is the highest child poverty rate in the UK, despite recent falls in line with the rest of London. In the same year, 53% of pupils were eligible for free school meals in state-funded secondary schools, which is the highest level in the country. This level of disadvantage is likely to have lifelong negative effects on the health and wellbeing of children.

The majority (83%) of these children live in families reliant on out-of-work welfare benefits.

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

^[1] London's Poverty Profile Report 2015, New Policy Institute, www.londonpovertyprofile.org.uk/indicators/boroughs/

In Tower Hamlets, just under half (49%) of all children in poverty live in couple families and the remaining 51% live in lone parent households.

Welfare Reform

Welfare reform remains one of the biggest challenges facing Tower Hamlets, in terms of the economic wellbeing of residents as well as the financial impact on the Council and housing providers. Led by Tower Hamlets Council, the Welfare Reform Task Group was created in 2011 to co-ordinate the work of local partners in responding to the changes by monitoring the impact of welfare reform on local people, supporting residents to respond positively and, where possible, helping to mitigate its effects.

The welfare reform agenda introduced under the Coalition Government was wide-ranging and affected in and out-of-work benefits as well as needs-based entitlements (such as disability and housing benefit). Over 600 households in Tower Hamlets were impacted by the annual £26,000 'Benefit Cap', whilst 2,300 households lost income due to the introduction of the "bedroom tax". Locally commissioned research estimates that the cumulative impact of all welfare reforms to date has resulted in claimant households losing an average of £1,670 per year, or £32 per week in Tower Hamlets.

The majority Conservative Government elected in May 2015 committed to developing welfare reform further, with significant additional risk to Tower Hamlets residents and the local authority. The 'Benefit Cap' will be reduced to £23,000 per annum in autumn 2016, which is anticipated to have a negative impact on over 1,000 households locally and the continued freeze of Local Housing allowance (LHA) rates is driving growing levels of homelessness, with increasing numbers of households being placed in 'out of borough' temporary accommodation. In addition, the re-assessment of all recipients of Disability Living Allowance and Incapacity Benefit for transition, to replacement benefits (Personal Independence Payments and Employment & Support Allowance) continues, resulting in significant hardship and anxiety for those affected by these changes.

To date, partners on the Welfare Reform Task Group have worked collaboratively to implement an ambitious 'Action Plan' to help residents affected by these changes. A series of projects have secured positive outcomes for 'at risk' residents, for example:

- 800 people have received one-to-one advice and support;
- £2.7 million provided via Discretionary Housing Payments (DHP) to help people maintain tenancies;
- An Integrated Employment Service has been developed to support those furthest from the labour market into work;
- A number of Digital Inclusion projects have been commissioned to support residents get online and develop their digital skill-set.

Going forward, the Welfare Reform Task Group will be reviewing its approach to take account of the emerging needs of the affected claimant population (more complex and harder to reach) and significant changes in the operating

environment, with shrinking public resources likely to limit the breadth and effectiveness of mitigation interventions that can be undertaken by the statutory sector.

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. In 2015 84% of children achieved the expected Key Stage 2 level in Reading, Writing & Maths by the end of primary school. This figure was above the national average of 80%. In 2015 GCSE results revealed that 64.6% of children achieved 5 grade A*-C passes including English and Maths. This compares favourably with the national figure of 57.3% for state funded schools in England. Tower Hamlets results for GCSEs have been above national average since 2011.

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

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

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 for Tower Hamlets in 2015/16 remains relatively high at 779.1, compared to the 2014/15 figure for England of 674.4 and 702 for London. This year's figure for Tower Hamlets has increased from 2014/15, where the rate of children in need per 10,000 was 736.2.

In 2015/16, the rate of children subject to a **child protection plan** per 10,000 population in Tower Hamlets was relatively high (50.1) compared to the 2014/15 rates per 10,000 for England at 42.0 and 40.6 in London. The figure for Tower Hamlets in 2014/15 was 50.9 per 10,000.

The percentages of children subject to a child protection plan by category for 2015-16 are:

Category of Abuse	50.1 Per 10,000 population
Emotional Abuse	49%
Neglect	28%
Physical Abuse	19%
Sexual Abuse	3%
Multiple Abuse	1%

Section 2: Progress against priorities

2.1 Priority 1 - Child Sexual Exploitation (CSE)

What we said we would do this year:

- Implement findings and recommendations from the Independent CSE Review with an immediate focus on refreshing the local CSE Framework, including Multi-agency Sexual Exploitation (MASE) Panel, referral pathway and strategic oversight.
- The CSE Review made a number of recommendations for the LSCB, and agency specific recommendations for children's social care, Barts Health and the Police. These suggest the need for 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.

What we did and the difference it made:

The LSCB undertook an in-depth review of CSE strategic oversight and operational delivery. As a result it refreshed the CSE sub-group and established a new strategic framework in Tower Hamlets. The CSE practitioner forum continues to inform the MASE Panel which in turn provides analysis on trends and identifies practice improvement areas. This is considered by the CSE sub-group which then provides a strategic response. As a result of these actions:

- Concerns for young people at risk of sexual exploitation come to notice through the multi-agency safeguarding hub (front door) or directly to our CSE single point of contact in either children's social care or the police public protection unit. The most common presenting behaviour that triggers a referral is usually when a child has gone missing from home or care. Very rarely do young people make disclosures or allegations themselves, as few understand or accept that they are being exploited.
- We undertook a CSE case tracking audit as part of a pan-London exercise to understand the challenges across the city. For the period between November 2014 and October 2015, 67 young people of concern were reviewed by the MASE panel or were subject to CSE/Missing child protection strategy meetings. All were female with the highest numbers falling within the 13-16 age group. The youngest referred was aged ten. The breakdown of ethnicity of the 67 young people is: 20.1% Bangladeshi/Asian/Mixed Asian; 11.4% White/British; 5.36% Black/African/Mixed; 4.69% Mixed/Other and 2.68% were from White/Other background. 5.36% were known to have a disability. This information tells us that our local 'victim' profile has remained consistently in line with age, demographics and presenting behaviours over the last few years. Though concerns for boys remain under-reported they do feature in our missing children cohort. The level of prosecution of CSE offenders is very low but this is representative of London and national levels.

- Since the adoption of the pan-London CSE Operating Protocol which introduced the MASE panel in February 2015, we can begin to evidence an improvement in identification, disruption and prosecutions therefore directly improving the outcome for some young people. For the period November 2014-October 2015 our local police disruption activities have led to:
 - Five abduction notices served on mainly adult males
 - Two teenage males were arrested and charged as part of disruption plans and a further two adult males were convicted of a range of CSE related crime or breach of orders, though none received custodial sentences
 - One case where a civil order was instigated (Sexual Risk Order)

- The CSE subgroup has developed a new strategic work plan which focuses on improving practitioner knowledge of our referral pathway, increasing intelligence on our local CSE problem profile and links with missing children and those associated with gangs and groups, introducing interventions with perpetrators through harmful sexual behaviour work as well as aiming to increase our disruption opportunities. As a result of these objectives, we have learnt that:
 - Tower Hamlets Ending Gangs, Groups and Serious Youth Violence Strategy should establish an accurate gang problem profile. Once this data is available, we will hold a set of triangulated data that informs a CSE profile that is evidence based. Without the full dataset from our partners in social care (CSE/Missing), police, probation, youth offending, youth service, education etc. we cannot fully understand who our perpetrators and hidden victims are. For example, whilst there is some anecdotal suggestion that there is a tentative link between gang activity and CSE and the correlation with young men perpetrating domestic violence in their families, we are unable to establish the evidence base to demonstrate this or give a reliable indication of the size of the problem.
 - Our case work and multi-agency intelligence sharing to date has provided a better picture of increasing instances of peer-on-peer sexual exploitation, of some of our LAC moving across borough boundaries as part of their exploitation experience and that there are a number of young people who are persistently going missing from either home or placement and connecting with other high risk young people, in turn placing them at greater risk.
 - From our maturing CSE database profile we are also seeing drug use and drug dealing a feature in exploitative relationships where female victims are being used and coerced to hold or traffic drugs and weapons. More illegal raves are being accessed via coordinated social media leading to underage entry in to clubs.
 - Amongst our Bangladeshi families, we are seeing and working with a number of older boys and girls who have become overly powerful within their families, especially where parents cannot manage their

children's behaviour putting them at higher risk of gang involvement, sexual exploitation and possibly so called 'honour' based violence. The council's early years parent and family support service has reviewed its parenting programmes to ensure parents are aware of CSE and able to recognise the associated risky behaviours. The emphasis is placed on the importance of parent's recognising and managing behaviour positively throughout the child's development to adolescence.

A programme of awareness raising events has taken place this year with targeted sessions for specific professionals in housing, youth service, health agencies, foster-carers and the voluntary sector. This year we have introduced level 2 (intermediate) CSE training to equip those directly working with victims of CSE or those at risk with the necessary skills and practice tools. This is being delivered by the Safer London Foundation Trust.

2.2 Priority 2 – Harmful Practice

What we said we would do this year:

Harmful Practice includes Female Genital Mutilation (FGM), forced marriage, so called 'honour' based violence and abuse related to witchcraft and faith based abuse. Tower Hamlets continues to be involved in the MOPAC Harmful Practice Pilot. The pilot focuses on Early Identification and Prevention, Safeguarding and access to support, Enforcements and Prosecutions and Community Engagement. It aims to:

- 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 voluntary sector organisations in Tower Hamlets and the community to support survivors of FGM and tackle beliefs in the future

What we did and the difference it made:

Key activities delivered this year have focused on multi-agency and targeted training, specialist advocacy support and increased safeguarding of children at risk of FGM. We have recruited two FGM community mediator posts, three specialist FGM focused child protection advisors, a male worker to work across all five pilot boroughs with a focus on FGM and set up provision for a specialist therapist. This has also been made possible by the successful DfE Innovation received funding in April 2015 which adds value to the MOPAC pilot through increased focus on safeguarding and FGM.

In partnership with Waltham Forest, Tower Hamlets decided that, in order to extend reach, professionals from either borough can attend each others'

harmful practices training offer accessed through the LSCB training programme.

As a result of the new posts:

- 32 families with 87 children have been referred to the Specialist Social Worker, they have been assessed and risks identified
- There have been 40 community engagement events and training and they have reached out to 142 women and 120 men and recruited 20 peer champions.
- Awareness raising work has also been carried in schools involving 480 young girls, 180 young boys and 200 school staff
- Girls at risk are identified pre-birth through proactive information sharing between maternity services and social care
- Referrals lead to timely and effective intervention with mothers who are FGM victims and their families
- Targeted intervention with identified families has led them choosing not to have their daughters cut
- A range of preventative work with the community is in place to end harmful practice for future generations

2.3 Priority 3 – Children Looked After

What we said we would do this year:

- Redefine our Corporate Parenting role 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 looked after children (LAC) strategy 2015-18 to ensure there are sufficient placements, meaningful participation and better education and health outcomes for LAC
- Develop new guidance for practitioners in leaving care services which will focus on new approaches that encompass friendship and peer support model, a move away from relying on traditional 1:1 social work support
- Introduce an enrichment programme of events for children looked after to grow 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 Maths and English tuition (or other subjects) so their aspirations are realised
- Undertake an audit of cases where children show their distress through challenging behaviour. The purpose of this audit is to identify areas of improvement in social work practice and the response experienced by the child
- Improve mental health support to LAC 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.

What we did and the difference it made:

Further detail of our work with children looked after can be found in section three of this report.

2.4 Priority 4 – Neglect Strategy

What we said we would do this year:

- The THSCB Performance Report to incorporate the agreed neglect indicators so that there is a clearer picture for 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 to be widened so that THSCB can compare improvements that are being made to practice and identify targeted areas for improvement year on year.
- Undertake a review of the wider impact of the Neglect strategy following its first year of implementation and report findings to the THSCB membership

What we did and the difference it made:

- We have continued to monitor the number of referrals for neglect through LSCB performance reporting where we have seen a decrease in the numbers this year. While there have been focused awareness raising campaigns and significant learning opportunities, the quality assurance and performance subgroup is exploring the evidence for this in the improved effectiveness in providing early help. There has been some targeted work with schools around assessment and referrals which may have had an impact on how neglect cases are being identified and responded to.
- A revised multi-agency audit programme was agreed through the quality assurance and performance subgroup. This year's schedule placed a priority on audits from serious case review recommendations. Therefore, the specific audit on neglect has been deferred to 2016-17 and will become part of our annual rolling programme thereafter. We will provide an analysis of our findings in next year's annual report.
- The multi-agency Neglect level 1 (introduction) and level 2 training (intermediate) continued to be delivered by a training pool consisting of the LSCB partnership. Over 100 practitioners and managers received neglect training within the year. Evaluation suggests these are received well and practitioners were able to identify areas for personal and service improvement.

- The Jamilla serious case review highlighted how quickly young children's health can deteriorate as a result of neglect and tragically in this case lead to death. The LSCB was tasked with raising that the DfE definition of neglect does not accurately reflect the impact of 'short term neglect'. We did this through the consultation when the Working Together to Safeguard Children Guidance was revised the previous year. However, in the revised guidance published in March 2013, the definition remained unchanged with the focus still remaining on cumulative harm as a result of longer term neglect. The chair wrote to the DfE to challenge this decision and request a dialogue to explore this issue. The then Minister of State for Children and Families, Edward Timpson MP, responded that in his view, the revised guidance made it clear that where professionals are aware of any immediate risks to a child, they must take timely and decisive action to ensure children are not left in neglectful homes. He noted that the definition of neglect includes 'persistent failure to meet child's basic needs' which would include short-term neglect.
- Following this response, the LSCB chair contacted the NSPCC to explore how the key learning from the Jamilla serious case review could be incorporated in to their early intervention work where the links to short term neglect can be further developed through to a practice guide/toolkit. This area is being explored by the NSPCC.

2.5 Priority 5 – Serious Case Reviews

What we said we would do this year:

- Learning from the Child Sexual Exploitation (CSE) and Troubled Lives, Tragic Consequences Thematic Review will be rolled out as widely as possible ensuring further reach.
- Both these reviews were conducted outside of the serious case review methodology but did use a systemic approach. As a result the THSCB will develop 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.

What we did and the difference it made:

- Between January and March 2016, we delivered four multi-agency learning dissemination events attended by professionals from children's social care and youth offending service, health, schools, youth service and the voluntary sector. Approx. 150 practitioners, managers and safeguarding leads were informed of the findings of the thematic review and the associated changes to safeguarding practice and systems.
- In addition, targeted sessions were provided to LSCB board members and the Youth Offending Management Board.
- In response to the findings and recommendations of the Troubled Lives thematic review the following key changes and developments are currently being implemented:

- Tower Hamlets Youth Offending Service (YOS) is to be refocused and combined with early intervention services to allow a whole family and integrated delivery model that provides staff consistency from an early starting point. Post-custody support will be provided through children's social care to improve the experience of young people who are held in police custody. A targeted early intervention service for lower risk groups will be provided through youth services. See section three: No Wrong Door for further detail.
- Significant work has taken place around the assessment and management of risk. The Risk Management Panel has been revised so it can respond to young people (aged 10-17) who are assessed as 'high risk' to themselves and others. This includes high risk of harm i.e. harmful sexual behaviour, violence, arson. High risk of offending and re-offending and high risk to their safety and wellbeing i.e. self-harm, regularly going missing, suicide. The primary aim is to agree and review a multi-agency risk management plan. This will ensure timely and proportionate information exchange and intervention across services and agencies in relation to young people assessed as high risk. For those cases where the risk is of harmful sexual behaviour is high, the NSPCC National Clinical Assessment and Treatment Service (NCATS) will provide case management consultation and support to the panel around transition in to the youth offending team and probation (youth and adult estates).
- The Ending Gangs, Groups and Serious Youth Violence Strategy is in the process of developing a Gangs Profile in the borough which will help practitioners to identify those most at risk. The current borough profile indicates we are unusual in that our cohort of offenders are younger (aged 14-15) and predominantly involved in violence and knife crime.
- As youth offending services are limited to operate within their geographical areas, a social work post has been added to the team to link to those children placed out of borough and involved with YOS as well as those with 'remanded looked after children' status.
- The YOS continue to operate a joint service with Docklands Outreach Team from the Royal London Hospital - they work alongside the emergency paediatric A&E to support the family and friends of youth crime victims.
- Finally, we undertook a new serious case review of a young person referred to as 'Thomas'. Early findings from this case led to the refresh of the Assessment, Intervention, Moving on (AIM) project. AIM is a collaborative approach to assessing and working with young people who display harmful sexualised behaviour. This was originally developed by the youth justice board who refined the tools and processes needed by statutory front line staff to tackle this challenging aspect of harmful behaviour. A new programme will retrain social workers across children's social care and the youth offending service to enable them to undertake specialist assessments to place young people (welfare or remand) and manage them, including managing their return from custody back in to the community. An aspect of the AIMs project is the earlier support some agencies need to manage emerging problematic behaviours within environments such as schools,

foster placements and residential homes. From September 2016, a new pre-AIMs programme will be provided to designated child protection leads in education establishments to support staff to manage young people who do not yet have a criminal profile but whose behaviour is nonetheless of concern. The development of the Risk Management Panel and AIMS project are taking place in tandem due to the correlation between these two areas.

- The messages from the child sexual exploitation review and the implemented changes have been disseminated through the current LSCB CSE training. In addition, the CSE and Missing Children lead officers in children's social care and local police delivered a series of events as part of the National CSE Awareness Day and Safeguarding Month activities. They also provide sessions targeted at specific professionals i.e. housing officers, youth workers so that awareness and areas for service improvement were identified. For example, youth workers often meet young people who may not attend schools or access any other services. As a critical professional in the young person's life, they need to understand which young person is at risk of CSE or a likely perpetrator and actively engage with others to safeguard the young person and others in the wider network. The outcome of the CSE review is covered in more detail under priority 1 section.

2.6 Priority 6 – Safeguarding Children with Disabilities (CWD)

What we said we would do this year:

- Listen and respond to user feedback to inform development of person centred planning in partnership with families. 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 increased 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 when their child becomes self-aware of their sexuality. In conjunction, there will be further emphasis on developing the local care network as currently not enough emotional support is offered to carers to respond to the needs of the children.
- Through a dedicated post holder, expand messages on safeguarding issues for children and families by utilising the Picture Exchange Communication tool (PEC).
- 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 section 47 (child protection) investigations of disabled children are placed in residential schools outside Tower Hamlets. Further exploration to be undertaken with the local CAMHS to consider developing a specialist provision for this group of children.

What we did and the difference it made:

- We listened and responded to user feedback to inform the development of our person centred planning in partnership with our families. We have re-commissioned the Easy Build (Wiki) Programme that was successfully rolled out across eight schools across the borough (mainstream and special schools).
- Last year we said that we would implement recommendations from our parent and peer consultation events. We have acted on feedback from young people and parents in a number of ways including the development of our befriending contract to include an increased offer of group befriending activities. We have also increased the number of direct payments offered to parents and enhanced our directory of short break providers.
- We have reviewed the mobility travel arrangements for holiday provision and have implemented changes that channels further resources to our current short break provision.
- We have reduced dependency on council transport provision with independent travel training for children and young people with disabilities.
- We have developed a Preparing for Adulthood Action Plan. This plan sets out how we will support young people known to children's services, transition into adult services. There has, however, been a delay in implementing the action plan due to staffing issues and we will ensure this is achieved over the next year.
- A dedicated post holder has expanded our communication on safeguarding messages for children and families using the PEC tool.
- We have revised and strengthened our guidance for staff to reflect the Care Act, placing greater emphasis on understanding the child's routine and what the parents can do to meet their own needs outside of their caring role.
- The Clinical Commissioning Group has commissioned and appointed a short break trainer nurse post in the children's community nursing team to train short break providers.
- 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 break services. 498 children used short break provisions in Tower Hamlets in 2015/16.
- Last year we made over £950,000 available to our children with disabilities through direct payments for short breaks and for personal care.
- Tower Hamlets Clinical Commissioning Group has commissioned a new paediatric incontinence service.
- Tower Hamlets has strong partnership arrangements for children with disabilities. This provides a high quality scrutiny function and enhanced performance management. Parents and carers are a key component of the funding panel which ensures that needs are met and decisions are transparent.
- CWD social workers are now a key service embedded within the multi-agency safeguarding hub (MASH). This is ensuring there is consistency to responses where there are threshold issues for CWD.

- We have collated the valuable feedback we've received from our young people and their parents. As a result we have streamlined our feedback process throughout children's social care.
- We have increased the voice of disabled children using the PEC. This is helping non-verbal children make choices for themselves and express their needs. There is a dedicated worker funded by the SEND reform grant targeted at children with an Education and Health Care (EHC) Plan.
- Access to psychological therapies through the Disabled Children's Outreach Service (DCOS) continues. The service has demonstrated a tangible improvement in stress management for parents.
- We have extended the Stay and Play Service through Disabled Children's Outreach Service (DCOS) and The National Autistic Society. We now support 25-28 families a week to play, relax and make friends.
- The LSCB has ensured the partner agencies and the chair have contributed toward the CAMHS transformation programme, contributing through consultation and board discussion. See section 4.5 for further information.

2.7 Priority 7 – Lay Members

What we said we would do this year:

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

What we did and the difference it made:

- Our two lay members have attended board meetings consistently and continue to bring with them the voice of challenge from the wider and school communities. They have both helped to deliver awareness raising activities and engaged with parents at events, conferences and roadshows. Their presence and support has been invaluable to the LSCB.
- Message from LSCB Lay Members:

“When we joined the LSCB we were not at all clear about what was expected of Lay Members. As time has gone on and we have attended Board and Sub-Group meetings, training sessions and conferences and read a lot of papers, we are much clearer. We have been, in the past year, able to contribute at Board meetings by asking questions and taking part in group discussions. We have, between us, helped out at the Chrisp Street Road Show (Child Abuse Awareness Raising Campaign), run topic-based workshops for parents, raised the issue of safeguarding with school governors and been involved in the work of the Awareness Raising and Engaging Communities sub-group. Our focus for now is on raising the profile of the LSCB in the community so that people know how to make a positive contribution to safeguarding children and young people in Tower

Hamlets. Our future plans include developing a range of safeguarding information material and providing ongoing workshops for parents on issues that matter to them”.

2.8 Priority 8 – Family Wellbeing Model (threshold guidance)

What we said we would do this year:

- Undertake a targeted review of the Family Wellbeing Model (FWBM) 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.
- In response to the neglect strategy and the Jamila serious case review, we agreed the need for a closer delivery interface between the Parent and Family Support Service and Children’s Social Care in a number of areas and neglect to be a focus for this year.
- Develop a targeted approach to neglect which assumes that families where there are neglect features may not be getting timely change work (Ofsted Report on neglect). In addition, to test any new neglect assessment tools to determine if families that ‘step up’ into children’s social care is as a result of better identification and whether ‘step down’ is as a result of effective change.
- Through the Parent and Family Support Service work with a small number of schools where there are concerns around low level neglect impacting on attendance and attainment. 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.

What we did and the difference it made:

- In 2015/16 we carried out a full review of the Family Wellbeing Model in light of the Jamilla Serious Case Review. Our risk and threshold indicators were updated to reflect the specific learning around neglect, in particular the recognition of rapid deterioration in the home that can be experienced by younger children subject to neglect. Research and practice knowledge emphasises the impact of long term cumulative neglect but what we learnt in this review is that the quality of care can decline within a very short space of time, and practitioners need to be able to recognise the signs of risk and intervene quickly.
- This LSCB continues to deliver the Neglect training programme which offers an introduction and intermediate level. The training courses are delivered by a multi-agency pool of trainers with expert input from health, social care and education. The messages from local and national serious case reviews is reinforced through the neglect training. Evaluation of these courses report a high level of theoretical and practice learning. Practitioners feel they can implement their improved knowledge in to direct work with children and families.

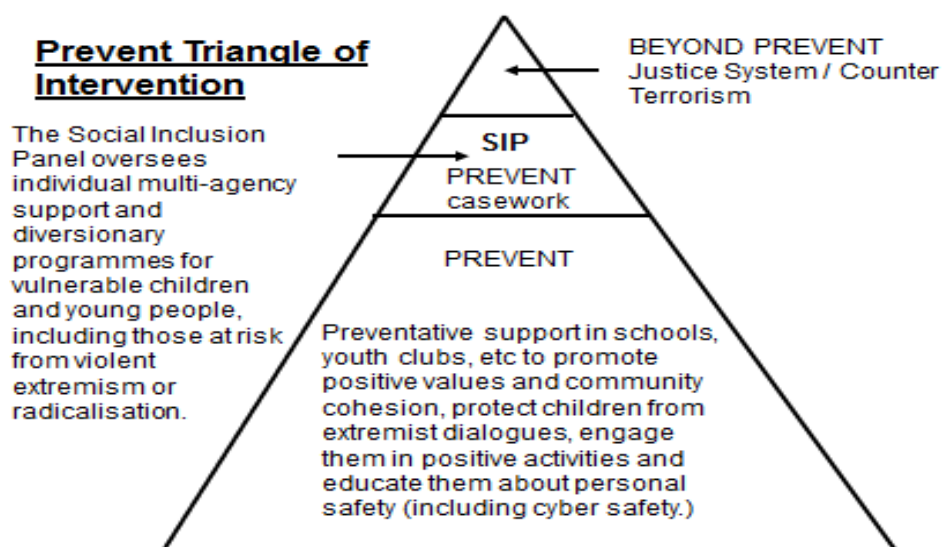
- As part of the FWBM review, a comparison exercise was carried out against the London Continuum of Need and a decision was taken to retain our current indicators included within the model.
- The School Ready/Neglect Pilot was launched by the Parent and Family Support Service. They have been working with a small number of schools/nurseries to initially identify families where there is poor attendance. This is often a recognised indicator of other concerns including neglect. A targeted service is being developed to work with these families to improve school attendance and address other difficulties before they become problematic and require intervention later on.
- Further details of the Family Wellbeing Model within the context of our local early help offer can be found in section three.

2.9 Priority 9 - Responding to Radicalisation and Extremism:

The Prevent agenda has been an area of considerable focus over the past year. The exposure of children to extremist ideology can hinder their social development, educational attainment and pose a real risk that they could support/partake in violence. Tower Hamlets has adopted the principle that “Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm.” (Home Office – The Prevent Strategy)

In Tower Hamlets we deliver the safeguarding in this context through a multi-agency “Triangle of Intervention” which provides three-tiers of intervention that reflects the Family Wellbeing Model and includes:

- Preventative teaching approaches
- Targeted early interventions
- Specialist responses



In the past year we have undertaken a range of work to improve our local knowledge, response and strategy to safeguard our young people from new risks posed by ideology often through online methods.

Universal Work through curriculum development, guidance and training for schools

Given that the young Girls who left Tower Hamlets for Syria in February 2015 showed few signs of vulnerability and that the online grooming process was significant in this process, the importance of promoting an alternative narrative and resilience through the curriculum is key.

Building on existing community cohesion and “No Place for Hate” work with schools, Children’s Services has developed a range of teaching resources and support materials around the broad themes of Prevent, supported and developed with the assistance of a Home Office funded Education Officer. These resources have been well received by schools as they reflect the local context in which they operate. Furthermore, two annual school conferences have now been held to showcase best practice.

A mapping tool has also been designed to support schools in identifying which aspects of the curriculum can support the Prevent aims and “British Values” in each year group.

Guidance and posters have been provided to schools on their role in preventing extremism. The guidance includes sections on:

- Amending safeguarding policy
- Staff training and awareness raising
- Reporting
- Interventions with individuals
- Prevention through the curriculum and pastoral work
- Visitors policies and use of school premises
- Responsibilities, including governors
- Internet security
- Triangle of intervention (above diagram)

A checklist has been issued for schools to support them to ensure their safeguarding policies now meet the Prevent guidance and to support them to undertake a risk assessment as they are required to do under the “Prevent Duty” (since July 1st 2015).

There has also been an ongoing programme of central training for school safeguarding governors and designated Child Protection leads. Tailor-made training is available for all schools including independent schools. This includes a Workshop to Raise Awareness of the Prevent programme (WRAP) and sessions on policy guidance and referral. These types of training sessions have created opportunities for ‘real discussion’ leading to practical solutions to difficult issues. All maintained secondary schools and most of our academy, free and independent schools have taken up this offer and efforts continue to contact those that have not engaged.

This year the offer has been extended to primary schools and so far 56 out of 90 institutions have had school based training (this includes academies, free and independent schools).

Head teachers are briefed regularly about Prevent issues through the Headteachers' Bulletin and in the Children's Services Director's meetings and this support has been extended to academies, free schools and independent schools.

Targeted Work with Schools

Targeted work has also been undertaken with schools where concerns have been raised. For example, following the flight of the girls to Syria, a multi-agency action plan was designed with the school the girls attended, which included social mapping and risk assessment to identify those children thought to be most at risk of flight, and those vulnerable in other ways. Different tiers of intervention were put in place including assemblies, question and answer sessions, group discussions and individual support programmes, with input from Channel Panel (duty under Counter Terrorism and Security Act 2015) members: children's social care, the police and religious intervention providers where appropriate. This has created opportunities to develop innovative work such as widening the remit of Channel intervention providers to facilitate group sessions in targeted schools and working with staff to help them discuss 'difficult questions' and contentious issues. This initiative is empowering staff to handle situations rather than rely on outside interventions.

A Multi-Agency Partnership Approach

The strategy is enabling partners such as schools, mosques, health services, the police, social care and other agencies to work collaboratively and provide a swift response to the challenges encountered by Prevent work. For example:

- A pamphlet was issued through schools and by the mosques at Friday Prayers, providing coherent safeguarding messages to parents. It was well received locally and has been picked up by police and other boroughs as a model of good practice.
- Parent support sessions including cyber safety and the risks of radicalisation are available to all schools from the Parental Engagement Team (PET). Prevent messages have been embedded in to the parenting courses with training for Parent Support Partners and school based Parent/Family Support Practitioners (The Home Office recently agreed to extend funding for our parenting work.)
- Over the summer holidays the Parental Engagement Team provided a helpline for parents seeking support
- The Humanities Education Centre has provided guidance on British Values and how these can be approached from a Global Learning perspective.
- The Attendance and Welfare Service provides information packs to all the maintained schools, academies, independent schools and free schools, containing all the national and local guidance and procedures on

safeguarding and referral procedures /contacts for non-attendance and for children missing from education.

- There is close work with police officers from Prevent, Channel and Counter Terrorism who are involved in both training and interventions. Channel intervention providers have undertaken creative and high quality de-radicalisation work, working with individuals and groups.
- The SACRE (Standing Advisory Council for Religious Education) lead has raised awareness of the Prevent agenda and explored how spirituality and Social, Moral, Spiritual and Cultural Development can support the Prevent agenda.
- Phase two of the Troubled Families programme (2015-20) also has an emphasis on radicalisation and extremism. Furthermore, Prevent work is now linked into the council's first partnership strategy on Ending Groups, Gangs and Serious Youth Violence: a three year strategy reporting to the Community Safety Partnership Board.

Referrals and Casework to the Social Inclusion Panel

Tower Hamlets resisted setting up a separate Channel Panel as it was felt it would be counter-productive in the local context and lead to negative labelling of young people. The Social Inclusion Panel (SIP) already existed as a senior level multi-agency panel to support vulnerable children and families requiring early intervention. Therefore SIP was given the role of overseeing referrals of young people under the age of 18 thought to be at risk of radicalisation and extremism. This includes those being managed through children's social care interventions as well as those managed through a "Team Around the Child" approach.

The benefit of incorporating Prevent casework into an existing multi-agency panel is that it provides access to a wide range of different interventions to meet what are sometimes very complex and inter-related needs and allows for a fluid movement of cases into other forms of support.

Referrals have come from schools, the police, social care and health services. They have increased significantly in the last 2 years showing confidence in the process and schools have reported they find the advice and guidance they receive very helpful. Two years ago Prevent referrals to this panel were low and the Police data suggested that there should be more referrals than we were receiving: this was largely thought to be lack of awareness amongst referring agencies. There has subsequently been an increase in referrals for early intervention casework to support children who may be vulnerable to extremist messages. Two years ago there were around 4-5 active cases under active monitoring at any one time. Since then, this figure has been as high as 72 but is currently 54 (March 2016). In addition to specific referrals schools now feel sufficiently confident to regularly run concerns past officers for advice and guidance only.

Nearly all of the 54 young people comprise of 13 family groups, for example families stopped en route for Syria or where parents hold extremist views or where a parent is a convicted Terrorist Act offender and whose children may have been subjected to ongoing radicalisation throughout their upbringing.

Referrals have included those at risk from radicalisation from far right groups or white supremacist view but predominantly current referrals relate to extreme Islamist views and the risk of flight to Syria. A significant proportion of those referred are children or young people who, because of their special needs, are extremely vulnerable to manipulation and require protective programmes: this may be because they have Special Education Needs (SEN) or have mental health concerns.

A wide variety of agencies now actively support the SIP plans: schools, parenting services, youth support, information technology support, special educational needs and behaviour support services, anti-bullying advisor, police teams (Channel and Prevent), CAMHS, school health, youth offending and children's social care.

Outcomes for individuals are monitored by SIP until the cases are no longer a concern. Where more active engagement is required child protection plans are put in place or children have been made wards of court to ensure their protection. Overall a robust approach has been taken at all tiers of intervention along with open and frank discussions with parent groups about the safeguarding issues.

Children's Social Care Preventing Violence and Extremism (PVE) Team

The CSC PVE team has been set up to respond to this area of need and offer *a tailored and specialist social work response*. The dedicated team will be in place initially for a year to work with high profile existing cases and those where a statutory CSC response is felt to be necessary. The other main output of this team will be to gather the learning from the cases to add to our knowledge base, training and new assessment approaches going forward.

The CSC PVE team initially expected most referrals would fall in the Tier 2 sector where Prevent or Channel interventions would be undertaken on a voluntary basis. However increasingly there has been a need for a statutory response through child protection procedures. In March 2016 there were 7 Tier 2 cases and over 62 being worked with by the children's social care team.

In some cases it has been necessary to intervene through the court arena, resulting in the local authority obtaining Court orders i.e. 'Wardship', Interim Care Orders and Supervision Orders to secure the safety and well-being of the children. Tower Hamlets CSC are pioneering practice in this area and are regularly approached by government and others local authorities to share our learning.

The LSCB has been highly engaged in the agenda leading on development sessions with the Home Office, and through the Chair and other Board members briefing school governors. The LSCB Chair and Service Head for Children's Social Care also sit on the London Councils Prevent Task and Finish Group and the LSCB Chair sits on the LBTH Prevent Board.

Challenges

Despite the significant progress made in this area of work, there are ongoing challenges. There is no identified funding to support the children's social care

PVE team beyond 2017 and there is now a need to undertake home visits for Home Educating families and tuition classes they use that give cause for concern. This will impact on the already stretched resources for safeguarding children, placing significant burden on the local authority. To date, multi-agency partners have contributed from their own budgets towards joint PVE initiatives.

Work with independent schools in the borough is a challenge. Although the local authority remains responsible for safeguarding all children in the borough regardless of the type of educational institution they attend, there are legal limitations to what it can do. Having said that, the local authority offers to all schools guidance, training, advice and curriculum support in respect of Prevent and safeguarding.

There are also challenges in working with families who home educate (and where tuition agencies support them) because of the very restrictive legal limitations of the LA remit and powers of intervention in this area. The Home Education Steering group regularly assesses the vulnerability of families and intervenes more proactively with those where there is reason to be concerned. There has been a rigorous approach to intervention when concerns have been identified, including supporting the closure of inappropriate tuition services where necessary. At the same time the Parental Engagement Team have started a support group for home educators to enable good practice to be shared with them, for example on cyber safety and curriculum work.

There is a pressing need to roll out an understanding of this area of work more broadly with all agencies. Most of the intensive work in this field was necessary with schools, in response to Ofsted findings and the departure of the first group of girls to Syria in 2014. Social workers becoming increasingly involved during 2015 when more children and families left or were identified as at risk of leaving for Syria. Work with parents in schools has also been developed significantly to support school activity.

Those agencies that have received significant support and training have a better understanding of the Prevent agenda and the safeguarding aspects of this work. However, there needs to be a more consistent understanding across all areas of the council, partner agencies and within the community.

3. Section 3: Scrutinising the Effectiveness of Safeguarding Children Arrangements in Tower Hamlets

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 2016-19, 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. 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 2015 to March 2016 was 938, down from 995 in the previous year. This is a 6% decrease. Following an emphasis on CAF review completion, the number of reviews has increased significantly. In the period between April 2015 and March 2016, 1388 reviews were completed compared to 1148 in the same period last year – a 21% 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. In addition, the Social Inclusion Panel monitors the more complex cases at Tier 2 until these show progress or are escalated to Tier 3.

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 2015-16, the proportion of families reporting an improvement in their average score at review was 71.2%, which was a slight increase from the 2014-15 figures of 70.6%. On average across the cohort, ALL areas of the CAF showed a drop in score (i.e. improvement) by the time of the review. The number of risk areas also decreased at a slightly better rate than in the previous year. The average risk at the time of assessment was 4.2 but this dropped to 2.6 by the time of the review, a decrease of 1.6. (The drop in 2014/15 was 1.4). This indicates 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 continued to increase, demonstrating again that this way of multi-agency working is becoming more embedded across the partnership. 289 new referrals were made in 2015-16, an increase of 20 referrals from 2014-15. There was a significant rise (24%) in reviews of cases at SIP which indicates the degree of close monitoring and follow up these cases require and that referrers are responding to the emphasis placed on regular monitoring and adjustment of support plans as appropriate.

Early intervention and family support services (Early Help Hub)

An 'Early Help' hub is being established to coordinate the pathway to early help support. The aim is that children and young people (pre-birth to 19 or 25 years for those with special education needs and disabilities) and their families are able to access information and the right services at the right time and in the right place to prevent and deal with difficulties before they become problematic. Issues can range from engagement in education, drugs and alcohol, managing behaviour and other parenting challenges. The early help front door will offer a multi-disciplinary approach that brings together a range of professional skills and expertise to:

- Provide a point of reference when the public or professionals are in need of advice and support or where initial steps have not been successful
- Assist where front line services, for example schools, children's centres, youth provisions, health centres, doctors surgeries are unable to meet needs or when extra support is required
- Provide an interface to establish a single first point of contact, screening and referral and ensure Early Help is coordinated efficiently
- Provide an interface with the provision of information, advice, support and signposting services for families, children and young people
- Facilitate multi-agency partnerships at Tier 2 e.g. health, schools, voluntary sector agencies
- The Early Help Hub will advise on referrals into Social Inclusion Panel (SIP) and provide advice and guidance on process and the eCAF system.
- The Hub will provide advice and guidance on referral through to and from MASH and support Step Down from statutory intervention into early help services. Support / facilitate Team Around the Child (TAC) at Tier 2 for more complex cases.

It will not replace existing access to front line support (MASH) but will provide a complementary service that will:

- Strengthen partnerships and improve coordination and access to early help
- Support better and earlier referrals
- Reduce referrals into the MASH

- Improve response to referrals out of the MASH
- Provide a greater focus on outcomes
- Identify gaps and duplication of services
- Ensure the right support reaches families as soon as possible

The Early Help Hub will be launched in September 2016 and will be fully implemented by July 2017.

No Wrong Door

The Council is currently developing proposals to re-shape services for vulnerable children and young people and families (all ages) which builds on an evidenced based service model and evidenced based interventions. This has been developed by children’s commissioning and children’s social care managers. The service model will require the re-configuration of family intervention and specialist services under a single management umbrella and co-location of key partner services such as CAMHS. It will also require a standard approach to assessment through signs of safety, integrated care plans and joint training and management of the integrated team.

It is envisaged that the proposed service model and common approach across agencies will better support children and young people and will reduce entry to care, secure placement stability and improve the safeguarding of children and young people. It is anticipated that this service can be developed within existing resources by reconfiguring services and working more effectively with partner agencies.

Our recent thematic review, *Troubled Lives, Tragic Consequences*^[2], acknowledges that we need to change the way we work by identifying children earlier and intervening as appropriate. We also know that children and young people have a multitude of services/agencies involved in their lives and that a more integrated approach would produce better outcomes across the continuum of need.

The borough has a significant resource to support our most vulnerable children and families. However, services are arguably fragmented across children’s social care and these and others are under different management structures. There is also inconsistency in our approach to supporting families and areas of duplication have been identified. It is therefore timely to consider developing a new integrated service model in order that we can better respond to the needs of our most vulnerable children, young people and families.

Our proposal recommends that services are reconfigured so that children and young people have a single point of access to a specialist, highly trained team and the delivery of a core offer of support based on the ‘No Wrong Door’^[3] model which has been built on evidence based practice with a specific focus

^[2] Chard, A (2015) *Troubled Lives Tragic Consequences*.
<http://www.childrenandfamiliestrust.co.uk/wp-content/uploads/2015/12/Troubled-Lives-Summary-Report-Final1.pdf>

^[3] North Yorkshire Council, *No Wrong Door*,
<http://www.northyorks.gov.uk/article/24409/Residential-care-for-children>

on restorative and therapeutic approaches. The service will be available to children and young people on the edge of care, looked after children (including those in residential and external placements – the service will support young people wherever they move to), those leaving care and other vulnerable children at risk.

Young people on the edge of care

Adolescent entrants to the care system tend to experience a larger number of placements, a more disrupted experience of care, poorer outcomes in education and are at increased risk of struggling when they leave care.^[4] There is also a greater proportion of young people 16 years and over in Tower Hamlets compared to other boroughs within inner London.

The Council invests considerable resources within our early help offer, and activity is underway to redesign services across the partnership to support children and families to manage conflict and associated difficulties they face during adolescence, with a new focus on using an evidence based model inclusive of “ No Wrong Door” , Multi Systemic Therapy or Family Focused Therapy, with a strategic workforce plan.

We want to understand our adolescents on the edge of care and employ innovative ways to improve and re-design service delivery to achieve higher quality, improved outcomes and better value for money. To this end, we will work with the Greater London Authority to explore the possibility of creating a Pan-London solution for delivering and funding Edge of Care services.

One potential area of focus would be the use of Social Impact Bonds (SIB) to fund projects to focus on prevention of care, preventing escalation or encouraging de-escalation. SIBs are a financial mechanism in which investors pay for a set of interventions to improve a social outcome. If the social outcome improves, the local authority will repay the investors for their initial investment plus a return for the financial risks they took. If the social outcomes are not achieved, the investors stand to lose their investment.

The Family Wellbeing Model

The Family Wellbeing Model provides a framework for the early identification and provision of support to vulnerable families who do not meet the threshold for referral to Children’s Social Care. The model supports children, young people and families to achieve their full potential by setting out in one place our approach to delivering services for all families across all levels of need. Relevant services include health, early years, education, youth, social care, crime and justice and housing services and any other service impacting on a child or young person and/or their parents or carers.

This Family Wellbeing Model sets out how we work to respond to different levels of need in Tower Hamlets, and gives practical descriptors which anyone can use to help families and children get the most appropriate help and support. The model also clearly sets out our structure for consultation, co-ordination and co-operation between agencies to promote family wellbeing,

^[4] Sinclair et al “The Pursuit of Permanence; A Study of the English Child Care System” 2007

and to ensure that the children of Tower Hamlets get the best deal from what is on offer to support them.

Conceptually this model focuses on early support and targeted help by putting in place robust responses earlier to identify needs with the aim of enabling vulnerable children and their families to lead positive lives without the need for statutory intervention such as entering the care system.

Family Intervention Service

The current Family Intervention Service in Tower Hamlets has been redesigned to cover two strands of the early intervention strategy, Family Intervention Project (FIP) and the Family Support Cluster. FIP provides early intervention to families below the threshold for referral to CSC. The Family Support Cluster multi-disciplinary team targets families where there are complex and entrenched problems with longstanding social work involvement. The aim of the team is to provide intense intervention for children subject to child protection and children in need where families are “stuck”, where the social worker with other professionals are unable to effect change. The Family Support Cluster became operational in September 2011.

Outreach Service

The Outreach Service is being reconfigured to offer a multi-agency family support service targeted at children and young people on the cusp of care.

Short Breaks

The local authority is required under the Children Act 1989 to provide services designed to give breaks for carers of disabled children. The ‘Breaks for Carers of Disabled Children Regulations’ (2010) sets out what local authorities should do to meet their duties in relation to the provision of short breaks. Services for children and young people with a disability are also developed in the context of other related Acts such as the Children and Families Act 2014, the Carers Act 2014, the Children Act 2004 and the Equality Act 2010.

Tower Hamlets’ local offer for short breaks is that all disabled children and young people have access to one short break of choice, within available resources. In 2014/15, 513 children and young people accessed our specialist short break services (an increase of 28 young people since 2011/12).

Short breaks enable disabled children and young people to access the kind of activities that are open to non-disabled children, so that they can lead ordinary lives. They help them have fun, try new activities, gain independence and make friends. Short breaks are one of the services most commonly requested by parents of disabled children. These services also offer parents and carers the much-needed break they need from their additional caring responsibilities.

By providing short breaks to children with disabilities and their families, the Council and its short break partners are supporting these families to cope with the additional pressures they experience in family life. A regular short break can be a lifeline to parents, building their resilience and helping them to continue to care for their child with a disability at home, preventing problems

escalating and reducing the likelihood for the child needing to be taken into care.

3.2 Clear and consistent method of entry to care

The Entry to Care Panel was established in October 2009, in response to increasing concerns about the number of teenagers entering care in an unplanned manner and the overall instability that they experienced after they became looked after. The Entry to Care Panel meets on a weekly basis to consider all children requiring Section 20 accommodation and/or the initiation of care proceedings.

The objectives of the panel are:

- To ensure that only those children who genuinely need to become looked after do so
- To stabilise the number of teenagers becoming looked after
- To effectively focus legal activity
- To increase the consistency and quality of care planning
- To identify and commit resources
- To share information on specific cases
- To develop a strategic senior management overview regarding trends
- To share risk and identify accountability throughout the organisation

Annual reviews are completed to establish whether the Panel's objectives remain relevant and are being met. A review was completed in May 2015, and a detailed report looking at the panel's decision making for assurance purposes was received and approved by Children's Social Care Senior Managers in Oct 2015.

3.3 Children in Need/Child Protection

In 2015/16 there was a 528.9 rate of referrals per 10,000 recorded in Tower Hamlets compared to 548.3 for England and 477.9 for London in 2014/15. Similarly the rate of repeat referrals this year for Tower Hamlets was low at 9.1 compared to the 2014/15 figure for England at 23 and London at 15.8. Referrals which resulted in no further action in Tower Hamlets stand at 8.3% in 2015-16, slightly higher than the 2014-15 London position of 6.9%, but lower in comparison to England (13.8%). This suggests strong arrangements at the point of contact, with referrals for social work input being made appropriately.

In 2015/16, there were high rates of activity in relation to formal child protection enquiries, with a high rate of section 47 enquiries per 10,000 population. There were 194 enquires per 10,000 young people in Tower Hamlets, an increase from 162. This compares to the 2014/15 position of 138.2 in England and 137 in London. There was also a high rate of children subject to a child protection plan per 10,000 population; 50.1 in Tower Hamlets for 2015/16 compared to the 2014/15 results for England at 42.9 and 40.6 in London. This is evidence of strong processes for identifying children

most needing statutory intervention, through our multi-agency safeguarding hub (MASH).

In 2015/16, a high proportion of children remained subject to protection plans for more than two years - 5.6% in Tower Hamlets compared with 3.7% in England during 2014-15. We have looked at a sample of cases again this year to understand this data, and found similar issues to last year of instances of longstanding sibling abuse and 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 always resolved early enough. In response to this, Children's Social Care have implemented a focus on the use of the Public Law Outline pre-proceedings and specialist assessments earlier on, to ensure timely resolution of issues.

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. Research exploring this issue in more detail is currently being undertaken in the Council.

3.4 Looked After Children

The number of looked after children per 10,000 population in 2015/16 for Tower Hamlets is 47.3, which is below the 2014/15 England Average of 60 and the London average of 52. The number in Tower Hamlets has slightly increased from last year which was at 44. 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 2015, 19.4% of looked after children achieved 5 or more GCSEs graded A*-C (inc. English and maths), which is better than the England average (13.8%) and the London average (16.8%). It is also an improvement on 2014 performance (11.5%). 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 in 2014 (latest available data) slightly increased to around 12% from 10% in the previous year which is also two percentage points higher than the England average and one percent higher than the London average.

The proportion of looked after children receiving regular health and dental checks in 2015-16 was 83% compared to 90% in the previous year.

3.5 Private Fostering

The Private Fostering Team sits in the Family Support and Protection Service in Children's Social Care.

Currently there are 22 young people in private fostering arrangements. This is a much lower figure because a number of privately fostered children who turned 16 years of age were discharged with a post 16 support package. There is a downward trend in notifications which is reflective of a general nationwide trend. Anecdotal information suggests the decrease in numbers is likely because of the new Immigration Bill which introduced tighter controls over children travelling to the UK for studies/education purposes and visiting relatives. In addition, welfare reform measures are likely to have placed greater financial burden on those who had previously been willing to privately foster.

The status of our privately fostered young people

In Tower Hamlets, the privately fostered cohort comprises of children who have been abandoned by their parents after coming to the UK, over stayers, asylum seekers and a trafficked young person in 2015 who was not granted leave to remain. The team leads on networking with the Home office, BAAF/CORAM professionals, UCAS and other stakeholders to ensure that the privately fostered young people are assisted even after the age of 16.

Awareness Raising

The Private Fostering Team has continued to implement a range of initiatives aimed at private foster carers and young people. The team also undertakes activities to raise awareness amongst staff within Children's Social Care, the wider Council and partner agencies, as well as with the general public. The objective of the activities and events is in alignment with the National minimum standard which specifies local authority practice in fulfillment of their duties and function in relation to private fostering, which is set out in section 44 of the Children's Act 2004 and the Private Fostering Regulations, 2005.

In July 2015, the Private Fostering Team ran a campaign to promote and celebrate the National Private Fostering week. This included a range of communication activities aimed at staff, the public and other professionals e.g. Headteachers. The Parental Engagement Team and the LSCB through their networks also promoted awareness on Private Fostering and there was specific work undertaken with African families in the borough. The outcome of the campaign was a rise in notifications and five new private fostering cases. In addition, the team runs regular awareness raising events throughout the year and has created a database of all the community organisations, schools and GP surgeries in the borough which is used fortnightly to disseminate information regarding Private Fostering. The team also runs events for young people with the aim of bringing young people who have common experiences together and providing a space for fun and conversations to take place where workers are available to offer support.

3.6 Learning and Improvement – How we learn from what we do

Child Death Overview

LSCBs are required to review all deaths of children in their area. The overall aim of the review process is to learn lessons in order to reduce the risk of preventable child deaths in the future.

The Child Death Overview Panel (CDOP) is responsible for undertaking a review of all deaths of children, up to the age of 18 and excluding those babies who are stillborn. The review process involves collecting and analysing information about each child death to identify any case giving rise to the need for a review mentioned in regulation 5 (1) (e); any matters of concern affecting the safety and welfare of children in the area of the authority; and any wider public health or safety concerns arising from a particular death or pattern of deaths in that area. The review process also involves putting in place procedures to ensure a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death (a 'rapid response').

The responsibility for determining the cause of death rests with the coroner or the doctor who signs the medical certificate and is therefore not the responsibility of the CDOP.

The CDOP decides which, if any, of the child deaths might have been prevented, and also whether there were any potentially modifiable factors where action might be taken to reduce the risk of future child deaths. By considering all local deaths, as well as looking at each child's individual circumstances, the panel considers any emerging themes and also whether there are changes that need to be made to local services or the environment (for example, road traffic safety). The aim of the CDOP is to reduce child deaths by understanding the reasons why children die.

In 2015/16, there were 60 new child death notifications reported to the Child Death Overview Panel (CDOP), 28 were Tower Hamlets residents and 32 were children resident in other areas but who died in a Tower Hamlets hospital or were treated in a Tower Hamlets hospital shortly before their death.

There were 24 cases reviewed in total by the CDOP, twenty of which were recorded as expected deaths, and four were unexpected. Five cases were referred to the coroner. In 13 of the cases reviewed, the death had occurred in 2014/15 and the remaining 11 occurred in year 2015/16. Of the 24 cases reviewed, 13 deaths were to males and 11 to females.

In terms of age, 17 deaths were to infants (under 1 year) of which 11 were neonatal deaths (under 28 days). There were 4 deaths to children aged 1-4 years, 3 deaths of children aged 5-14 years and no deaths to children aged 15-17 years.

In terms of ethnicity, 14 deaths were Bangladeshi, 3 were Black British African and there were also deaths to children of White British, Pakistani, Chinese, Indian and other Asian origins.

Of the 24 cases reviewed, 10 deaths were due to chromosomal, genetic, congenital anomalies, 8 were due to perinatal/neonatal events. There were also deaths due to infection, chronic medical condition, malignancy and acute medical or surgical condition.

The following modifiable factors were identified as a result of the case reviews:

- Poorly maintained housing causing internal dampness and mould may have contributed to respiratory problems
- Lack of recognition, examination and documentation of a feverish child may have resulted in delayed diagnosis of a treatable condition.

Action taken during 2015/16 in response to recommendations included:

- Follow up on regulations, legal requirements for private landlords to maintain their properties to an acceptable standard
- Updated written information for parents on looking after a feverish child, available in the Hospital Emergency Department and GP surgery
- Raised awareness in the community about how to manage a feverish child at home

Actions taken in response to recommendations regarding the operation of the CDOP included:

- In 2014 the CDOP Chair and LSCB Chair wrote to the local Coroner regarding the timely provision of Post Mortem reports for the Designated Paediatrician. This issue was again highlighted at the Pan-London CDOP Chairs meeting in September 2015 with a representative from the Chief Coroner's office, but so far there has been no response.
- Completion of a new database to record and manage data on child deaths
- Ongoing communication improvements to facilitate timely notification of deaths

On-going issues identified from previous years:

- Improve consanguinity documentation and reporting in child death notifications
- Develop training and awareness raising regarding the risks of consanguinity
- Ensure follow up of children who Do Not Attend (DNA) hospital appointments
- Raise awareness of the work of the panel and the system of notification of deaths
- Improve communication with Coroner's Office to improve timely receipt of post-mortem examination reports
- Complete work on setting up CDOP database to facilitate easier access to data:

Serious Case Reviews

The LSCB undertook one serious case review (SCR) in 2015. The subject of this review was a young person we refer to as Thomas and involved a number of agencies from three other LSCB areas and a national charitable trust. The final report and LSCB response to the findings and recommendation is published on the [LSCB Website](#).

The key findings from this SCR highlighted that:

- The child's experience of emotional abuse and neglect and the impact this has on behaviour and parent-child attachment needs to be better understood within the context of child protection
- Earlier recognition of harmful sexual behaviour rooted in childhood experience
- Practitioners are supported in working with challenging parents
- Working within the legal framework for children placed out of borough and ensuring they are able to receive therapeutic support
- Education placements should not be seen as a child protection strategy but part of the wider safeguarding plan
- Processes for managing young people who display harmful sexual behaviour when there is no disclosure or criminal conviction to be developed
- Polarised points of view can become entrenched in the professional network preventing the risks to the child from being recognised and acted on

The identified learning and recommendations will be taken forward through the LSCBs core business of practice, improvement, quality assurance and measuring impact through performance. We will report the difference this serious case review has made to children and young people in next year's annual report.

However, partner agencies took steps to assure the LSCB chair that emerging findings and risk were responded to swiftly. For example, an issue that came to light during the course of the SCR triggered a whole scale audit of looked after children placed out of borough (OOB LAC) along with a review of CAMHS provision to a Special Residential School in South East England. This joint review is currently being undertaken by Tower Hamlets CAMHS, CSC and the Special Education Needs Service at the local authority. An agreement was reached before the conclusion of the SCR to ensure a CAMHS worker is embedded at the residential school to meet the therapeutic needs of children residing there.

The LSCB considered two other cases of which neither met the serious case review threshold as set out in Working Together 2015, but one was subject to a domestic homicide review (DHR). The LSCB will review the outcome of the DHR and consider any implications for safeguarding children. A Serious Adults Review was also commissioned by Tower Hamlets Safeguarding Adults Board (SAB) and as there is overlap with children's safeguarding, the LSCB is involved. Learning will be shared through both LSCB and SAB annual reports.

Following any review the LSCB organises a number of learning events aimed at practitioners and managers. These are always multi-agency in nature and provide dedicated space for attendees to find out about the review and its findings and to discuss implications for their own practice. The contribution of practitioners provides the double-loop learning for the LSCB. Their opinions and suggestions inform how the findings and recommendations are taken forward. The learning from these events is invaluable. A child care practitioner describes how by attending one of the serious case review learning events last year they were able to apply the knowledge they gained directly to their work with children and families:

'I attended the Jamilla Serious Case Review learning events and felt that it was sensitively delivered and gave clear lessons for professionals. For me the key lesson was not to underestimate the potential for late onset of mental health breakdowns following traumatic events in a parent or carer life. A few months later I reflected on this regarding a case I had in court proceedings, whereby the parent was denying her difficult life experiences would negatively affect her or her children in the future. As a result, I initiated an independent assessment that explored to what extent the parent was able to recognise signs that she may be feeling unwell rapidly or in the long term and to what extent could she seek support independently'

Section 11 Audit

The LSCB undertakes a biennial assessment of all LSCB member agencies and organisations in relation to their duties under Section 11 Children Act 2004.

Section 11 (4) of the Children Act 2004 requires each person or body to which the duties apply to have regard to any guidance given to them by the Secretary of State and places a statutory requirement on organisations and individuals to ensure they have arrangements in place to safeguard and promote the welfare of children.

This audit exercise aims to assess the effectiveness of the arrangements for safeguarding children at a strategic level. Each agency must ensure that any statements made within the audit tool are backed by evidence. Partner agencies are also expected to assess compliance with arrangements at operational service level to support their statements in this self-assessment. The LSCB also looks for evidence of impact on improving outcomes for children. This year, the LSCB chair met partners to review and interrogate the individual audit findings. Action plans are developed by agencies to take immediate remedial action which will be monitored through board reporting.

The general findings from the section 11 audit were shared with the LSCB and highlighted the following areas for improvement:

- Commissioning arrangements going forward to include explicit references to safeguarding responsibilities in line with section 11 standards

- Putting in place integrated engagement policy framework to ensure children and young people are engaged through commissioning/service development
- Improving complaints procedures that empowers children to make complaints
- Delays to the disclosure and barring police checks is significantly impacting on safer recruitment and staffing levels
- Use of escalation policies

3.7 Voice of Young People

A number of focus groups were held with young people as members of Tower Hamlets Youth Council and discussions have been held with the young mayor. We asked them what they thought the areas of most concern for young people in the borough and should be tackled to help keep them safe. This group told us that they were most worried about the following areas:

- Youth on Youth Violence
- Safety on the Streets
- Internet Safety and being aware of 'grooming'
- Bullying – online and offline, serious bullying is a frightening experience
- Sexual Exploitation including being made to look at or produce pornography
- Accessibility and exposure to drugs and alcohol
- Self-Harm
- Verbal Abuse – racist/homophobic, threats
- Forced in to joining a gang
- Being knifed
- Emotional Abuse – threatening or intimidating someone
- Running away and keeping safe
- Parent disciplining methods can be abusive & cruel
- Parents failing to provide adequate food & clothing
- Failure to protect Children and Young People makes them feel worthless

In addition, the Chair and business manager attended the Youth Council development session in November 2015 to hear directly from young people and promote the work of the LSCB. The Chair regularly challenges partners at Board meetings and other fora to ensure they are capturing and responding to the voice of young people.

Tower Hamlets' Youth Service and the NSPCC are working on behalf of the LSCB to engage young people to have a direct voice in the LSCB and offer insight in to what agencies can do to help keep them safe at home and in the community. Historically, there has been a Youth Council voice which predominantly focused on community safety issues. These are highly engaged young people but the challenge is to help them to refocus their concept of being safe and contextualise this to safeguarding children at home and within their peer group.

The Youth Service and the NSPCC are planning to hold a series of workshops on child protection and child abuse beginning in the summer half term. The

aim of this is to inform young people what child abuse is, the impact this can have and how it is important to ensure young people have a voice when statutory authorities become involved. It is anticipated this approach will garner interest in a safeguarding champion role at their schools, youth centres and other groups. The LSCB recognises it is a difficult subject to discuss and may prevent young people from engaging in such a group. We will work at their pace to ensure we have a fully functioning formal group in the near future. In the meantime, the LSCB continues to seek the voice of children from focus groups, service evaluation and surveys. The challenge to the LSCB is its ability to listen to a disparate group of voices, deciphering the key messages and feeding back what it plans to do in response.

3.8 LSCB Chair's Challenge to Board Members and Partners

The independent chair has provided a number of challenges to partner agencies over the past year and these have included:

Section 11 self assessments – sessions were held with board partners to interrogate gaps in self assessment areas. This led to an increased understanding of where problems in the system occurred. For example, a number of agencies highlighted the risk posed by the delay in DBS clearance checks for new recruits. The chair wrote to the Police Commissioner to highlight the problem.

Performance Report – whilst some progress had been made with the LSCB dashboard, gaps in the data provided by partners were not deemed sufficiently developed to provide a clear picture of safeguarding children arrangements. The chair sought improvements from health commissioners (CCG) and the police. Both are working towards a robust set of data that demonstrates outcomes for children. For example, the Met Police are developing a pan-London dataset for children at risk of sexual exploitation.

Extremism and Radicalisation – two development sessions were held to ensure partners understood their role in relation to the revised Prevent duties. The chair challenged all agencies to demonstrate what changes they had implemented to ensure children at risk of radicalisation were identified and what interventions were taking place. This is still an area for development and remains a challenge for all, however, the focus on Prevent has led to increased understanding and improvements to agency policy and procedures.

Voice of children and young people – partners were challenged on how their agencies listened to the views of children and what difference they have made. The chair introduced a double-loop learning approach through board agendas to ensure the voice of young people is shared across the partnership to further influence the wider work of the LSCB and that of its partners.

4. Section 4: Safeguarding Assurance from Member Organisations

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:

4.1 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 their activities. 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 have 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 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.

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 Chief Executive and corporate directors sit. In addition, the Corporate Parenting Steering Group, which is chaired by the lead member for children, ensures that safeguarding issues are robustly addressed. The Chief Executive and Director of Children's Services (DCS) meets with the LSCB Chair regularly to ensure that challenge from the Board is taken forward through 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 does not provide frontline services, working instead at a strategic level: conducting needs assessments, facilitating partnerships, commissioning services, monitoring and evaluating service delivery and supporting workforce development.

Key areas of work during 2015/16 related to safeguarding children include:

Development of a new service specification for the Health Visiting service was informed by an in depth stakeholder engagement process (January – May 2015) as well as recommendations from the Jamila SCR. This is in respect to the identification of risk and provision of more intensive support, monitoring where risks are identified that do not meet the threshold for referral to children's social care. The new service specification incorporates a locality model and aims to improve integration with Children's Centres, while maintaining close links with primary health care, to improve access to services, early identification of need, safeguarding risks and coordination for onward referral where additional needs or risks are identified.

Following transfer of commissioning responsibility for 0-5 public health services (Health Visiting service and Family Nurse Partnership) from NHS England to the local authority on 1st October 2015, both services were re-procured, using new localised service specifications, and contracts awarded to new service providers on 1st April 2016. We are now in the process of mobilising the new contracts and supporting the implementation of the new service specifications. As chair of the Family Nurse Partnership (FNP) Advisory Board we have broadened stakeholder involvement by increasing membership to include housing and children's social care.

Following joint work with the CCG, Children's Services and service providers in 2014/15 on the development of an outcomes framework for CAMHS, during 2015/16 we have been working with the CCG on the development of a mental health and wellbeing outcomes framework for Universal Services (including Health Visiting, School Health, Early Years services and Education) that will help to assess the contribution of wider services to prevention and mental health promotion.

We have developed an evaluation framework for the pilot parent and infant wellbeing project 'Better Beginnings' that is training peer supporters to support parents and carers during pregnancy and the first year of the child's life to promote secure early attachment and emotional wellbeing and to identify those needing more specialist support.

As the commissioner of the service, Public Health is supporting the School Health service in setting up arrangements to pilot School Nurses undertaking LAC reviews in community settings.

Public Health leads on the work of the Child Death Overview Panel (CDOP), including ensuring implementation of recommendations and dissemination of learning points. As part of this work, educational messages for front line staff and parents arising from CDOP recommendations have been cascaded through maternity and early years settings. Messages this year have included management of fever in the child and child safety messages.

We have contributed to the Children's Services working group developing a proposal for an 'Early Help front door' to provide a universal contact point for information and advice and pathway to initial assessment and onward referral.

We have led on the development of proposals for integrated early years services for the Tower Hamlets Together (formerly known as Vanguard) programme and co-chair the THT Children's Steering group. One of the priorities is to develop an integrated model to support mental and emotional health and wellbeing across all service tiers, starting with and building on universal services. This work will also take forward the integration of health visiting and other health services into Children Centres.

During 2015/16 we have updated the JSNA factsheets for Safeguarding Children and Looked After Children which can be found on the [council website](#).

4.2 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. There is a London wide safeguarding work plan in place.

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.

4.3 Tower Hamlets Clinical Commissioning Group (CCG)

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 commissioning decisions where the CCG works to ensure safeguarding children is central to our plans and that we have effective processes in place to respond to national and local policy, any lessons learnt from serious case reviews/other learning reviews and Serious Incidents within Health and any safeguarding children challenges the NHS faces through the new landscape of multiple providers.

The following areas are the highlight of our activity in the report year:

The LSCB undertook a Section 11, Children Act 2004 audit of all partners, the CCG completed this audit and identified the following areas for actioning:

- TH CCG to develop a full response to the NHS England deep dive of safeguarding
- Develop a child friendly complaints information
- Ensure a generic statement for safeguarding children is in CCG job descriptions
- Ensure external safeguarding supervision for Designated Professionals (Doctor)
- Transformation Team will re-visit families surveyed as part of virtual ward project
- The CCG will put in place an integrated engagement policy for children and young people and commissioning
- CCG will hold providers to account on the requirement to consider the views and wishes of CYP they work with
- Formalise the induction programme for CCG to ensure safeguarding children is covered
- CCG to ensure Prevent leads are trained to required standard and have a number of WRAP trained trainers
- Ensure CCG oversight of safeguarding training is robust and improve CCG coverage
- CCG to take action to improve information governance across the children's partnership and to develop a plan to escalate breeches

NHS England deep dive into 'Safeguarding'

NHS England conducted a deep dive review of safeguarding in order to obtain a full and thorough view of Children's and Adult's safeguarding as part of the assurance of CCGs in 2015/16. The deep dive considered the well led component of assurance as well as the performance component, utilising the Safeguarding Accountability and Assurance Framework.

Tower Hamlets CCG Safeguarding Deep Dive Overall Findings

Safeguarding Deep Dive Review Components	Outcome
Governance /Systems/ Processes	Assured as Good
Workforce	Assured as Good
Capacity levels in CCG	Assured as Good
Assurance	Assured as Good

Training and support to General Practice

Via the Designated Professionals and Named GP the CCG have:

- Clarified level 3 specialist Safeguarding training requirements with providers and GPs
- Delivered Safeguarding specialist training for primary care linked to LSCB priorities
- Worked with Barts Health and GPs on a policy for management bruising in non-mobile babies in Primary and Secondary Care following a Serious Incident

Assessing the quality and depth of safeguarding arrangements within providers

The CCG routinely conduct 'Quality Visits' into the Health providers' service areas, in addition to these 'generic' visits the CCG also conduct safeguarding children specific 'Quality Visits' in response to safeguarding children related Serious Incidents or based on other intelligence which may indicate a concern.

The CCG conducted Safeguarding Quality Visits on the following:

- Paediatric A&E
- Radiology
- Paediatric outpatients

These visits raised the following issues:

1. Lack of Service specific safeguarding updates and access to external safeguarding training
2. The quality of the information received in relation to Non-Accidental Injury (NAI) cases (some cases lacked full history of concern.
3. Staff not keeping up-to-date with current national safeguarding agenda
4. Seeking the views of children and young people using the department; some departments reported the current trust method was not suitable for their department needs and are waiting to move from the Friends and Family Test (FFT) to 'I want great care' (iWGC)
5. Lack of access to the Child Protection–Information Sharing (CP-IS) due to non-compatible IT
6. Improving the Police liaison pathway with A&E (A&E spoke of an ad hoc relationship with the police when at the level of a constable, a more permanent arrangement with a identified officer with safeguarding expertise would improve this)
7. Increasing the capacity of key roles (A&E). The capacity of the A&E liaison role had reduced over the years when through put has increased, there is also a lack of senior medical cover at weekends
9. Front line teams not linking to the wider safeguarding governance structures
10. Lack of knowledge of and implementation of the Chaperone Policy

The CCG Safeguarding Children and Commissioning Group continues to be the forum to ensure safeguarding arrangements improve within the CCG and across the whole health economy. This group meets bi-monthly. The membership of this group held an away day in June 2015 where we reviewed

our risks and priorities and ensured alignment with the LSCB priorities, out of this the following priority areas were identified and informed the CCG safeguarding children work plan:

1. How to ensure safeguarding is embedded in all commissioning of services
2. Reviewing out of borough placements for LAC including:
 - The potential for high cost invoices to be paid by the CCG
 - How to monitor the on-going health issues beyond the health review, such as Mental Health and any physical disabilities
3. Review the provision for services for the vulnerable cohorts:
 - LAC
 - Children with disabilities
 - Vulnerable patients with mental health issues
 - Carers for children
 - CSE/harm prevention/FGM
 - Children excluded from school
4. Assess the CCG against the LSCB priorities
5. Responding to SCR's/Review
6. Reviewing safeguarding children's quality/KPI dashboard/accountability arrangements
7. Provider representation at the safeguarding committee meetings in order to seek assurance
8. Ensuring that safeguarding is embedded within primary care
9. Ensuring that we are engaging children and young people as service users

In addition the CCG through this group have:

- Revised the commissioning and procurement processes to ensure safeguarding aspects are built into the process from start to finish whether services are being commissioned or re-commissioned.
- Ensured oversight of all safeguarding children Serious Incidents (SIs), scrutinised the quality of these ensuing investigations and raised cases which have become SCRs for the LSCB as potential SCRs.
- Revised CCG policies to reflect changes in Working Together guidance
- Invited providers to attend the group to discuss their performance dashboard submissions.
- Monitored Barts Health in relation to CQC compliance and reported to the LSCB.
- Raised issues of not using secure email and compliance with consent when information sharing across LSCB partnership
- Assessed the implementation of chaperone policy in providers following the 2015 Bradbury enquiry in Cambridge.

Tower Hamlets CCG and its Looked After Children responsibilities

The CCG LAC Designated Professionals have attended meetings with Local authority colleagues in order to highlight and offer professional support for all LAC, and ensuring the health agenda is being met. Working in partnership has been shown to highlight the support for the LAC in ensuring that the LAC's health and wellbeing are kept in focus.

We have a Health Team who attend the LAC TRAC (case monitoring) meetings on a monthly basis. They are able to give the health and the commissioning perspective for the Looked After Children who are having their case reviewed with the Service Head Children's Social Care and the other professionals so this prevents 'drift' in cases which are seen as 'difficult'.

The providers have worked with the Children in Care Council to develop "Health passports" so that all young people preparing to leave care have access to essential information about their health. Funded by the CCG and promoted via a launch with Social Workers and promoted these passports along with the benefits.

We refined the dataset in consultation with the Children in Care Council to ensure that we were scrutinising aspects of their care, wellbeing and outcomes that were important to them.

We are attending the Tower Hamlets Corporate Parenting Board as full members and we are able to give the health perspective of the Looked After Child to the Councillors and other Board Members.

In order to quality assure the health assessments, we have developed a system whereby all health assessments carried out by outside agencies on our behalf for Tower Hamlets children and young people will be quality assured by the Designated Nurse in the CCG, and a dip sample of those carried out by our Provider LAC Nurses will also be scrutinised monthly for quality and thoughtfulness of the journey for the child.

New work streams are being looked at for CAMHS, Dental Health Assessments and the general Initial and Review Health Assessment pathways to streamline these processes to work better with the LAC child/young person and to enable a better child's pathway/journey.

The LAC Health Providers are required to monitor their responsiveness to requests for statutory health assessment from the Local Authority.

Performance is reported quarterly against Key Performance Indicators.

4.4 Barts NHS Trust

A strategic and operational safeguarding children governance structure is in place at Barts Health NHS Trust. The Barts Health integrated safeguarding assurance committee (ISAC) is chaired by the deputy chief nurse and monitors assurance and compliance by exception reporting from the hospital site safeguarding children committees. This committee reports to the Trust Quality

and Safety Committee, which is a sub-committee of the Trust Board. An annual board report is presented to the executive team.

The ISAC committee monitors key indicators for safeguarding children via the safeguarding children dashboard. There is representation at senior level from across the organisation. The hospital site safeguarding children committees are chaired by the hospital Directors of Nursing.

Following the 2015 CQC inspections of Barts Health hospitals, an external review of safeguarding children and adult's processes and governance was undertaken. The actions from this review are being embedded throughout the organisation and reported to the LSCB.

Royal London Hospital and Tower Hamlets Children's Community Health Services completed the Section 11 audit in January 2016 and through the challenge session a number of actions were agreed.

Training and supervision compliance, as specified in the Intercollegiate Document (2015) are monitored closely. The Royal London Hospital has had a number of quality assurance visits, from THCCG during the last year; this has included The Children's Hospital, radiology and Emergency Department. More are planned and learning from these events is being implemented.

4.5 Child and Adolescent Mental Health Service (CAMHS)

There have been a number of developments on the safeguarding agenda over the last year. Those developments have been driven by a number of factors, of which a few are listed below:

- Tower Hamlets Transformation Plan October 2015/Commissioners
- 2016-2019 Tower Hamlets Children and Families Plan/Family Wellbeing Model
- Learning from Tower Hamlets LSCB Serious Case Reviews and other reviews
- National/local reviews/strategies, e.g. Goddard Review, Violence against women and girls etc.
- CQC inspection 2016

Child and Adolescent Mental Health Service in Social Work Team

The Tower Hamlets Transformation Plan encourages partnerships between organisations in general. In addition, children's social care's organisational/financial review have led to the integration and co-location of specialist CAMHS into children's social care. Five clinicians from Tower Hamlets CAMHS will be integrated into children's social care from April 2016. All referrals of Children in Need, subject to a child protection plan and looked after children will undergo consultation with possible brief CAMHS intervention prior to case allocation. This will improve multi-agency planning for the child and ensure their therapeutic needs are embedded in this process.

Conduct/Forensic/Sexually Harmful Behaviour (SHB)

A number of serious and critical incidents have occurred in recent years involving homicides and suicides. A special interagency conduct network to target young men involved with youth crime, YOT, challenging behaviour and gangs was launched in September 2015, involving Specialist CAMHS, YOT, Pupil Referral Units, Special Schools and third sector services.

All PRUs and special schools now have embedded CAMHS workers.

A new Emotional & Behavioural Group focussing on externalising disorders has been set up and Forensic Pathway and a multiagency pathway for children who exhibit sexually harmful behaviour is currently being developed.

Child sexual abuse (CSA) and child sexual exploitation (CSE)

Following the 'Review of pathway following sexual assault for children and young people in London', conducted by the Havens and King's College Hospital London (Goddard et al., March 2015), a North East London steering group was set up in order to design and implement the new pathway for children and young people across NE London. An audit of CSA cases held in Tower Hamlets CAMHS is currently under way. CAMHS is represented on the Multiagency Panel for Sexual Exploitation (MASE) and participate in case planning, intervention and support provisions.

Parent training

CAMHS is represented on the Corporate Parenting Steering Group (CPSG). In addition to the parenting programme offered by the local authority's Parental Engagement Team, Tower Hamlets CAMHS has established a new parent training group in autumn 2015, based on the Non-Violent-Resistance (NVR) approach.

The last year saw significant capacity pressures caused by extraneous factors. These were the destabilising effects of a number of maternity leaves, Children and young people's Improving Access to Psychological Therapies (IAPT) secondments, the transferring of 5 social workers to CSC, the withdrawal of £200k funding, an increase in the rate of referrals, and backfill recruitment drag. Despite these cumulative effects we have managed to achieve a 5 week plus or minus waiting time for routine referrals, and we are continuing with our modernisation and quality improvement plans. ELFT in East London underwent a CQC inspection week beginning 13/6 and TH CAMHS was visited on 16/6. Key KPI trends continue to be positive but DNA's still present a challenge (16% in Q4).

4.6 London Ambulance Service (LAS)

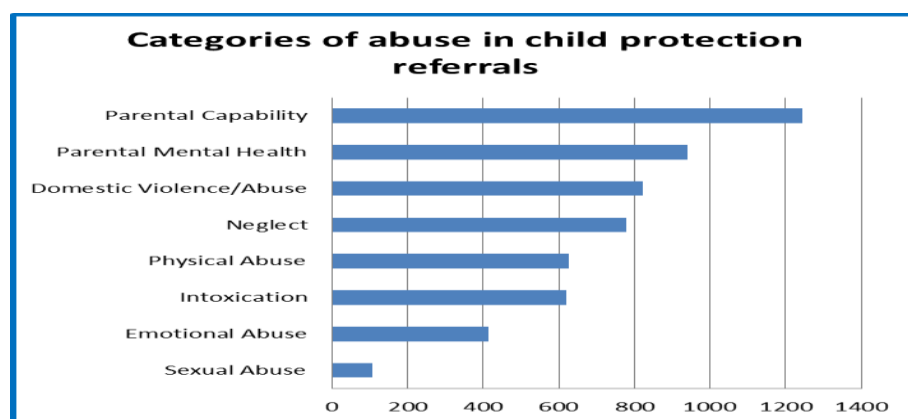
The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organization and the Trust is committed to ensuring all persons within London are protected at all times.

This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

Referrals or concerns raised to local authority during 2015-16

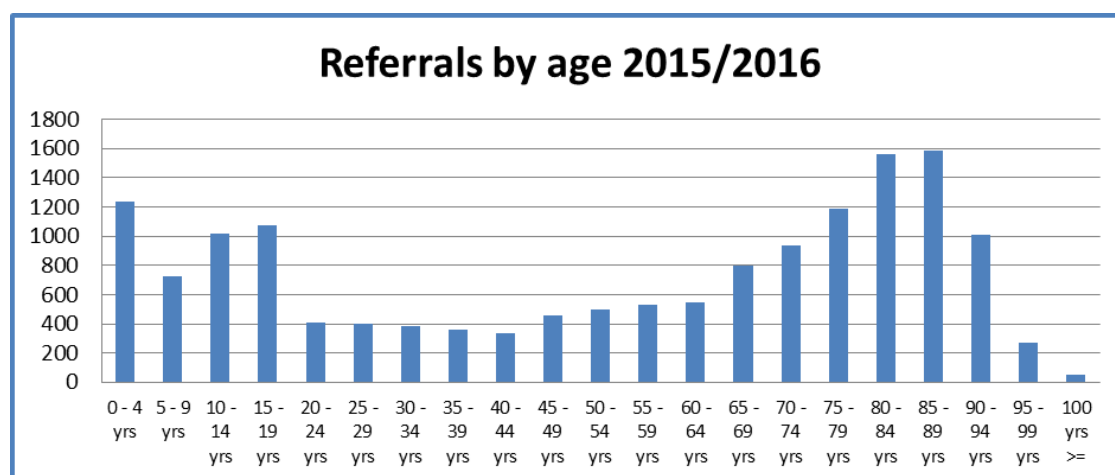
- The LAS made a total to 17332 referrals to local authorities in London during the year.
- 4561 children referrals, 4331 Adult Safeguarding Concerns, 8440 Adult welfare Concerns

Categories of abuse



Referrals by age

Perhaps not surprisingly, the very young and the old are most likely to be the subject of referrals. For children, once out of infancy and their most vulnerable period they are most likely to be the subject of a referral once over 15. Around a third of referrals for all children, according to an in-house audit conducted in Q1 of this year are related to self-harm. The majority of these are in the 15-18 age range.



Safeguarding Training

The Trust is committed to ensuring all staff are compliant with safeguarding training requirements. This includes staff directly employed by the LAS as well as voluntary responders and private providers who we contract to work on our behalf.

The following training plan is in place:

- Emergency Operations Control (EOC) staff have safeguarding training planned for quarter 1 2016-17.
- Patient Transport Staff (PTS) will also receiving safeguarding training in quarter 1-2 2016.
- Temporary staff position is currently under review by LAS Executive Leadership Team.
- Trust Board training is arranged for May 2016 for those outstanding safeguarding training.
- All non-clinical staff will undertake Prevent awareness training in 2016.

The LAS full safeguarding report for 2015-16 can be accessed via the [Trusts Website](#).

4.7 Metropolitan Police – Sexual Offence, Exploitation and Child Abuse Command (SCO17)

The Metropolitan Police Service (MPS) has a dedicated Sexual Offences, Exploitation, Child Abuse Command (SOECAC). The Child Abuse Investigation Team (CAIT) functions are crime prevention, crime detection & to provide risk assessments. Whatever the function, *'the welfare of the child is paramount'* is always the primary consideration in any decision or action undertaken.

All allegations of crime within the scope of 'child abuse' (victims under 18) are recorded & investigated in co-operation with Local Authorities and other appropriate agencies.

Intra-familial abuse - This includes family and extended family defined as aunts; uncles; cousins; siblings including step, fostered, half brother and sister, grandparents, step grandparents, step mothers/fathers, long term partners in established relationships.

Professional abuse - Working in a child focused environment who abuse paid positions (e.g: teachers; sports coaches; youth workers; ministers; caretaker of a school; school cleaner; prison staff).

Other carers - Act as a carer with some responsibility for a child at the time of the offence (e.g: babysitters; voluntary groups like scouting, unpaid sports coaches, close personal family friends).

Non recent allegations - Adult victims if the abuse occurred whilst a child (under the circumstances described above).

Parental Abduction - Outlined in Section 1, Child Abduction Act 1984.

SUDI investigations - Sudden Unexpected Death in Infancy (children under 2 years old).

Review of Safeguarding Activity

CAIT attend the strategic Local Safeguarding Children Board and various subgroups. CAIT has strong working relationships with other safeguarding

partnership agencies. They also have a dedicated team of Police Staff deployed to represent the MPS at child protection case conferences and to produce reports for them.

CAIT has a dedicated Partnership Team which is centrally based that visits schools, agency professionals, faith groups and community groups. Their aim is to inform, educate and engage with hard to reach communities. This ensures the wider community are aware of legislation regarding issues such as FGM & forced marriage and further seek to prevent these crimes occurring.

The Continuous Improvement Team & Professional Standards Champion continues to evaluate the Command's contact with children, parents & carers to inform best practice and service delivery. Listening to children culminated in every MPS interview suite being upgraded in regards to the equipment installed and being furnished in a child friendly way. All suites now minimise any anxiety experienced by young people whilst furnishing their evidence & also optimise the quality of evidence recorded.

Police have implemented Operation Limelight involving officers from CAIT, aviation & security, and Border Agency staff. This is to tackle the emerging prevalence of FGM. Staff engage with passengers travelling to & from countries with a high incidence & culture of FGM. This is to target suspects involved in this practice, protect children at risk and to raise FGM awareness.

All investigations are subject to risk assessments with comprehensive research conducted. This ensures any direct or potential risk to children can be managed and strategies implemented.

CAIT tailors its response from any learning disseminated from local & national Serious Case Reviews. All relevant agencies engage in these reviews which ensure agencies' priorities and procedures are adapted when necessary.

Tower Hamlets CAIT are set MPS key performance indicators to prioritise safeguarding as core to their business. The figures below relate to Tower Hamlets, Hackney & Newham as this is a brigaded team.

1st April 2015 to 31st March 2016

	Offences	Detections
All Offences	1520	288 (19.0%)
Rape	71	13 (18.3%)
Other Serious Sexual Offences	144	23 (16.0%)
Violence with Injury	101	45 (44.6%)
Neglect	282	86 (30.5%)
<ul style="list-style-type: none"> ▪ The crimes not listed above include less impact offences such as common assaults and other crime related incidents. ▪ Initial Child Protection Case Conferences - 91% attended. ▪ Strategy Discussions - 1650 of which 961 were conducted within 24 hrs (58.2%) 		

A further 51 offences resulted in Community Resolutions being administered as positive outcomes, which increased the overall detection rate to **22.3%**

The Detection rate for all offences and individual offences exceeded the targets set.

Priorities and targets are set for all pan London CAITs to ensure children are protected and safeguarded. These are centred on detection rates, adhering to the Victim's Code of Practice, strategy discussions, case conference attendance & acquiring Sexual Harm Prevention Orders.

Senior officers and front line staff are regularly held to account regarding these objectives. This occurs on a daily basis and is cemented by formal meetings. A challenge continues to be acquiring additional staff to cater for the year on year rise in reported offences.

4.8 Metropolitan Police – Borough Public Protection Unit (BOCU)

Tower Hamlets police is committed to working with our partners in order to prevent crime and protect vulnerable people. At both the strategic and operational levels we are active members of numerous multi-agency forums in the borough, of which the Safeguarding Children Board is one. Others include the Violence against Women and Girls and Multi-agency Sexual Exploitation panels, the latter of which is co-chaired between the police and children's social care. The LSCB itself is well-supported at senior level, with the Borough Commander sitting on the Board and Executive Group.

Tower Hamlets police play an integral role in the partnership response to child sexual exploitation, missing children, prevent and radicalisation as well as domestic violence, wider child protection and other safeguarding issues. We take our safeguarding responsibilities seriously, and have invested in a dedicated CSE team, Missing Persons Unit, MASH and Prevent / Counter terrorism capability, and a well-resourced Community Safety Unit. The links between missing from home, missing education, domestic abuse, CSE and gangs are recognised, and our officers work closely across units to provide a holistic response. The borough has also recently created the post of Youth Inspector, bringing Schools Officers, the Youth Offending and Gangs teams under one umbrella, in recognition of the challenges facing our young people and the need to help them to make the right choices. Serious Youth Violence remains a significant concern, and our Youth Inspector is currently exploring opportunities with both statutory and non-statutory partners, including the voluntary sector, to identify, educate, support and where necessary divert the most vulnerable groups and individuals.

Our teams have forged strong relationships with Children's Social Care and other partners, and take pride in delivering a high quality service.

We have had a number of successes in the past year, which include:

- Positive interventions in over 30 child sexual exploitation cases and the disruption of perpetrators, including a recent charge of grooming and sexual activity with a child
- Operation Forks. A proactive investigation into CSE activities at a shisha bar where we were able to obtain evidence for a closure notice and as a result the premise was closed down.
- The ongoing roll out of Operation Makesafe, including to children's homes and youth clubs
- An 8% reduction in knife crime offences (financial year to date) compared to 2014-15.

Our core priorities for next year are:

- Violence including Domestic Abuse
- Anti-Social Behaviour
- Safeguarding and Child Sexual Exploitation
- Terrorism

The borough's performance is subject to regular internal scrutiny, with senior officers held to account. The Metropolitan Police Service has also recently undergone an inspection by HMIC in relation to child safeguarding. The full results of that inspection await. Tower Hamlets police will act upon any learning identified, with a view to continuous improvement.

4.9 Voluntary Sector

The Voluntary Sector working with children, young people and their families in Tower Hamlets comprises hundreds of organisations; 260 of which are members of the Voluntary Sector Children and Youth Forum (VSCYF), a network hosted by Volunteer Centre Tower Hamlets.

The LSCB and VSCYF continued to promote the national Safe Network Standards and the self-assessment audit tool as a useful resource for the voluntary sector. It sets the standards for this sector to operate safely and is section 11, Children Act compliant. The Voluntary Sector Children and Youth Forum Coordinator supported 7 organisations to audit their safeguarding policies and procedures and ensure they are up-to-date and suitable for the activities the organisations provide.

A training course was held for voluntary sector organisations which focused on writing policies and procedures and safeguarding tools. Workshops on Preventing Violent Extremism and Radicalisation, e-safety and the Family Wellbeing Model were held as part of a rolling programme of themed workshops for the voluntary sector.

The voluntary sector organisations that have completed Safe Network audits and training workshops have reported that they have more robust procedures in place that ensure that they can take appropriate actions to keep children and young people safe. They have improved systems and communication and

have therefore found that their members of staff and volunteers are much better informed and confident when it comes to safeguarding matters, are more aware in terms of safer recruitment, and vigilant in managing everyday behavioural issues with children and young people. As a result, their support to children and young people when a safeguarding issue arises is timely, sensitive and appropriate.

Awareness of safeguarding, in particular LSCB priority areas, has been raised through eBulletins, emails, VSCYF meetings and workshops. Support or resources on keeping children and young people safe against extremism and radicalisation, Preventing Gang and Youth Violence: Spotting Signals of Risk and Supporting Children and Young People, Working effectively to address Child Sexual Exploitation, Safeguarding for Trustees Road Safety Week 2015, National Burn Awareness Day, Disqualification by Association and DBS updates on ID and overseas applicants have been disseminated, alongside information on Tower Hamlets' Local Safeguarding Children Board's website and findings from Serious Case Reviews. This has been supported by the LSCB Chair attending Voluntary sector forum meetings to discuss safeguarding priorities.

This promotion of information and resources communicates a continued need to keep safeguarding high on organisations' agenda, enabling them to promote an ethos of support to children and young people whilst providing a swift response where needed.

5. Section 5: Priorities for 2016-2017

The LSCB held a development session in February 2016 to reflect and share learning from 2015/16 and to plan for 2016/17. Partners heard from each other about challenges and priorities for the coming year and the Chair of the Learning and Workforce Development sub-group led a session on systemic learning and double-loop learning.

Looking forward to 2016/17 and beyond, all agencies continue to be subject to diminishing resources, budget cuts and reorganisation. However, at a time of significant change, the LSCB acknowledges that our challenges can also be an opportunity to look at and improve our local safeguarding arrangements. Despite reductions in funding we want our children to continue to be kept safe and their families supported across the safeguarding continuum.

The Children and Families Plan (2016-19) was also developed during the year and this involved consultation led by the Children and Families Partnership with the LSCB and other key stakeholders. The new plan sets out how families will be supported over the next three years and the LSCB will take forward the priorities in the 'Free from Harm' section as part of its core business.

Our priorities for 2016/17 are:

Priority 1	• Early Help and Early Identification
Priority 2	• Radicalisation and Extremism
Priority 3	• Child Sexual Exploitation and Missing Children

We have identified fewer priorities this year compared to previous years, but these three priorities are the areas we want to focus our attention on in the coming year and make a real difference. All LSCB partner agencies are signed up to these three priorities.

In conjunction with the sub-group chairs 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.

Appendix 1 – LSCB Board Membership (correct as of 31.03.16)

NAME	ROLE	CONTACT
Alex Nelson	Voluntary Sector Children & Youth Forum Coordinator	alex@vcth.org.uk
Alexandra Law	Nursery School Heads Forum Rep (Harry Roberts Nursery)	head@harryroberts.towerhamlets.sch.uk
Borough Commander	Borough Commander, Met Police Tower Hamlets Deputy rep	Simon.dilkes@met.pnn.police.uk
Andy Bamber	Service Head - Safer Communities – LBTH	Andy.bamber@towerhamlets.gov.uk
Shahzia Ghani	Deputy rep	Shahzia.ghani@towerhamlets.gov.uk
Ann Roach	Service Manager, Child Protection & Reviewing - LBTH	Ann.roach@towerhamlets.gov.uk
Anthony Walters	Transformation Manager & QA& P Subgroup Chair - LBTH	Anthony.walters@towerhamlets.gov.uk
Cathy Smith	Secondary School Heads Rep (Bow Secondary School)	smithc@bow-school.org.uk
Chris Hahn	Interim Named Nurse for Safeguarding Children - BHT	Christopher.hahn@bartshealth.nhs.uk
Claire Belgard	Interim Service Head – Youth & Community Service – LBTH	Claire.belgard@towerhamlets.gov.uk
Hasan Faruq	Deputy Rep	Hasan.faruq@towerhamlets.gov.uk
Clare Hughes	Lead Named Nurse for Safeguarding Children - BHT	Clare.hughes@bartshealth.nhs.uk
Cllr Rachael Saunders	Lead Member for Children's Services	rachael.saunders@towerhamlets.gov.uk
Debbie Jones	Corporate Director, Children's Services – LBTH	debbie.jones@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
Hanspeter Dorner	ELFT CAMHS Rep	Hanspeter.dorner@elft.nhs.uk
Hanspeter Dorner	Deputy Rep	hanspeter.dorner@elft.nhs.uk
Jackie Odunoye	Service Head, Housing & RSL Rep	Jackie.odunoye@towerhamlets.gov.uk
Jan Pearson	Associate Director for Safeguarding Children - ELFT	Jan.pearson@elft.nhs.uk

NAME	ROLE	CONTACT
Julia Hale (Dr)	Designated Doctor, Tower Hamlets CCG	julia.hale@bartshealth.nhs.uk
Keith Paterson (DCI)	Met Police Service – Child Abuse Investigation Team	keith.paterson@met.police.uk
Layla Richards	Service Manager Policy, Programmes & Community Insight - LBTH	layla.richards@towerhamlets.gov.uk
Lucy Marks	Chief Executive Compass Wellbeing CIC	Lucy.marks@nhs.net
Douglas Charlton	Head of Stakeholder & Partnerships Community Rehabilitation Company (London)	Douglas.charlton@london.probation.gsi.gov.uk
Maggie Buckell	Tower Hamlets CCG Rep	Maggie.buckell@towerhamletsccg.nhs.uk
Archna Mathur	Deputy Rep	Archna.mathur@towerhamletsccg.nhs.uk
Marian Moore	Service Manager for Tower Hamlets, NSPCC	Marian.moore@nspcc.org.uk
Nasima Patel	Service Head – CSC, LBTH	nasima.patel@towerhamlets.gov.uk
Neherun Nessa Ali	Lay Member	-/-
Nick Steward	Director of Student Services Tower Hamlets College	Nick.steward@tower.ac.uk
Nikki Bradley, MBE	Service Manager, YOS and Family Interventions/Troubled Families LBTH	Nikki.bradley@towerhamlets.gov.uk
Rob Mills	Nurse Consultant for Safeguarding Children & Designated Nurse, Tower Hamlets CCG	rob.mills@towerhamletsccg.nhs.uk
Sandra Reading	Director of Midwifery & Nursing (RLH), Barts Health NHS Trust	sandra.reading@bartshealth.nhs.uk
Mike Hirst	Primary School Heads Forum Rep (Seven Mills)	head@sevenmills.towerhamlets.sch.uk
Sarah Baker	Independent LSCB Chair	sarah.baker@towerhamlets.gov.uk
Stuart Webber	Head of Safeguarding Hackney, City of London and Tower Hamlets National Probation Service	Stuart.Webber@probation.gsi.gov.uk
Phyllis Dyer	CAFCASS Rep Head of Service for London Public Law	Phyllis.dyer@cafcass.gsi.gov.uk
Sarah Williams	Legal Services – LBTH	sarah.williams@towerhamlets.gov.uk

NAME	ROLE	CONTACT
Terry Parkin	Interim Service Head, Learning & Achievement - LBTH	terry.parkin@towerhamlets.gov.uk
Tom Strannix	Voluntary Sector Representative – Manager, Place2Be	Tom.strannix@place2be.org.uk
Tracey Upex	Deputy Borough Director – Tower Hamlets, ELFT	tracey.upex@elft.nhs.uk
Vanessa Lodge	NHS England (London) Representative	vlodge@nhs.net
Will Tuckley	Chief Executive - LBTH	Will.tuckley@towerhamlets.gov.uk

Appendix 2 - Terms of Reference for the Tower Hamlets Local Safeguarding Children Board

October 2011 (updated August 2015)

Overall purpose

The Local Safeguarding Children Board (LSCB) established through the Children Act 2004 Section 14.1, is a statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.

Working Together to Safeguard Children, Chapter 3 (DfE 2015), sets out in detail guidance for LSCBs and their member organisations to follow regarding their role, functions, governance and operational arrangements. The LSCB should coordinate what is done by each person or body represented on the Board and ensure the effectiveness of work undertaken by member organisations through a variety of mechanisms including peer review, self-evaluation, performance indicators and joint audit.

The broad scope of the LSCB is to address:

- 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 likely to suffer, significant harm

Budgets responsible for

To function effectively, the LSCB needs to be supported by its member organisations with adequate and reliable resources*. The LSCB budget is funded by contributions made by the Police, Health Agencies (Community, Acute and Mental Health), Probation, CAFCASS, Children's Social Care and Local Authority other. It is the expectation that the majority of funds will be provided by these core partners. The LSCB budget and the statutory contribution** (s15, CA04) made by each member organisation should be reviewed and agreed on an annual basis at the end of the financial year by the Independent LSCB Chair and the LSCB Partners Group.

* *Working Together 2015 states the financial burden of supporting the LSCB to deliver its core functions should not fall on a small number of partner agencies (chapter 13, para 19)*

** *Contribution is considered to be financial payments towards expenditure incurred or in kind through the provision of staff, goods or services.*

Legal Agreements

The LSCB may request personal or other information subject to the Data Protection Act. Currently, Tower Hamlets' LSCB adheres to the scope outlined in the *Information Sharing Guidance for Practitioners and Managers* (DCSF 2015), the North East London Information Sharing Protocols and local MASH Information Sharing Protocol.

Information sharing with the LSCB has been strengthened with the passage of the Children and Families Bill, which makes provisions for compliance with LSCB requests for 'appropriate' information to be disclosed in order to assist it in the exercise of its functions (*ref: Working Together 2015, Chapter 3, Paragraph 22*)

LSCB is accountable to

Tower Hamlets' LSCB is accountable for its work to

- The local community
- Constituent agencies
- Overview and Scrutiny Committee
- Secretary of State

Who is accountable to the LSCB?

The following are accountable to the LSCB in relation to the discharge of responsibilities in safeguarding children:

- Children and Families Partnership (in relation to safeguarding activity)
- Health and Wellbeing Board
- MARAC
- MAPPA
- LSCB Partners Group
- LSCB Subgroups:
 - Child Death Overview Panel
 - Case Review / Serious Case Review
 - Performance & Quality Assurance
 - Learning & Development
 - Awareness Raising & Engaging Communities
 - Child Sexual Exploitation

LSCB Core Functions:

The core functions of an LSCB are set out in regulations and are:

- Developing policies and procedures for safeguarding and promoting the welfare of children, including those on:
 - action taken where there are concerns about the safety and welfare of a child, including thresholds for intervention;
 - training of people who work with children or in services affecting the safety and welfare of children;
 - recruitment and supervision of people who work with children;
 - investigation of allegations concerning people who work with children;
 - safety and welfare of children who are privately fostered;
 - co-operation with neighbouring children's services authorities (i.e. local authorities) and their LSCB partners;
- Communicating and raising awareness;
- Monitoring and evaluation;
- Participating in planning and commissioning;
- Reviewing the deaths of all children in their areas; and
- Undertaking Serious Case Reviews

Additional LSCB Tasks:

- To audit and evaluate the effectiveness of local services in protecting and promoting the welfare of children
- To establish standards and performance indicators for the protection of children as required by DfE and within the framework set out in the Children and Young People's Plan
- To encourage and support the development of cooperative working relationships and mutual understanding between agencies and professionals with responsibilities for the welfare and protection of children as identified with the London Child Protection Procedures and the THIS Child
- Participate in the local planning and commissioning of children's services to ensure that they take safeguarding and promoting the welfare of children into account
- To use knowledge gained from research and national and local experience to develop and improve practice and service delivery and to ensure that lessons learned are shared, understood and acted on
- To raise awareness within the wider community of the need to safeguard children prevent harm and explain how the community can contribute to these objectives
- To ensure that single agency and multi-agency training on safeguarding and promoting welfare is provided in order to meet local needs. This covers both training provided by single agency to their staff and multi-agency training where staff from more than one agency train together.

Decision-Making Powers

The LSCB Main Board, consisting of its entire member organisation holds the final mandating authority and will be sought to make key local decisions relating to safeguarding and protection of children.

Outputs

There may be some exceptions, but outputs should include:

- LSCB Annual Review
- Multi-agency case and thematic audits
- Bi-annual Section 11 audits
- Annual Safeguarding Conference
- Annual Budget
- Annual Awareness Raising Campaign

Membership

The LSCB Membership is reviewed annually (see Appendix 1 for full list).

Expectation of Chair and Members

Chair

The Chair is responsible for providing effective leadership of the Board. He/she has a crucial role in securing an independent voice for the LSCB and should have the confidence of all partners.

The Chair and members of the Board are expected to:

- Read papers in advance of meetings, respond to emails and other communications in relation to the work of the LSCB
- Attend meetings, or provide a suitable deputy by notifying the Chair in advance and obtaining agreement (deputy should be consistent)
- Participate in meetings and vote on decisions as a representative of their organisation or stakeholder group
- Feedback relevant information to their group or organisation
- Represent and promote the work of the LSCB
- Ensure knowledge of national and local safeguarding developments are kept up to date, including their child protection/safeguarding training

Meeting Frequency

Bi-monthly – January, March, May, July, September, November

An extraordinary meeting may be added during the year, if necessary

Support

The LBTH Policy, Programmes and Community Insight Team provide business and policy support for the Board including:

- Arranging meetings
- Planning and writing papers
- Coordinating Board papers
- Writing and circulating minutes
- Advising on key policy developments

Relationships and links with other Strategic Bodies

Children and Families Partnership*

Community Safety Partnership

Health and Wellbeing Board

London Safeguarding Children Board

** Memorandum of understanding/ Protocol developed between the LSCB Main Board and CFPB*

Appendix 3 – Executive Business Group: Terms of Reference

Context:

THSCB agreed in November 2015 to re-establish the LSCB Executive Group in to its governance structure and act the strategic management body on behalf of the Board.

Agreed Terms of reference:

1. To ensure compliance with the Children Act 2004 and Working Together to Safeguard Children Guidance (2015) regarding the functioning of the board
2. To alert the LSCB to any matters requiring their attention, including the need for serious case reviews, identified safeguarding risks for agency mitigation
3. To agree which key national, regional and local issues or consultations the LSCB will respond to
4. To ensure more emphasis is placed on responding to outcomes of local and national reviews
5. To influence the LSCB Board agenda, commissioning work required and ensuring that clear solutions and/or proposals have been formulated for items taken to the Board
6. To oversee the production of an annual report reflecting the achievements of the LSCB partnership, identify areas for improvement and identify its future priorities
7. To performance manage the LSCB through its systems, processes and impact i.e.
 - Business Plan
 - Budget
 - Risk
 - Performance dashboard
 - Quality assurance activity
 - Serious case/thematic review improvement plans
8. To commission targeted work on behalf of the LSCB which fall outside the remit of its subgroup work streams
9. To ensure Partners' commissioning strategies include robust arrangements for safeguarding children
10. To develop and maintain the LSCB risk/issues register and identify mitigating actions
11. To identify potential joint working areas with the safeguarding adults board to facilitate a proactive interface between both boards

Membership

LSCB – Chair and business support
LBTH – Children’s Services
Met Police – Borough
Met Police - CAIT
Tower Hamlets CCG
National Probation Service (Borough)

Additional board members will be requested to attend as and when required

Quorum

Two out of the three statutory agencies to be present to ensure full quoracy

Frequency of Meeting

The Executive Group will meet four times per year (quarterly) – Jan, April, July, Oct

Chairing and minutes

The independent chair of the LSCB will chair the Executive Group and will be supported by the LSCB business manager, LSCB administrator and other functions of the Policy, Programmes and Community Insight Service (LBTH).

Appendix 4 – LSCB Budget - Income and Expenditure 2015-16

A) Partner Contributions for 2015-16

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	
NHS England (London)	0	
CSC	15,000	
London Fire Brigade	500	Fixed Pan-London
Total Annual Contribution 2015-16	43,550	

B) Local Authority – Staff Annual Costs* (with on-costs)

	Actual 2015-16
LSCB Business Management (full time)	58,896
LSCB Administrator (part time)	20,801
Total	79,697

* LSCB staff costs are funded by Tower Hamlets Core Budget

C) THSCB - Recurring Variable* Annual Costs

	Recurring Variable
Hospitality	416
Training/Conference (attendance)	0
Comensura Surcharges	314
THSCB Chair (30 days p/a)	27,945
Case Review Group: Serious Case Review x 2	23,075
SCR Learning Dissemination Events (room hire & hospitality)	3,644
Non-SCRs (thematic) x 1	67,621
Contribution for THSCB Training Programme	7,000
Total Expenditure	130,015

* Annual expenditure linked to LSCB planned and unplanned activities

D) Summary of THSCB Budget and overall spend:

Overall Total LSCB Spend (B+C)	209,712
Partner Contributions (A)	- 43,550
LSCB Shortfall (covered by Local Authority)	166,162

Appendix 5 – LSCB Performance for 2015-16

Children in Need							
Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	England Average	Statistical Neighbours
LOCAL1	Referral rate per 10,000 of the children & young people (C&YP) population	426.7	431.7	443.8	529.0	573.0	594.0
APA SS6	Percentage of Referrals that were repeat referrals	9.6%	10.6%	10.0%	9.1%	23.4%	15.8%
N07	Rate of assessments per 10,000 of the C&YP population	413.6	410.8	331.8	336.0	355.7	152.7
N14	Assessments completed within 45 days or less from point of referral	74.8%	75.8%	85.1%	58.3%	82.3%	71.9%
Child Protection							
Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	England Average	Statistical Neighbours
-/-	Rate of Children Subject of a Child Protection Plan per 10,000 at 31 March	58.2	55.6	51.0	50.1	42.1	42.1
N08	Section 47 (child protection) enquiries rate per 10,000 C&YP population	190.2	167.0	162.1	232.7	124.1	121.8
N13	Initial Child Protection Case Conferences – rate per 10,000 C&YP population	63.9	57.4	62.1	65.3	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%	73.7%	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%	5.1%	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%	13.0%	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%	51.0%	69.0%	58.4%

NI 67	Percentage of Child Protection Reviews carried out within statutory timescale	98.0%	97.6%	94.9%	91.3%	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%	1.0%	N/A	N/A
LOCAL2	Percentage of LADO cases resolved in 30 days or less	74.1%	69.6%	69.0%	67.0%	N/A	N/A
Looked after Children							
Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	England Average	Statistical Neighbours
-/-	Rate of Looked After Children per 10,000 as at 31st March	53.0	55.0	44.0	47.3	60.0	70.0
LACP01 (Formerly NI 62)	Percentage of CLA with three or more placements	11.2%	11.0%	9.7%	11.1%	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%	80.6%	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%	8.1%	N/A	N/A
PAF C63	CLA who participated in their review	98.4%	88.6%	92.4%	89.4%	N/A	N/A
NI 66	CLA cases which were reviewed within required timescales	96.4%	89.9%	85.5%	65.0%	N/A	N/A
APA SS(LAC)5	Percentage of CLA with a named Social Worker	99.0%	98.2%	99.3%	98.3%	N/A	N/A
PAF C19	Percentage of CLA >12 months who had an annual Health and Dental check	85.6%	91.5%	89.8%	68.0%	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	N/A
Care Proceedings							
Source	Description	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	England Average	Statistical Neighbours

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	N/A
A08	Average length of care proceedings locally (weeks)	53	42	35	29	30	35
Leaving Care							
Source	Description	2012/2013	2013/2014	2014/2015	2015/2016	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%	50.0%	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%	100.0%	77.8%	82.3%

Education

Source	Description	2012/2013	2013/2014	2014/2015	2015/2016	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%	N/A	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%	N/A	12.5%	18.5%

Child Sexual Exploitation

Source	Description	2012/2013	2013/2014	2014/2015	2015/2016	England Average	Statistical Neighbours
MPS Database	Child Sexual Exploitation - Suspicion (Rate per 10,000)	N/A	N/A	10.0	11.5	N/A	3.5
MPS Database	Child Sexual Exploitation - Crime (Rate per 10,000)	N/A	N/A	3.8	2.9	N/A	1.2
MPS Database	Child Sexual Exploitation - Intervention / Disruption (Rate per 10,000)	N/A	N/A	5.9	4.8	N/A	2.5
MPS Database	Child Sexual Exploitation - Detection (Rate per 10,000)	N/A	N/A	0.6	0.7	N/A	0.1

Appendix 6 - 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