

# Tower Hamlets Safeguarding Children Board



## **ANNUAL REPORT**

### **2013-2014**

Date published: August 2014

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***Sarah Baker***  
*Independent Chair*  
*Tower Hamlets Safeguarding Children Board*

Welcome to the sixth Annual Report of the London Borough of Tower Hamlets Safeguarding Children Board (LSCB). The Annual Report provides an opportunity for the LSCB partnership to present to the community of this Borough the work it has undertaken to safeguard children and young people.

The Annual Report reflects the changes in Working Together to Safeguard Children 2013 which became statutory guidance in April 2013 and requires all Local Safeguarding Children Boards to:

- Publish an Annual Report which reports on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report provides a rigorous and transparent assessment of the performance and effectiveness of local services, identifying weaknesses and actions being taken to address them.
- Share learning from Serious Case reviews
- Share the report with the Chief Executive, leader of the Council, the local police and crime commissioner as well as the Chair of the Health and Wellbeing Board

I was appointed to the role of Independent Chair in February 2014 having held the post on an interim basis for the preceding year. I am delighted to be part of a vibrant and committed partnership.

The LSCB partnership is committed to ensuring that services that are commissioned and provided by the partnership and all subcontracted services are done so in a way that ensures all children and young people are safe. For example, when Barts Health Trust alerted the Board of their plans to discontinue the local religious male circumcision clinic and encourage parents to access an existing independent provider, Board members sought assurance about the credibility of the provider and ongoing monitoring of the services clinical standards and practice.

The Annual Report provides an opportunity to evaluate the effectiveness of partnership services in safeguarding children – LSCB partners are fully engaged with the work of the LSCB demonstrated through their attendance at LSCB meetings, learning events including the annual safeguarding conference. As LSCB Chair, to see first-hand how partners are working to safeguard children, I spend time visiting both commissioners and providers to gain a greater understanding about their services and the safeguarding issues they face and how these are being managed. A recent visit to the private, voluntary and independent early years providers' forum highlighted the need for greater clarity around information sharing and child protection duties. The network was sign-posted to the LSCB inter-agency training programme and HM Government's 'seven golden rules to information sharing'.

The LSCB maintains a Risk Register enabling partners to share risks regarding safeguarding which can impact across the partnership. This allows for joint debate, discussion and partnership working to search for joint solutions, challenge the status quo and think outside the box. The Risk Register is incorporated into wider Board discussions.

As LSCB Chair and accountable to the Council's Head of Paid Services, I am held to account through monthly meetings at which we discuss the work of the subgroups, the Risk Register. The Head of Paid Services attends the LSCB which allows for open dialogue with the LSCB partners, to explore how we can impact on improving safeguarding and the requirement to ensuring resources are focused to allow effective functioning of the LSCB within a climate of austerity.

I also meet the Corporate Director of Education, Social Care and Wellbeing monthly to gain a greater understanding of the issues facing Children's Social Care and how partners are working together to enable statutory safeguarding practice to be undertaken. This has facilitated a focus on how we can embed safeguarding as everybody's business across the London Borough of Tower Hamlets.

The business manager and I work closely together supporting the work of the LSCB subgroups and ensuring the business of LSCB drives forward. Examples include meeting subgroup chairs to challenge and support the work of subgroups, as well as ensuring subgroup chairs recognise and maximise opportunities for joint working to safeguard children.

As Chair of the LSCB I am a member of the Children and Families Partnership Board and am able to exercise my right in that role to challenge how services are safeguarding children. Examples include how NHS England and health providers are meeting the requirements in "A Call to Action".

During the summer of 2013 Tower Hamlets Children's Social Care participated in an OFSTED Thematic inspection of child neglect. The findings were published in their report 'In the Child's Time: Professional Responses to Neglect' (March 2014). Board members have since reviewed the steps that had already been implemented addressing the recommendations of the inspection. For example, the revision of the Family Wellbeing Model clarified thresholds and early help, a series of learning events focused on neglect as did the LSCB annual safeguarding conference. There has been an audit of under-fives who are subject to a child protection plan for nine months or longer and social care has revised their recording systems

to improve early identification and recognition of cumulative harm. The LSCB has agreed a local Neglect Strategy and a comprehensive programme to deliver the DfE Neglect Training.

In line with Chapter 4 of Working Together 2013 LSCB published a Serious Case Review (SCR) following the death of a young man in custody. The review was undertaken in partnership with Medway LSCB. Page 41 describes the work of the LSCB and the learning and improvement that is being undertaken in respect of the SCR.

The LSCB has also commissioned a further SCR following the death of an infant. The SCR is due to complete in the autumn of 2014. We have also commissioned a thematic case review into a number of young men who have either been seriously harmed or seriously/fatally harmed others. The young people were known to a range of agencies and the key purpose of the thematic review is to help us understand how we can, as a partnership, reduce the likelihood of older children either coming to serious harm or harming others (see page 42).

The LSCB has reviewed the style of Board meetings to enhance the quality and debate and promote challenge across the partnership. Board meetings are themed to allow for in depth review of performance and risk, the examination of local and national research and evaluation of services provided locally.

I would like to thank all Board members for their commitment and support, especially the contribution made by those who have moved on from their respective posts during this year.

A warm welcome is extended to new members who have joined the Board and I look forward to working with them in the coming year.



**Sarah Baker**  
**Independent LSCB Chair**

## **Foreword from the Lead Member for Education and Children's Services**

As the Cabinet Member for Education and Children's Services, I am fully committed to improving the lives of all our children in Tower Hamlets especially the vulnerable. As a social worker, I have seen how pivotal the role of safeguarding is in ensuring that children can move forward and live happy, stable lives. To continue to make that a reality is my personal ambition in this role.

Tower Hamlets is excellent at supporting children and young people, and we do that despite the multiple challenges that we face as a borough. Despite having one of the highest levels of child poverty in the country, we have some of the best schools in the world.

We have some astonishing individuals within the council who have been nationally recognised for their work in turning around the lives of young people and their families.

However we must not be complacent. In the next year, there will be further hurdles and challenges to overcome. This past four years we have seen cuts to public service funding and provision for children and young people, and we have done well as a council not to cut any of our frontline services, and to reduce the impact of these cuts. But the fight against cuts to local government is not over. With the welfare cap beginning to take its toll, a housing crisis and queues increasing at the local food-banks, our ability to provide a stable life for some of our most disadvantaged children and their families will become ever more challenging. That is why it is more important now than ever for organisations across the spectrum to come together in partnership and to work together to secure the best outcome for all our children and young people.

I am sure the Mayor's manifesto commitments to be delivered across other council departments - to provide better mental health support in schools for our most vulnerable young people; careers service advisors; and increased support around gangs will be essential. There will also be a massive drive within the council as we move towards better integration of social care with the NHS reinforced by the Mayor's key commitment to ensure the creation of better support services through that transition.

I am happy to welcome this report, which outlines ways in which we can work in partnership so that children and their families will receive the right services early on and to ensure the wellbeing of the whole family.

To this end the Mayor and I are fully committed to supporting the work of the Local Children Safeguarding Board.

Thank you.



**Cllr Gulam Robbani**

Cabinet Member for Education and Children's Services

### Living in Tower Hamlets (Local Background Information)

#### Population:

The current official estimate from the Office of National Statistics (ONS) is that Tower Hamlets has a population of 263,000 residents (ONS 2012 estimate). Over the next 10 years the population is expected to increase by an additional 20%, to reach more than 320,000 residents by 2023.

With an area covering just 20 square kilometres, Tower Hamlets is the sixth smallest London borough by physical area and is the second most densely populated borough in London.

More than two thirds of the borough's population belong to minority ethnic groups (i.e. not White British) of which more than half are described to be from Black and Minority Ethnic groups.

The borough's two largest single groups are the Bangladeshi (32 per cent) and White British (31 per cent) population. The Bangladeshi community makes up almost one third of the borough's overall population with the highest proportion of Muslim residents in England. Conversely, the borough has the lowest proportion of Christian residents in England.

Tower Hamlets remains a place of acute contrast. The average annual earnings of those working in the borough is £68,000 yet a third of residents live in poverty. High levels of overcrowding and inadequate housing stock can mean increased stress and risk factors faced by our families.

#### Children and Young People

In 2013, there were an estimated 63,639 children and young people aged 0 to 19 living in Tower Hamlets, representing almost 24% of the total population. The young population in the borough is projected to rise in line with the general population growth.

In spring 2014, the school census records indicated that 89.7% 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 74% of pupils where English and Bengali are the most commonly recorded spoken community languages in the area. The single largest group (56%) of children and young people under 19 years come from a Bangladeshi background.

#### Health

Health inequality remains a key characteristic of the borough, with the average life expectancy below the London average for both men and women, and a high proportion of babies born in the borough have a low birth weight. We also have a higher percentage of mothers who initiate breastfeeding compared to the average across England at 86.8%.

Children in Tower Hamlets have worse than average levels of obesity: 12.8% of children aged 4-5 years and 26.0% of children aged 10-11 years are classified as obese in the borough.

In 2011-12, 45.9% of five year olds had one or more decayed, filled or missing teeth, making our children's dental health worse than the average for England.

However, our immunisation coverage rates for under-fives remain amongst the highest in England and continue to improve since the success of a 'care package' approach to childhood immunisation in 2009-10.

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

## Child Poverty

The latest available child poverty data is from August 2011 and shows that 46 per cent of children and young people in the borough live in poverty. This is the highest child poverty rate in the UK.

The majority (78 per cent) of these children live in families reliant on out-of-work benefits. We know that the risk of child poverty rises with family size: in Tower Hamlets, 57 per cent of children who live in larger families with four or more children are in poverty compared with 37 per cent of those families with just one child.

In Tower Hamlets, just over half (53 per cent) of all children in poverty live in couple families and the remaining 47 per cent live in lone parent households. Tower Hamlets is unusual in this respect as in all other local authority areas more children in poverty live in lone parent than couple families.

## Welfare Reform

Since the Welfare Reform Act received Royal Assent in March 2012, a wide range of reforms have been introduced by the Government in an attempt to deliver a fairer and simpler benefit and tax credit system. Such fundamental changes to the benefits system have had a dramatic impact across the country, and over the last two years a range of Welfare Reform changes have hit residents in Tower Hamlets significantly. A key issue faced by the LSCB partnership is in developing support for our most vulnerable children and young people and ensuring that they have access to safe, appropriate accommodation. It is important that the LSCB reflects on how these changes impact on families when considering safeguarding children:

- **Benefit Cap** – figures from December 2013 indicate 780 families affected in Tower Hamlets of which half are single parent households. We know this includes 2430 children
- **Local Housing Allowance Cap** – there has been a 48% increase in homeless as a result of changes to short-hold tenancies and we have seen a 150% increase in homelessness as a result of evictions from private sector tenancies
- **'Bedroom' Tax** – by the end of December 2013, approximately 2800 households were affected by the 'bedroom tax'.



## **Impact of welfare reforms so far**

Although likely to materialise more slowly, there are significant concerns that the financial and housing stress caused by these national changes will begin to impact on education, health and social welfare. Schools in particular are concerned about families hit by the benefit cap, with potential disruption to family life and schooling. School staff are reporting that they are increasingly referring families to food-banks, struggling to find appropriate courses to refer parents who are under pressure to re-enter the work market, and have concerns about the impact on children's attendance and punctuality when they have been placed in housing outside the borough. The LSCB has been promoting this through our partnership and working closely with housing, children's social care and our benefits team to ensure staff understand the implications and are prepared to support children and families. For example, through our welfare reform champions' programme, frontline services are kept abreast of changes and how they can respond through welfare reform workshops.

## **What does this mean for the LSCB?**

The LSCB has been responding to the impact of these community and demographic factors through a variety of ways. We have developed and published a local Threshold document as part of the LBTH Family Wellbeing Model. The aim is to ensure families are identified and assessed to receive the right services and that these services are proactive and responsive to avoid families requiring the intervention of high tiered services.

The LSCB Board held a development session to ensure there is a consistent and coherent understanding of the issues of neglect in LBTH and from this developed a neglect strategy which facilitates a greater understanding and targeting of the commissioning and provision of services to those vulnerable children and young people. The LSCB is commissioning neglect training across the partnership to support all practitioners in their work to recognise and respond to issues of child neglect.

Through the Children and Families Partnership Board the LSCB has signed up to the Mental Health Strategy for LBTH recognising the significant impact of adult mental health on the lives of children and young people and the pressures children and young people face. There is a requirement for both commissioners and providers to meet these needs. The LSCB is also aware of the needs of Looked after Children placed outside the borough and their mental health needs as demonstrated in the Child F SCR published in August 2013.

## Statutory and Legislative Context

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

In its seventh 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 relationship, increase wider engagement and influence from the professional and local community, develop effective ways in which children are safeguarded for their long-term outcomes and promote the sharing of good practice.

The core objectives of the LSCBs are:

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

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

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

In April 2013, the DfE published the revised Working Together to Safeguard Children (2013) and in anticipation; the LSCB undertook a gap analysis exercise to identify the areas it needed to develop. For example, the reporting line for the LSCB Chair was amended and steps were taken to improve the parity in financial responsibility for the LSCB. We have also developed an outcome based learning and improvement framework, which focuses on three areas of learning: serious case review, audits and multi-agency training.

As a consequence of Working Together 2013, the London Child Protection Procedures were also updated. These have now been published and local agencies are informed about and sign-posted to the new procedures via the LSCB website. The supplementary procedures supporting the London Child Protection Procedures will be available in June 2014.

## Governance and Accountability Arrangements

### Independent LSCB Chair

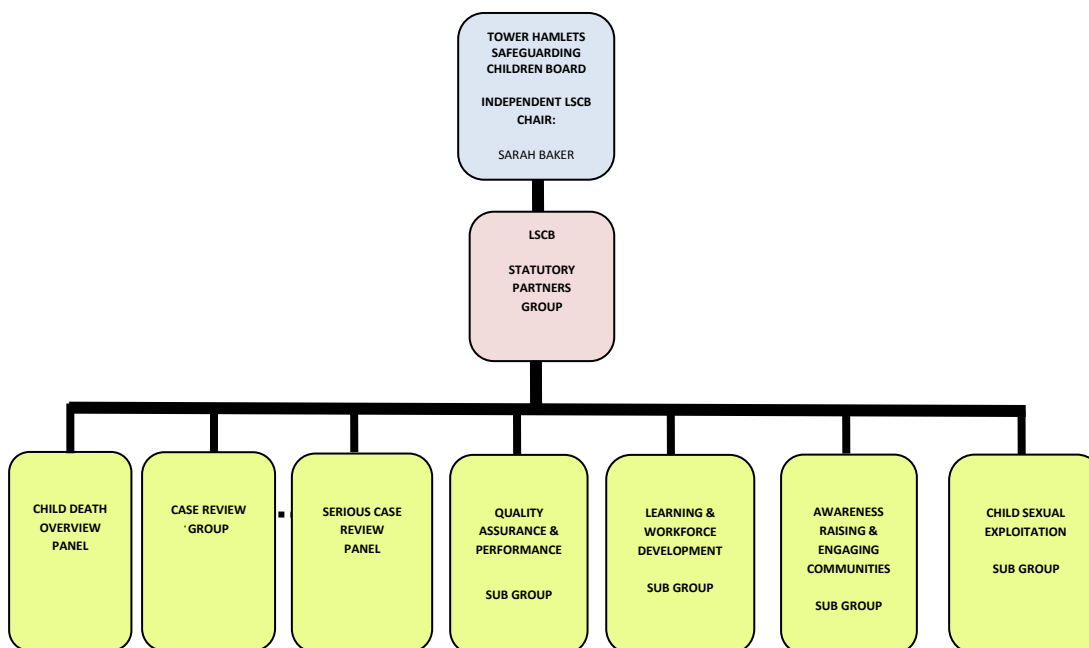
Sarah Baker was appointed the Independent Chair of Tower Hamlets Safeguarding Children Board in February 2014 but had acted in an interim capacity the preceding year.

In line with Working Together 2013, the Chair reports directly to the Head of Paid Service and meets regularly with the Corporate Director of Education, Social Care and Wellbeing and the Interim Service Head for Children's Social Care, who also acts in the role as the Professional Advisor to the Board.

LSCB is supported by a full-time business manager and the child death single point of contact administrator, the latter is funded by Barts Health NHS Trust. Additional support is also provided by the Council's wider Education, Social Care and Wellbeing's Strategy, Policy and Performance function. More so than ever in the past year the Chair has challenged Board and partners to ensure they directly contribute to the Board's effectiveness. This year has seen greater involvement of individual LSCB members especially when there has been a need to come together for task-specific activities, such as the development of the Neglect Strategy.

Attendance at LSCB Main Board meetings has been, as always, exceptionally good. Previously, it was reported that attendance at subgroups had been intermittent at times, but this is now greatly improved. 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 cross-over of tasks amongst the groups.

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



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

The LSCB is keenly aware of the value of an additional independent voice at Board discussions and oversight of safeguarding arrangements. Previously, the LSCB decided to delay the recruitment of lay members, but following the publication of Working Together 2013 which said that all LSCBs should take reasonable steps to appoint two lay members from the local community, we have identified this is as **a priority action area** for us in 2014-15.

### Financial Arrangements

The LSCB budget consists of contributions from a number of key partners and is managed by LBTH. Working Together 2013 placed increased emphasis on no one 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 LSCB work. For example, serious case reviews, learning events, communications and involving young people. As contributions have remained unchanged for several years and there is now a drive for more independent expertise and input, the LSCB Chair has requested an increase in funding from key partners. In the past year, the LSCB has concluded one serious case review and commenced another. The cost for these was substantially over and above the LSCB budget leading to the LBTH agreeing to cover its overspend.

### LSCB Contributions

Agency	Contribution	Fixed
Met Police Service	5,000	Pan-London
London Probation Trust	2,000	Pan-London
East London Foundation NHS Trust	2,500	
CAFCASS	550	Nationally
Tower Hamlets Clinical Commissioning Group	15,000	
Barts Health NHS Trust	3,000	
LBTH Education, Social Care & Wellbeing	15,000	
<b>Total Annual Contribution</b>	<b>43,050</b>	

For a full breakdown of LSCB Income and Expenditure for 2013-14 – see **Appendix 2**

## Relationship with other Strategic Boards

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

## Health and Wellbeing Board

Health and Wellbeing Boards (HWBB) were established by the Health and Social Care Act 2012 and functioned in shadow form until this year. HWBBs are intended to be a forum where key leaders from the health and care system 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 Adult and Children's 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
- 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, 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 take its annual report to the HWBB and ensure that the Chair of the HWBB has sight of its Business Plan on an annual basis. The HWBB will bring its strategy to the LSCB on an annual basis. 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 to ensure synergy of work and challenge to the partnership to ensure safeguarding is prioritised.

## **Children and Families Partnership Board**

The Children and Families Partnership Board (CFPB), unlike the 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. For example, the funding allocation for when health visiting transfers to the local authority will not include vacant posts. A recruitment drive for more health visitors is unlikely to meet the local targets. The Chair challenged the CFPB about the potential safeguarding gaps should positions remain unfilled by April 2015. These concerns were also registered with NHS England. As a result, alternative approaches have been implemented to increase health visitors in the borough through an employment-based vocation training programme.

## **Community Safety Partnership**

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

The CSP is required by law to conduct and consult on an annual strategic assessment of crime, disorder, anti-social behaviour, substance misuse and re-offending within the borough and the findings are then used to produce the partnership's Community Safety Plan. The 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 it will place an added focus on these areas and forms the 2013-16 priorities. These are:

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

In the last year, the work of the LSCB Children and Domestic Violence subgroup has been absorbed in to the Domestic Violence Forum (DV Forum) and Violence Against Women and Girls (VAWG) Strategy, both of which provide performance reports directly to the CSP. Arrangements have been made for a standing annual report covering outcomes for children living with domestic violence and safety planning (MARAC). Despite this significant change, the LSCB continues to maintain a link with the Domestic Violence and Hate Crime service area through Board membership and representation.

### **Safeguarding Adults Board**

The Chairs of the Adult Safeguarding Board and LSCB have been meeting to discuss joint agendas and explore how the two Boards can work more collaboratively with a focus on adult mental health, substance misuse, gang and knife crime and domestic abuse and the interface this has with safeguarding children. Both Chairs have worked particularly closely with the HWBB to develop a three-way joint protocol, setting expectations for reporting and planning.

The LSCB recognises there is scope for the children and adults safeguarding Boards to work better in particular to improve service provision from a holistic family perspective.

## **Work of the Tower Hamlets Safeguarding Children Board and Partners**

### **2013-14 Priority Area Progress**

Tower Hamlets Safeguarding Children Board set out six targeted priority areas in its overarching business plan. Whilst we have made good progress in many areas there are some areas where we have made less progress and these will remain a challenge and priority for us in 2014-15. Each of the priority areas and achievements are reviewed below:

#### **PRIORITY 1 – GOVERNANCE AND ACCOUNTABILITY**

#### **LSCB has robust governance and accountability in place and in line with Working Together 2013 in order that its partners are confident and assured in respect of their roles in safeguarding children and families**

An immediate task during 2013-14, was to review our governance strategy following the publication of Working Together 2013, so that specific requirements for the LSCB were reflected in our guidance. Within the year, the Head of Paid Service recruited Sarah Baker as permanent Chair to the LSCB ensuring long-term improvement plans could be implemented. There are regular monthly meetings between the Chair and HoPS who also attends and receives Board papers to maintain oversight of the Board's business.

The LSCB has strived hard to enhance its interface with frontline practitioners and seek assurance from those working directly with children and families. The Chair has undertaken a number of visits to front line services and network groups. This has allowed for a dialogue to take place where the Chair has been able to report back evidence of good practice but also areas of risks. For example, a visit to the local borough police brought to the Chair's

attention the need to improve appropriate adult services available to young people so as to ensure they are not held in a police station for longer than necessary. In turn, children's social care took steps to resolve this issue and young people now receive an appropriate adult within a reasonable timescale.

In addition to improving our communication, we have produced quarterly newsletters to inform front line practitioners and managers about the work of the LSCB, provide an update on current policy and local safeguarding development, spotlighting a partner agency and their role in safeguarding children or national campaigns such as Child Safety Week and alerting the workforce to upcoming learning events and opportunities. A challenge for the LSCB is to ensure our newsletter reaches as many staff members as possible through our Board representatives. Dialogue with practitioners at the LSCB learning events suggests this is not always the case. Consecutive newsletters are also placed on the LSCB website as an alternative access route.

## **PRIORITY 2 – EARLY HELP AND ASSESSMENT**

### **LSCB partners ensure there are effective processes for assessing the need for early help and confident there are a range of services in place to deliver a wide range of early help services to meet identified need**

The LSCB was required to publish a local threshold document (Working Together 2013). This document is contained within the Family Wellbeing Model which has been through an extensive review and consultation process in 2013-14 and took centre stage at the LSCB safeguarding conference where over one hundred practitioners got the opportunity to explore the new areas of information and application to practice with children and families. The document contains information about early help services, the use of 'Signs of Safety' as a practice tool and an additional extended section setting out thresholds for intervention alongside information about the process of referral to and assessment by social care services. In response to the OFSTED Thematic Inspection of the impact of neglect on children under ten, the local authority was recommended to consider how to extend the information available about neglect and younger children within the FWBM. A new section was added to the document which draws attention to the possible range of neglect indicators.

Our threshold guidance will be further reviewed to take account of the single plan for children and young people with additional needs, as required by the Children and Families Act. The challenge for our partnership and **a priority action area** for the LSCB will be to ensure that local thresholds for intervention are widely and consistently understood by professionals so that children, young people and their families are able to access the right services at the right time to ensure a timely response to their needs.

Tower Hamlets was one of the first authorities to introduce a single assessment framework for the recording of social work assessment of children and their families. Following on from that social work staff were trained in the use of 'Signs of Safety' to provide a common practice tool for undertaking social work assessment. 'Signs of Safety' focuses on the



existing strengths of the family, areas of concern and identifies what needs to change in order to address concerns. This year, a project group oversaw the wider implementation of this practice tool to help practitioners identify risks at an early stage by understanding family strengths and concerns. This means children have their needs assessed or protected within an appropriate timescale. We have rolled out the 'Signs of Safety' practice tool to community health practitioners and social care staff in joint training sessions throughout the year.

### **PRIORITY 3 – IMPROVING OUR PROCESSES**

#### **LSCB has an agreed process for reviewing unexpected child death and maximising learning across the partnership**

The LSCB initiated one serious case review before the publication of Working Together 2013 and another after the guidance came into effect. We have used the most recent SCR to develop our own hybrid system approach based on our knowledge of what works well and using our experience of using the Social Care Institute for Excellence (SCIE) methodology.

Some valuable learning has been gained for the LSCB through a greater involvement of practitioners in SCRs and we can clearly see the difference they bring to a critical learning process. However, the LSCB recognises the challenge for all partners in balancing front line service delivery and learning opportunities. This is particularly pertinent when there is more than one process taking place. For example, during a serious case review, a domestic homicide review or health's internal serious incident reviews could be happening in parallel.

Our final approach to undertaking SCRs will be incorporated in to our wide evidence-based learning and improvement framework and this will be produced in 2014-15.

### **PRIORITY 4 – IMPROVING QUALITY ASSURANCE**

#### **LSCBs quality assurance framework improves scrutiny of its partners' safeguarding performance**

The LSCB reduced the number of performance indicators it was reporting, from 52 to 26 clustered indicators in recognition that it was 'data rich but intelligence poor'. The new approach strengthens the intelligence being provided to the Board which therefore increases its understanding of emerging local needs. The revised LSCB performance report consists of core safeguarding information from the key statutory partners to ensure greater scrutiny of practice across the partnership in a meaningful way. For example, the information provided enables exploration of the evidence of early help for risk groups such as missing children or young people who are sexually exploited and the correlation between them.

Following the introduction of the national safeguarding performance framework (SPF), Tower Hamlets Children's Social Care began reporting on a new set of information measures alongside local and former national measures.

We have been working with our partners to determine what is going to be useful information. This is still a continuing and evolving framework that captures the needs of our changing demographic across the borough.

LSCB Board members are required to identify how their participation in Board meetings supports improvement in safeguarding outcomes for children and what actions they take between meetings to implement these.

A **priority action area** for 2014-15 will be finalising the full set of LSCB data, incorporating information and analysis from our partners and reporting our safeguarding performance to Board members on a quarterly basis. This will in turn contribute to informing future LSCB audits and quality assurance activity.

For the full LSCB Performance Dataset – [see Appendix 4](#)

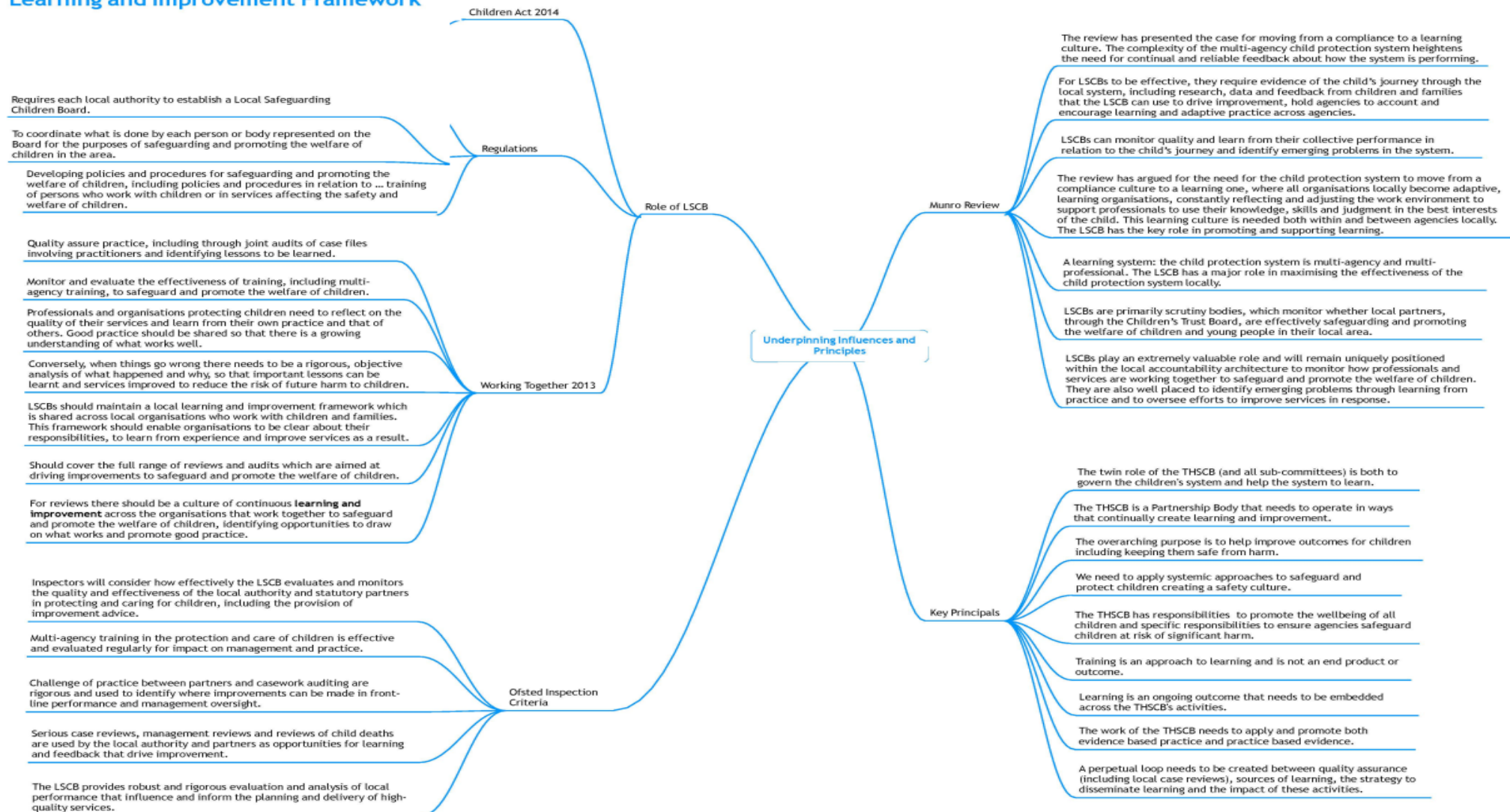
## **PRIORITY 5 – LEARNING AND IMPROVEMENT**

### **LSCB ensures the children and families workforce are confident and competent to undertaken their safeguarding responsibilities**

Working Together 2013 has placed more emphasis on LSCBs' learning and improving practice through audit and reviews. This means there have been more activities relying on independent oversight and this presents a challenge for us and other LSCBs in the context of financial pressures currently faced by all agencies.

# The diagrams below provide an overview of the influences and principles underpinning our Learning and Improvement Framework

## Learning and Improvement Framework



## Learning and Improvement Framework

Our framework combines outcomes from serious case reviews, thematic and deep-dive case audits, performance and trends, evidencing our impact through quality assurance activities and disseminating learning through our training programme. The diagram below demonstrates our approach to continual learning and improvement



The LSCB has undertaken a number of safeguarding learning events across key areas of safeguarding. These include:

- **Multi-Agency Safeguarding Training**

Courses are categorised at different levels depending on who they are intended for, and this will also depend on practitioners' levels of contact with and responsibility for children, young people and families. The groupings distinguish the workforce into three categories which are designed to correspond with the tiers of need set out in the Tower Hamlets Family Wellbeing Model.

- **Category A:** Training for all practitioners who work with children, young people and parents/ carers, delivering universal services. Practitioners in this group will include housing and hospital staff, youth workers, child minders, those working with children in residential and day care settings and those working in sport and leisure settings. Some training at this level is offered through an e-Learning platform and new staff are required to complete the modules as part of their induction or to refresh their knowledge.
- **Category B:** Training for all practitioners who need to address children and families' needs at Tier 2 (targeted) and Tier 3 (specialist) of the Family Wellbeing Model.

**Category C:** Training for all operational and strategic managers who are responsible for services to children, young people and parents/carers operating at Tier 2 (targeted) and Tier 3 (specialist). This category links to single agency specialist training provision only.

A total of 79 out of 89 one and two day training courses covering 25 safeguarding subject areas were delivered in the year. We cancelled 10 training days and these were not rescheduled during this period.

**See Appendix 5** for the full list of multi-agency training provided in 2013-14

It is important to understand factors that might affect the degree to which individuals from particular agencies might attend inter-agency training but the LSCB expects practitioners to attend and benefit from multi-agency training alongside their single agency provisions.

- **Learning Events**

As part of the business objective to close the gap between the LSCB and front line practitioners, Board members along with the Chair have facilitated a series of bi-monthly learning events. The main purpose of these sessions is to disseminate current safeguarding messages, changes in policy and explore and challenge multi-agency practice issues. Some of these events have been held in a debate-style format, for example, one focused on the findings from national serious case reviews where neglect was a feature and this was presented within the context of the LSCB's role. Participants were asked to debate the motion that tragedies such as Daniel Pelka, Hamza Khan or Keanu Williams could or could not happen in Tower Hamlets. This was a particularly popular workshop and a similar approach has been adopted for other events. Other discussions in these learning events have explored information sharing, escalation processes and barriers, as well as sign-posting individuals to further learning to address gaps in their safeguarding knowledge base.

- **Serious Case Review Dissemination Workshops**

The serious case review of a young person who died as a result of self-harm at a youth offending institute was concluded in the reporting year. A series of learning dissemination workshops were held and led by the report author, LSCB Chair and

Service Head for Children's Social Care. Sessions were first held with practitioners concluding with one for managers where issues raised by their staff members were incorporated in to the section dealing with 'taking forward learning'. At each workshop, the agency and LSCB action plans were shared with the audience, noting any impending changes to practice or policy.

- **LSCB Board Development Sessions**

The LSCB has continued with its approach to ensure there is a development opportunity built into each business meeting. In addition, Board members participate in at least one annual development session focusing on reviewing the previous year, measuring our effectiveness and challenges which informs planning and priority setting for the following year. Board members have received intensive learning opportunities on various safeguarding topics such as an overview of working together 2013, undertaking a gap analysis and considering the implications for the LSCB and the OFSTED single agency inspection framework. The most recent development session explored the issue of child neglect in light of demographic changes, the impact of welfare reform and our knowledge gained from a recent OFSTED evaluation of neglect. These discussions led to the development of the multi-agency Neglect Strategy.

- **Multi-agency case audit staff focus groups**

As part of the learning and improvement framework, multi-agency case audits undertaken by the LSCB have increased participation and input from the multi-agency professional network. Staff are now required to complete their agency audit and bring information together to a half-day case discussion when critical learning is explored. These events provide an opportunity to share and challenge agency perspectives on matters such as thresholds, pathways and rationale for decision-making, especially where there is a difference in view. The outcome of the focus groups contributes to the overall audit findings but importantly practitioners are involved in shaping the recommendations and improvement plans. Feedback has highlighted the tangible benefits to individual and wider workforce learning.

## **PRIORITY 6 – WORKING IN PARTNERSHIP**

**LSCB partners are compliant with Working Together 2013 and that assurance processes are in place to ensure robust safeguarding of children and families**

### **Children's Social Care**

Children Social Care has provided information regarding its safeguarding activity in a number of reports presented to the full Board. These statutory reports have included those on 'Missing Children' 'Private Fostering', 'Allegations against Adults Working with Children' and Corporate Parenting Report on 'Children Looked After'.

### Child Sexual Exploitation:

Child Sexual Exploitation (CSE) has been a growing safeguarding concern for Tower Hamlets as well as a focus of Government attention. The Child Sexual Exploitation operational/practitioner group chaired by Children's Social Care has provided a strong response to the issue of CSE. This multi-agency forum includes full representation from statutory and voluntary agencies. Over the year the group has provided support to those agencies working with young people subject to/ at risk of sexual exploitation, has identified the profile of both the young people concerned and of the alleged perpetrators, considered safety planning for individual cases, shared intelligence across the agencies to map out the 'hot spots' in Tower Hamlets and utilised all of that information to consider emerging wider safety issues. This group has provided a robust framework for securing the welfare of the young people concerned and has fed into LSCB CSE Steering Group.

The implementation of the LSCB Multi-Agency Sexual Exploitation (MASE) Group in February 2014, in response to the new statutory guidance, will build on the foundations of the operational/practitioners group, formalising that structure and ensuring the right representation from each agency at a more senior level and with clarity around expectations of who is attending and why. The MASE group will continue to coordinate safety plans, monitor the profile of victims and perpetrators and escalate young people in to the child protection process. Additionally it will be taking a more strategic role identifying unmet needs and trends, and areas of training need. There will be a strong reporting link between the MASE group and the LSCB CSE Subgroup.

### Multi Agency Safeguarding Hub

For a number of years, the Integrated Pathways and Support Team (IPST) provided the "front door" into Children's Social Care Services whilst also sign posting children and their families to Early Help Services where appropriate. IPST brought together social work staff (including those with a specialist knowledge of working with children with disabilities), attendance and welfare officers, the youth offending team, health visiting, family support and domestic violence officers to provide a holistic approach to determining how best to support families. The transition to become a multi-agency safeguarding hub (MASH) in the autumn of 2013 marked a further evolution of this service with the co-location of the police public protection desk and regular input from the probation service as well as closer links into the MARAC and MAPPA processes. This development represents a significant step forward in the ability for the service to provide more effective and informed decision making at the first point of contact with a family utilising the information available from a variety of agencies.

MASH has been launched at the same time as a major review of the Tower Hamlets Family Wellbeing Model which sets out the thresholds for intervention across agencies in the borough as well as how to access early help services and the Social Inclusion Panel which considers the needs of children and young people on the threshold of social care intervention.

## Court Work Project

Beginning in early 2013, the Court Work Project has been the local response to the Family Law Reform programme and to the requirements set out in the Children and Families Act for reducing the average length of time for care proceedings. There have been a number of strands to this project – improving social work practice through better planning for care proceedings and report writing; improving the knowledge and skills of social work staff involved in care proceedings; a robust approach to assessments and care planning to ensure that assessments are focussed, timely and proportionate to the circumstances of the child and family; a new approach to the use of Family Group Conferences and to the assessment of potential carers from amongst the extended family and improvements in the arrangements for the preparation of child permanence reports for children requiring a permanent alternative family.

In addition to the strands of the project identified above, the Project Group has worked with CAFCASS and engaged with the courts in order to ensure that there has been a common agenda for ensuring that proceedings are conducted in a timely fashion. The outcome of this project has been a significant reduction in the average length of care proceedings, down to around 30 weeks by early 2014. This means that, for those children where a risk of or actual significant harm has been identified, decisions about providing support to parents, identifying alternative carers from the extended family or decisions to place children permanently with foster carers or adopters have been made in time scales more appropriate to the needs of those children.

## Eva Armsby Family Centre

Eva Armsby Family Centre was commended for its work during the last OFSTED inspection of services for vulnerable children in Tower Hamlets. Staff in the centre have also supported the improvements achieved through the court work project by providing timely, thorough and comprehensive “in house” assessments of parents when children are in care proceedings which have contributed to the reductions in the length of time taken for the completion of proceedings. They have also undertaken community based assessments where previously residential family assessments may have been undertaken – thereby providing a realistic and cost effective assessment of the child and their family.

## Adoption

For those children who will not be able to return to the care of their parents or be looked after by extended family or friends, adoption is often the preferred means of providing a permanent alternative family, especially for younger children. Since the autumn of 2012, the adoption service has been working to increase the pool of adopters recruited locally, especially those from the Bangladeshi community, working with the local adoption consortium to make the best use of the existing pool of adopters and to reduce the time that children spend waiting for a permanent alternative home. In some cases, this has meant that children have been able to move to an adoptive placement at an early age or stage in care proceedings and use is now being made of the ability to use approved adopters as foster carers for children that are likely to be placed for adoption at a later stage. An improving pool of adopters and a focus on planning for the possibility of



permanence at an early stage has meant that more children are being placed more quickly, despite the concurrent increase in the number of special guardianship orders.

### Recording Interventions

Social work staff can spend too much time recording what they have been doing and not enough time working with children and their families. However, recording what has been done and why is both important as a means of judging progress and in providing a record for the child in the future of the work that has been undertaken should it be required. The recording policy has been reviewed and re-issued in order to help social work staff be more focussed in what they record and why, to enable them to spend more time with families and to provide a better account of interventions, both to guide current practice and to assist children who may wish to review their records at a later stage.

### Children's Social Care - Strengthening Quality Assurance Activities:

Children's Social Care has continued to develop its Quality Assurance activities across the service areas. The monthly system of Quality Case File Audits, which managers carry out and the findings of which are reported to CSC Senior Management Team (CSCMT) is now fully embedded with very high ongoing compliance. Added to this there have been a number of independent service level audits conducted this year including an evaluation of outreach services; care pathways and an audit of completed PDRs which have been reported to CSCMT and utilised to inform practice. A study of the use of 'Step Down' commissioned by the LSCB has been completed and the findings will be taken forward by the LSCB Quality Assurance and Performance subgroup. The system of monitoring management oversight has also become well embedded and is evidencing a high level of case management activity. The monthly management information data provided to CSCMT has been reviewed and extended to include for example compliance with statutory visit timescales.

The Independent Reviewing Officers (IROs) Practice Alert system referred to in last year's report is now embedded as part of the IRO QA role and utilised routinely where necessary. The vast majority of practice 'disputes' continue to be resolved informally and do not relate to significant practice issues. A midway care plan review process has been implemented which prioritises cases of babies placed for permanency and placement stability monitoring the timely implementation of care plans. The IRO annual report provides the overview of the work of the IRO service including the outcomes of the Quality Assurance activity. This report is presented to CSCMT.

It has not been possible to embed the Child Protection Conference Alert System in the same way due in part to technical recording system issues (FWI). As with the LAC review process the majority of practice issues are resolved informally both internally and with other agencies. A new quality checklist has however been introduced by the Child Protection Chairs at the point of the scheduling of the initial child protection case conference. The purpose is to identify the preparation required for an effective initial conference including ensuring that the parents and children have the support they need to participate in the conference and receive conference information in a timely way. The compliance and outcome of the checklist will be analysed and reported to CSCMT.

## Safeguarding work with Tower Hamlets Communities

Safeguarding with Tower Hamlets BAME and religious communities is promoted by the work of African Families Service (AFS) and the work with Muslim Families Service (MFS) both based within Children's Social Care. The work of both groups is supported and directed by cross agency steering groups. The AFS represents Tower Hamlets on the government's national working group on child abuse linked to faith or belief systems whilst the MFS represents Tower Hamlets on NSPCC's National Advisory Group on 'Safeguarding Muslim Children' and Metropolitan Police's working group on 'Abuse Linked to Religious Beliefs and Spirit Possession'.

The activities of both these services aim to deliver the National Action Plan to tackle child abuse linked to faith or belief within the context of local need. The activities undertaken in the past year have been:

### Community Partnership Working

#### *Pastors and Community Leaders Forum*

This is a forum held 7 times a year where Pastors and Community leaders come together to be informed about safeguarding issues which impact on the Black African community. The aim is to ensure that the religious and community leaders have an awareness of safeguarding issues and their responsibilities as community leaders, also that they are in a position to inform and support their congregations. These are vibrant meetings where much discussion and debate takes place. Service users especially those who are isolated within their community also attend these meetings. The meetings are held within different churches and external speakers are invited to present. The average attendance for the pastors and community leaders is 40-45, community and service users is 10-12. The service is currently involved with 75 different churches within Tower Hamlets.

Topics covered over the last year have included:

- Safeguarding Children with Disabilities
- Safeguarding - What We Need to Know
- Gangs, Violence and Anti-Social Behaviour
- Immigration Law Update
- Parenting Black African Children in the UK
- HIV and AIDS

#### *Safeguarding workshops in Churches and Non-Government Organisations (NGOs)*

These are delivered 4 times a year at individual churches and organisations to an audience of pastors, their congregations and community leaders and members at a time selected by the community. The areas covered include definition and categories of abuse, child protection legislation and expectations and the role of Children's Social Care. Two of these workshops are delivered in partnership with Somali organisations. As with the above forum the purpose of these workshops is to promote awareness of safeguarding issues and to ensure that parents have information about the legislation and expectations of parenting in the UK. The numbers attending these workshops range from 20 for the NGOs and 100 plus for the sessions in the churches.

## Enhancing professionals knowledge and skills in working with Black African Children and Families

The AFS delivers three, two day sessions of the 'Safeguarding Black African Children and Families' training to professionals per year. Over the last year 60 professionals across the LSCB agencies have received the training, Topics of female genital mutilation, spirituality, spirit possession, private fostering and trafficking are covered. This training is open to other LAs and there are regular external delegates attending from across the country.

### *Reflective Practice Group and Direct Work*

A cross agency group of practitioners who have received specialist training provides a monthly forum for other professionals working with Black African families to discuss cases and receive advice. This is also open to other LAs and as with the 2 day training is used regularly particularly where cases are in the court arena.

The AFS works either alongside other professionals and services (primarily Children's Social Care and Education) bringing their specialist knowledge and skills or in their own right. Over the past year they have worked with 24 cases covering a wide range of issues including spirit possession, FGM, mental health, drug use, DV and drugs.

### *European Links*

The EU is seeking to promote cross European working and learning around harmful practices linked to belief systems and is making money available for project work. The AFS is part of a bid involving a number of European countries. There has already been sharing of learning through visits from Italian and Scandinavian organisations to Tower Hamlets and a reciprocal visit by AFS to Italy.

## Working with Muslim Families Service

### *Continuing the Dialogue Seminars*

These are delivered a minimum of twice a year in partnership with Tower Hamlets' Council of Mosques who are active members of the steering group. These were initially focused on enhancing the awareness of Imams /Islamic teachers of safeguarding issues and on ensuring professionals have the knowledge and skills necessary to work effectively Muslim families. Over the past 2 years however the focus of the seminars has changed to include community groups and families themselves. The audiences now reflect this change of emphasis.

The three seminars delivered over the past year have been focussed on aspects of parenting and the impact of parental behaviour on children's behaviour- 'Children See Children Do' 'Impact of Emotional Abuse and Neglect' and 'What Makes Good Families'. There is always cross agency presentations and an Islamic perspective from locally based Muslim speakers. These seminars were attended by over 150 parents and representatives from community groups.

### *Safeguarding Children Training for Imams and Islamic Teachers*

Safeguarding training sessions are delivered at individual Mosques and Madrassahs and to the Association of Islamic teachers. These individual sessions have become more important with the change in the focus of the seminars. The training covers general safeguarding information and safeguarding expectations of their role as well as key safeguarding messages such as forced marriage, sexual exploitation, private fostering. 12 of these sessions were delivered over the past year with audiences ranging from 15 to 72 in number.

### *Safer Parenting Sessions*

Safer Parenting Sessions are delivered to parents within school settings. As well as covering general safeguarding information that parents need to be aware of, the sessions pick up on issues highlighted by parents themselves and continue the dialogue from the seminars. As with the Imams training the areas such as forced marriage, sexual exploitation and private fostering are covered. 13 of these sessions were delivered over the past year with audiences ranging from 5 to 50 parents.

### *Caring Dads Programme*

The very first Bangladeshi Caring Dads 17-week programme was delivered this year. 10 men completed the programme with positive outcomes. For those whose children were subject to child protection plans, the children were subsequently taken off plan and became either child in need or were closed. A second programme is currently in place.

### *Case Work*

The Muslim Safeguarding Coordinator is a source of expert advice and is often consulted particularly for clarification on cultural and religious perspectives on areas such as spirit possession, forced marriage and domestic abuse.

The coordinator is also involved in cases primarily in relation to allegations of abuse against Arabic teachers based in a Mosque or Madrassah. Follow up work from these cases involves delivering the 'Safeguarding Children' to the Mosque or Madrassah involved in the allegation.

## **Learning and Achievement (Education)**

### Children with serious medical conditions

A new policy has been implemented in respect of the provision of education for children who cannot attend school due to health reasons (including mental health concerns). This ensures that educational outcomes are maximised and children suffering from long term or serious health conditions are not isolated in their homes but are able to attend school whenever possible and retain contact with peers when not.

Referrals for home tuition on medical grounds are monitored and since the policy on the provision of education for children who cannot attend school due to health reasons was implemented these have risen which suggests more pupils are now accessing this support.

## Anti-bullying

The Anti-Bullying Advisor and members of the Behaviour Support Team provide schools with training and support to reduce bullying and undertake case work with families. We have contributed to the design of the local pupil attitude survey which enables pupils to comment on aspects of their lives and schooling anonymously. This includes information on their safety and wellbeing e.g. their experience of bullying and how well they feel their schools manage this issue. This is the first year of the new survey but comparisons with previous surveys suggest that the frequency with which pupils are experiencing bullying has dropped significantly.

## Social Inclusion Panel (SIP)

This multi-agency panel (led within Learning and Achievement) monitors cases at the borderline of Tier 2/3. It reviews the Tier 2 Common Assessment action plans and provides support, advice and additional resources to address multi-agency concerns, to reduce risk and, where possible, prevent escalation to Tier 3. A baseline scoring across the full range of needs in the CAF and then use the scores at CAF review to determine how effective we are at helping families. In the most recent evaluation 60% of cases achieved improved outcomes by the review. During the first 9 months of 2013/14 SIP was able to close a third of cases because they had achieved successful outcomes at Tier 2. The remaining cases are still active or were closed for other reasons (e.g. left the borough).

## Preventing Violent Extremism

The Social Inclusion Panel (SIP) has taken a lead role in overseeing Prevent plans for children at risk of violent extremism (Prevent is a Home Office funded programme targeting those at risk of Violent Extremism). Prevent cases are given Team Around the Child support and are monitored closely by SIP.

## Children and young people with Special Educational Needs (SEN)

The Panels which make decisions for SEN pupils liaise with Children and Adult Social Care colleagues about every case where there seem to be potential Child Protection issues. These panels frequently reject poor quality generic advice and ask agencies to reflect on issues identified through the SEN assessment processes and to provide advice which focuses on the child's needs as identified through their own formal assessments. Caseworkers from all professional groups are expected to demonstrate how they have taken action to not only meet a child or young person's SEN but also to address any potential Child Protection issues identified.

## Educational Psychology Service (EPS) Case Practice

Following the most recent serious case review the EPS held a training session for all its psychologists to consider how they could apply the learning from this review to their practice.

## Governor Services

Newly appointed governors are reserved places on a central induction programme, which covers their statutory responsibilities, including safeguarding and child protection. Information on safeguarding workshops for whole governing bodies and Safer Recruitment training is sent to every governor three times a year. The service contributes to school improvement, the effectiveness of which in this respect is evaluated by LA school reviews and, ultimately, OFSTED inspections.

The clerking service advises governing bodies that they are accountable for ensuring schools have effective policies and procedures that comply with statutory guidance, including for allegations against staff, the designation of a fully trained senior professional at the school and the accurate upkeep of the SCR. Governing bodies are also advised on policy in relation to DBS checks for governors.

## OFSTED Inspection Support

Schools are given advice and guidance in meeting the OFSTED inspection requirements so that effective Child Protection Procedures are explicit; staff are trained in following the procedures, that the single central register and Safer Recruitment Procedures are in place in all schools. OFSTED outcomes are monitored by the Schools Improvement Team and the School Improvement Officers monitor the outcomes of all OFSTED inspections. They also check that schools follow proper procedures for safeguarding practices and staff recruitment during their visits to schools. No school has been criticised for any safeguarding issues, even where they may have been a cause for concern and requires improvement in other aspects of the inspection.

## **Youth Offending Services**

There has been innovative joint work with Troubled Families and the Youth and Connexions service to provide youth outreach advisers to engage gang-involved young people and their peers.

Re-offending rates have fallen, as has the number of first time entrants (FTE) to the youth justice system as we divert more young people away from crime. Both successes have enhanced the welfare of the young offenders but also reduced the victimisation of other children and young people. We have sought external, independent investigation into our work with individuals who have committed grave crimes. The impact of this is aimed at challenging and improving our practice.

Future developments include extending our work with young women at risk from gang and sexual exploitation; work to achieve our government performance targets, reducing re-offending, custody (remands and sentences) and explore how to fund our Early Intervention and Diversion Team as part of the core service.

## Public Health

Public Health carried out a Joint Strategic Needs Assessment (JSNA) analysis of Children with Disabilities which identified gaps in the data and made recommendations on strengthening the commissioning of integrated services, improving arrangements for transition between services, improving identification of cases and post diagnosis support and accommodation issues.

Public Health has challenged itself and others to improve safeguarding arrangements for children through:

- Public Health have secured additional funding for the Family Nurse Partnership (FNP) for two additional nurses previously on short term DH funding, making this evidence-based service available to 20 additional young, vulnerable first time mothers per year. User involvement in the Strategic Advisory Board has also been strengthened and links facilitated with Tower Hamlets Parents and Carers Council.
- Stakeholder consultation carried out as part of 'Healthy Child Review' identified the importance of strengthening 'tier 1' services to support children and young people's emotional health and wellbeing and opportunities for better coordination and data sharing between agencies. This is informing the new service specification that is being drawn up for School Health and will also feed in to the CCG review of child health services to be carried out in early 2014.
- Improving the health needs of remanded young offenders as a LAC through a needs analysis exercise.
- Feedback from public health has strengthened the focus on prevention and early years in the new Mental Health Strategy.
- Funding identified to make Healthy Start vitamins universally available for pregnant women and children up to 4 years to reduce the prevalence of Vitamin D deficiency, which is particularly relevant to our changing demographic groups in Tower Hamlets.

Public Health has identified the following priorities for 2014-15:

- To strengthen services to support maternal and infant mental health – in view of the evidence that the first year of life is a critical period for long term emotional health and wellbeing – carrying out a mapping of current services to identify gaps and opportunities for better join up and will be making the case to use public health grant funding to strengthen services to support maternal and infant mental health.
- To work with the CCG and other local authority commissioners to commission more joined up services for children and young people, drawing on findings from the 'Healthy Child Review' and forthcoming CCG review of children's health services.
- To develop a multi-agency strategy to reduce A&E attendances arising from intentional and unintentional injuries which remain high in Tower Hamlets.
- To follow up on initial analysis of the prevalence of consanguinity in Tower Hamlets and implications for child disability and mortality.

Public Health has led on the implementation of recommendations from Child Death Overview Panel which included:

- Confirmation by CAMHS that policy on follow up of DNAs has been reviewed and strengthened
- School Health service strengthened procedures for identifying children with asthma so that action plan in case of acute attack is in place
- Issue of ensuring compliance with Housing Inspection Policy re: prevention of falls from windows and balconies raised with LBTH Housing
- Maternity service has updated protocols on the management of high risk women and guidelines on transfer to labour ward
- Have followed up with Maternity service to improve recording of consanguinity and ensure genetic counselling offered as appropriate
- Development of new protocol for primary care on follow up of children who DNA appointments for secondary care and CAMHS
- Development of communications plans with Children's Centres, Health Visitors and other frontline staff to raise public awareness of how to identify a child with acute life threatening illness and how to call for an ambulance
- Carried out JSNA analysis of prevalence of consanguinity, using available data from Maternity service and child health. This has identified evidence for higher prevalence of consanguinity in Tower Hamlets and possible association with developmental delay.

### **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 reviews linked to a safeguarding quality and performance Dashboard. This Dashboard has been reviewed and currently seeks information of over a hundred metrics. Within the CCG safeguarding is at the heart of the commissioning decisions; the designated professions advise commissioners on safeguarding aspects of the services we commission. The CCG are reviewing children's services specifications ensuring safeguarding children is integral to this review. The CCG's 'Safeguarding and Commissioning Group' have intervened in issues when they have arisen or supported the providers in their response to issues, for instance (i) when an independent practice-site introduced a domestic violence drop in clinic in isolation to existing domestic violence pathways (ii) supporting Barts Health to prevent the Samaritans working from A&E while operating a none-disclosure policy this was raised with NHS England and the LSCB added to the LSCB Risk Register (iii) when a therapy service refused to see vulnerable children following an initial assessment because not specified within the contract.

The CCG considers all current safeguarding issues via its 'Safeguarding and Commissioning Group' which meets monthly and feeds directly to the CCG governing body. Routine items at this meeting include; current risks, provider performance, quality issues, health provision for LAC. In addition the designated professionals are represented at both providers' integrated safeguarding children committees.

The function of the designated professionals being placed within CCGs is to challenge and advise with regard to safeguarding children. The CCG has, and continues to develop a safeguarding children mind-set in all that it does and will question itself, and also question the providers it commissions; for example at 'none obvious' safeguarding quality visits the CCG will consider safeguarding in light of the service area under review e.g. how the low staffing levels could lead to a safeguarding issue.



Tower Hamlets CCG has identified the following priorities for 2014-15:

1. Ensure its commissioning processes are robust enough to ensure future health demands of the increasing number of vulnerable children are met.
2. To secure the long-term expertise of a Designated Nurse for Looked After Children
3. Complete a review of the health provision for LAC

### **Barts Health NHS Trust**

Barts Health has developed and supported a range of innovative practices to safeguard and promote the welfare of children and young people who use their services and to support the provision of early help and intervention.

The Barts Health 'health visiting toolkit' was developed to identify the most important issues facing local families. This process involved consulting a wide stakeholder group, using cycles of ranking and voting to identify and prioritise key issues. The high priority topics selected to be explored by the Toolkit project were:

- Infant stimulation and communications development
- Preventing childhood obesity
- Improving effectiveness of work with stressed and unsupported families

Stakeholders and partner organisations were involved through a steering group, workshops and meetings to discuss locally available support to parents in relation to the three identified issues above and to share ideas for improving services, identify barriers to effective practice and to suggest potential solutions. The project will be used to enhance the effectiveness of health visiting practice by:

- Developing a website to direct parents and staff to high quality, evidence-based resources which give information and ideas about play and communications, healthy eating, and physical activity and support available for families living in stressful situations. This website will showcase the unique contribution made by health visitors in supporting families with children aged 0-5
- Developing a leaflet outlining the health visiting service to parents and carers
- Delivering training in topics around which health visitors highlighted their need for new or updated knowledge and practical skills, including sleep, parent-infant attachment, perinatal mental health, weaning and forced feeding.

The specialist youth workers, employed by Tower Hamlets local authority are working with health staff in the emergency department at the Royal London Hospital with a specific role in an advising young people attending the department of the consequences of being in gangs, becoming involved in crime or taking drugs, and will put young people in touch with youth and sports centres as an alternative.

Barts Health staff have continued to provide representation at the multi-agency child sexual exploitation group to identify and support young people at risk of, or being, sexually exploited in Tower Hamlets.

Following the changes required by the Metropolitan Police in respect of sharing Merlin reports representatives from Barts Health and Tower Hamlets Children's Social Care met and devised a process that will ensure relevant Barts Health staff continue to get notifications of a Merlin being generated directly to the electronic record keeping system without the full detail in the report being shared.

Health staff will use this knowledge, along with what is currently known about the family; to assess what further action will need to be taken to ensure that the relevant support and intervention is offered to children, young people and their families.

Barts Health will prioritise the following safeguarding children activities and processes in 2014/15:

- Following the launch of the Tower Hamlets Multi-agency Safeguarding Hub (MASH) Barts Health will work with Children's Social Care colleagues to develop the role of the MASH health specialist to ensure that the role of health in MASH processes effectively contributes to the protection and safeguarding of those children identified to be most at risk.
- In response to the most recent CQC inspection of Barts Health services, support and care pathways for adolescents will be strengthened across the organisation.
- The Child Protection Information Sharing system (CP-IS) is a Department of Health/NHS England led project developed to enable details of children who are subject to child protection plan, or in care, to be shared by local authorities with health organisations via the NHS spine. Tower Hamlets local authority are an early implementer of this project and the Royal London Hospital, located in Tower Hamlets, will be part of this early work.
- Barts Health, in conjunction with Tower Hamlets local authority Children's Social Care will facilitate the implementation of CP-IS in urgent care settings at the Royal London Hospital. This will enable health professionals to be fully informed about any statutory involvement from children's social care which can inform the decision making process during assessment. Information pertaining to the health setting attendance will be shared with children's social care.

### **East London Foundation NHS Trust**

ELFT safeguarding children practice is based on relevant national, local and professional guidance including *Working Together to Safeguard Children* 2013 and the Royal Colleges Inter-collegiate document (third edition March 2014) entitled *Safeguarding children and young people: roles and competences for health care staff*.

The Trust works across a number of LSCB areas and has continued to treat safeguarding children as a core activity to ensure it is embedded in the Trust's culture and ethos. The Safeguarding Children Team provides support, advice, training and consultation to staff across the organisation and facilitates inter-agency case working. A vacant post was filled this year which strengthened support for safeguarding children arrangements in Tower Hamlets.

We are developing our work around children and young people with caring responsibilities for adult mental health service users to address *CQUIN Goal 7: Improved Carers Assessments & Communication* with the aim of improving support for carers including young carers. Training on young carers has been run by Family Action, a code for identifying young carers was introduced and relationships are being developed with Young Carers Strategy Groups in Tower Hamlets.

We have revised our Training Needs Analysis (TNA) and strategy in the light of the UK Core Skills Training Framework Subject Guide produced by Skills for Health and the proposed

revised inter-collegiate competence document. Certain clinical staff will now be required to attend multi-agency LSCB training for their Level 3 safeguarding refresher which should promote more effective partnership working.

As part of the range of mental health Electronic Patient Records Systems (EPRS) developments taking place we continue to review the most effective way to record information relating to safeguarding children (including use of codes, alerts and forms).

A Tower Hamlets adult mental health nurse has worked with inpatient staff regarding identification of adult patients who have children and has been developing resources and processes for children visiting their parents in hospital.

Adult mental health services have support for themselves and their service users from the CHAMP Team, Kids Time, Family Action Building Bridges Project and Carers Connect.

The ELFT Safeguarding Committee provides scrutiny and challenge regarding safeguarding children arrangements. This includes receiving assurance regarding practice in the form of audits agreed in the annual work plan and progress in implementing recommendations from serious case reviews. Safeguarding children activity is regularly monitored as part of our quality assurance framework and this is reported to the Trust Board in an Annual Report. Findings from case audits and reviews are shared with staff via management, and through training.

The Trust monitors reported incidents involving children and adults who have parenting responsibilities which includes those that become LSCB reviews. There have been no incidents in the Trust of child deaths caused by abuse or neglect involving adult service users since 2007.

Feedback and evaluations from training demonstrate an overall improvement in awareness, knowledge and reflection year on year. Staff are more confident and effective in their roles in identifying and acting on concerns or impact on children, including young carers and children visiting adults who are inpatients in mental health wards.

The clinical directorates monitor safeguarding children issues at management meetings and the Named Professional for Safeguarding Children attends the adult mental health directorate meetings on a quarterly basis.

The Named Professional for Safeguarding Children facilitates regular team learning and reflective sessions in Adult Mental Health and Specialist Addiction Services. The Trust's Supervision Policy includes a requirement for safeguarding children issues to be addressed in supervision.

The Trust is an active member of the LSCB and sub groups which helps it challenge itself and others regarding in-house and multi-agency safeguarding arrangements. At a strategic level the Trust also uses up to date statutory guidance, commissioning requirements and inspections to test out its infrastructure. In terms of individual cases, teams are encouraged and supported to discuss safeguarding children issues regularly and to escalate cases where necessary, for example, staff challenge Children's Social Care regarding decisions and timeliness of feedback.

The Safeguarding Children Team member for Tower Hamlets has a visible presence and effective relationships with managers in Children's Social Care and meets quarterly with CSC IPST/MASH and Hospital Team. Any case concerns from either the Trust or CSC are followed

up to ensure effective child protection, child in need or team around the child processes are in place.

The Trust continues to respond to new initiatives regarding issues such as Child Sexual Exploitation, FGM and Domestic Abuse within the context of capacity.

East London Foundation NHS Trust will continue to priorities our work to:

- Strengthen supervision arrangements regarding safeguarding children
- Strengthen processes for carrying out the high volume of patient record checks that are required for MARAC, Child Protection Conferences, Child Deaths, Serious Case Reviews and other LSCB multi-agency quality assurance activity
- Develop identification of young carers and signposting to services

Additional priorities:

- Develop a combined Trust safeguarding strategy regarding children and adults
- Formalise Trust safeguarding children audit programme
- Consider use of 'Signs of Safety' Toolkit

### **Met Police – Child Abuse Investigation Team (CAIT)**

This year the Child Abuse Investigation Command has undergone a major restructure and has merged with the Sapphire (Rape) Command forming the new Sexual Offences, Exploitation and Child Abuse (SOECA) Command. Although at this stage CAIT retains its current remit, the future working of both Commands is under review. Senior leadership and support functions such as partnership, training, intelligence, quality assurance and pro-activity have been merged to provide a more efficient service to both Child Protection and Sapphire sides of the Command.

Performance and effectiveness is evaluated by the Command as a whole at a bi-monthly Management meeting. This meeting consists of Senior Leadership Team and Detective Inspectors from all CAIT teams representing LAs in the North East London Area.

Up-to-date performance figures are scrutinised and discussed, highlighting areas for improvement and any good practice taking place. Performance has shown that despite an overall increase of 16% for CAIT offences with no increase in staff, the Command has detected 86 more offenders than the same period last year.

Significant progress has been made within the CSE remit. This area of work is now co-ordinated by SOECA to ensure a consistent, effective response to Child Sexual Exploitation. The command has set up a dedicated CSE team, headed by a Detective Superintendent. The team consists of 2 Detective Inspectors with teams consisting of a SPOC for each Borough. These teams are able to liaise with Borough Police and CSC leads to provide a more in depth response, both reactive and proactive.

CAIT has challenged CSC partners across the East London Boroughs, including Tower Hamlets regarding their planning for children taken into Police Protection and their subsequent applications for an Emergency Protection Order (EPO). The risk by not challenging would have left the children with no legal basis to the protection afforded them. The option to return them to the family home, without any form of risk management would have placed the children at significant risk of harm.

This challenge resulted in CSC making successful applications to the court for an EPO; therefore ensuring children remained in a safe environment.

The role and remit of the Child Abuse Investigation Team was spotlighted in the September 2013 issue of the LSCB newsletter.

## **Voluntary Sector**

The Voluntary Sector working with children, young people and their families in Tower Hamlets comprises of hundreds of organisations; 220 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 16 organisations to complete an audit and has encouraged commissioners to consider making the audits a commissioning requirement.

The voluntary sector organisations that have completed Safe Network audits have reported that they have procedures in place that ensures 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.

Two training courses were held for voluntary sector organisations which focused on writing policies and procedures and safeguarding tools. Workshops on e-safety and dealing with allegations were held as part of a rolling programme of themed workshops for the voluntary sector.

Information for parents on protecting their children and on resources for safeguarding deaf and disabled children was disseminated to the voluntary sector through the VSCYF e-bulletin. The VSCYF Coordinator also ensured providers were kept abreast of organisational changes due to developments in the Disclosure and Barring Service and Working Together 2013. Resources available to help children and young people stay safe using the internet were highlighted for Safer Internet Day.

The Voluntary Sector Children and Youth Forum has identified the following priorities for 2014-15:

- Improved messages to children, young people and their families on how to deal with cyber bullying and other e-safety issues
- Support organisations in their understanding of child sexual exploitation and how to respond
- Support organisation to improve identifying early help and increase the use of the Family Wellbeing Model and the Common Assessment Framework.

## Quality and Effectiveness of Safeguarding Arrangements in Tower Hamlets

The group ensured coherence between the various inspection processes, audit findings and serious case reviews by bringing together the findings and recommendations into a single umbrella plan.

The Quality Assurance and Performance subgroup supports the scrutiny function of the LSCB and is responsible for analysing the data and providing narrative for the LSCB Performance Report. It also examines the impact of our safeguarding activities ensuring that the quality of multi-agency safeguarding practice is monitored and evaluated through thematic and deep-dive case audits. The subgroup leads on monitoring all action plans emerging from the various serious/case reviews, inspection processes, audits and has brought a coherence by bringing together the findings and recommendations into a single LSCB umbrella action plan. The purpose of this overarching umbrella action plan is to improve our oversight of progress made and highlight areas for improvement and intervention.

The work of our other subgroups also provides the LSCB with information about the quality and effectiveness of our safeguarding arrangements. This section provides the profile of our vulnerable children and young people groups, and our performance areas to demonstrate what we know and what we have done to improve their outcomes.

### Profiles of Children Looked After, Children in Need and Children Subject to Child Protection Plans at 31 March 2014

	2013-14
Nos of children looked after	328
Nos of children living in private fostering arrangement	42
Nos of children subject to child protection plan	329
Nos of children subject to child protection plan for Sexual Abuse	8
Nos of children subject to child protection plan for Physical Abuse	39
Nos of children subject to child protection plan for Neglect	96
Nos of children subject to child protection plan for Emotional Abuse	180
Nos of children subject to child protection plan for Multiple Abuse	6
Nos of children in need	1398

### Child Death Overview Panel

LSCBs are required to review all deaths of children resident in their area. The overall aim of the review process is to learn lessons in order to reduce the incidence 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, 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 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 panel 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 locally, regionally or nationally to help prevent future 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.

During 2013-14 there were a total of 46 new child death notifications reported to the CDOP, 16 were children resident in Tower Hamlets and the remaining 30 were children resident in other areas. The reason we receive notification for the latter group is due to the fact that the Royal London Hospital is a major trauma centre where many children and adults are brought to for medical emergencies and treatment.

We have held five Panel meetings over the year to review child deaths and follow up on recommendations. In addition, rapid response meetings were held in response to four unexpected child deaths.

A total of 30 child deaths were reviewed during 2013-14, of which 8 deaths occurred in the reporting year, 14 were deaths that had occurred in 2012/13, 6 from 2011-12, 1 in 2010/11 and 1 in 2009/10.

Of the deaths reviewed only 1 had been subject to a serious case review and 2 were subject to a Serious Incident Review undertaken by Barts Health Trust.

<b>Breakdown by age (30 reviewed cases)</b>	
<1 year (including neonatal deaths)	19
1 < 5 years	2
5 <10 years	0
10 < 15 years	6
15 < 18 years	3

<b>Breakdown by ethnicity (28 of the 30 cases)</b>	
Bangladeshi	11
White British	4
Asian British	3
Asian Other	3
African	2
Mixed White/Other	2
Other	3

<b>Breakdown of the causes of death (30 cases)</b>	
Perinatal/neonatal	6
Acute medical or surgical	3
Chromosomal, genetic and congenital abnormalities	9
Life limiting condition	2
Chronic medical condition	3
Suicide or deliberate self-harm	3
Infection	3
Deliberately inflicted injury, abuse or neglect	1

In terms of the 30 child deaths reviewed, 5 were identified to have modifiable factors that is to say, where action can be taken locally, regionally or nationally to help prevent future deaths.

The CDOP has followed up actions to ensure implementation of recommendations from individual child death cases reviewed:

- Confirmation by CAMHS that policy on follow up of 'did not attend' (DNAs) has been reviewed and strengthened
- School Health Service strengthened procedures for identifying children with asthma so action plans in place in case of an acute attack
- Issue of ensuring compliance with Housing Inspection Policy re: prevention of falls from windows and balconies raised with LBTH Housing
- Maternity service has updated protocols on the management of high risk women and guidelines on transfer to labour ward
- Maternity service improved recording of consanguinity and ensure genetic counselling offered as appropriate
- Development of new protocol for primary care on follow up of children who DNA appointments for secondary care and CAMHS
- Development of communications plans with Children's Centres, Health Visitors and other frontline staff to raise public awareness of how to identify a child with acute life threatening illness (e.g. acute asthma attack) and when to call for an ambulance
- Carried out JSNA analysis of prevalence of consanguinity, using available data from Maternity service and child health. This has identified evidence for higher prevalence of consanguinity in Tower Hamlets and possible association with developmental delay
- A Child Death information pack has been created to be distributed throughout Neonatal unit and Paediatric wards. The Child Death information pack will also be available on the hospital intranet for all staff to access
- Incorporated CDOP information to hospital staff Induction to explain the Child Death process, child death notification and data collection
- From February 2014, the Designated Doctor for Child Deaths, has been working with the CCGs in Tower Hamlets, Newham and Waltham Forest and local palliative care providers to develop a strategy: with the aim of improving the quality, safety and experience of those in the last years of life across our three boroughs - regardless of age, ethnicity, diagnosis or care setting

Some recurrent themes and other impacting issues were identified through the child death reviews, these include:



- High rates of DNA / lack of follow up of DNAs indicating issues of possible neglect
- Increase in the number of infant deaths that requires further analysis
- A need to ensure that services are reminded of reporting procedures to ensure that all child deaths are reported promptly to the Single Point of Contact (SPOC)
- A need to improve engagement and information sharing with the Coroner
- A need to resolve the temporary management of the SPOC as recent changes to the post has presented challenges in making a suitable new appointment. The effective functioning of the CDOP is dependent on having a suitable person in post
- Problems with the child death database makes data analysis slow and cumbersome which in turn makes follow up of recommendations difficult. Public health will be exploring options for improving the technical infrastructure to support the work of the LSCB CDOP

### **Serious Case / Thematic Reviews**

The Case Review Group has ensured the LSCB is meeting statutory requirements in relation to responding to serious incidents, submitting notifications to OFSTED, Department for Education and the newly formed National Serious Case Review Panel. Working Together 2013 provided new guidance around the approach to conducting SCRs and the subgroup considered a range of models before recommending taking a hybrid-systems approach to all new SCRs. This approach also applies to those cases that do not meet the threshold for a SCR where the subgroup believes a case or thematic review would elicit learning.

During 2013-14, the LSCB concluded a serious case review in to the death of [Child F](#) which had commenced the previous year. Child F was a looked after child who had died as a result of self-harm in a young offenders institution. The SCR was independently reviewed and findings have formed the basis of an action plan for Tower Hamlets Children's Social Care, Health Agency and the LSCB. The overview report and action plans were published on the LSCB website in August 2013. A series of learning dissemination workshops were held to inform practitioners and managers of the key messages and explore the implications for practice:

- Impact and legacy of severe abuse in early childhood
- Impact of long-term placement at a distance from the responsible local authority, including meeting needs arising from racial identity
- Difficulties in addressing educational problems
- Social Care practice and record keeping
- Quality assurance function for children looked after (independent reviewing service)
- Support strategies that can help 'difficult' adolescent
- Additional vulnerability of children in custody and secure settings
- Professional disagreement versus constructive challenge

The LSCB has responded to all the recommendations and have made improvements in the following area. This is not an exhaustive list of the recommendations.

- Improvements made to system to ensure that important documents and assessments are prominently marked in electronic social care records and that historical documents are transferred to current electronic files where necessary

- Formal information sharing arrangements between Tower Hamlets Looked After Children Services and the Youth Offending Service irrespective of where the young person is placed (or the offence occurs)
- The current arrangements for quality assurance and audit in the local authority to ensure that all of the areas of potential risk and vulnerability for looked after children are addressed
- Supervision notes and case management decisions relating to looked after children address relevant issues and are clearly documented on the electronic case record of every individual child
- Looked after and children in need services and the youth offending services work together in the most effective way in order to minimise risk to and vulnerability of young people in the youth justice system, including those in custody.
- Reviewed process for finding alternative placements for children to always include a proper assessment of need, vulnerability and risk and that there is proper consultation
- Improved arrangements to monitor the provision of education to looked after children paying particular attention to those attending alternative provisions and ensuring compliance with statutory guidance in relation to the education of looked after children who are in custody

In addition to Child F, another serious case review was initiated in December 2013 following the death of a baby as a result of neglect through maltreatment; this review will be concluded in autumn 2014. The report and findings will be published on the LSCB website and learning disseminated to the wider multi-agency workforce.

Over the past year, the case review group considered a number of cases that were deemed not to meet the threshold for a SCR but due to the serious nature of the incidents involved and the common features of their cases, a decision was taken in January 2014 to commission an independent thematic review on the basis that there would be significant practice/policy learning from a cohort of six young men who have either seriously harmed others or been seriously harmed. Some of the common features relate to early childhood neglect, head trauma, disrupted parental attachment and absent influence from fathers within the home, possible gang association, knife and drug related crimes, entry routes in to the care system and escalation to serious criminal acts. The LSCB has taken the decision to publish the findings of this thematic review as the learning is likely to be of significance to other LSCBs in the UK.

The new serious case review and the thematic review will be the two first reviews to be delivered within our learning and improvement framework.

However, the business of conducting these types of reviews continues to present a challenge for the LSCB and individual partner agency representatives. In order to fulfil the requirements of Working Together 2013, additional meetings were required to meet the demand and make decisions within timescales. This has meant the case review group was unable to cover other planned activities for 2013-14, such as considering learning from other LA's SCR.

## Multi-Agency Thematic Case Audits

The LSCB has a quality assurance framework which includes multi-agency thematic and deep-dive case audits which the Quality Assurance and Performance Subgroup is responsible for delivering. The group has identified a two-year rolling programme of audits informed by case review, performance trends, national safeguarding developments and inspection findings. This year, the subgroup members have completed a thematic audit in to the Step-Down from tier 1 and tier 2 of the Family Wellbeing Model Framework. A further three thematic audits, which involved deep-dives in to casework and partnership working commenced during 2013-14 and the findings were being analysed at the time of writing the LSCB Annual Report. These audits explored child sexual abuse, neglect and child sexual exploitation and the following will be addressed next two years:

- Physical abuse
- Emotional harm
- Child Mental Health
- Substance misuse
- Missing children/runaways
- Children with Disabilities

Learning from last year's thematic audit on threshold to social care and the step-down audit has fed in to the revision of the Family Wellbeing Model.

The rationale for conducting the 'Step Down' audit developed out of concerns raised in the OFSTED Inspection (2012). The borough's inspection report noted that the *"council is aware that there is further work to do to support and develop the consistent use of 'step down' processes to support children, young people and their families as risk is reduced"*. In response, Children's Social Care decided that *'the Family Wellbeing Model steering group would be tasked to establish some principles on 'step down arrangements'*. The LSCB audit was commissioned to evidence how well this had been understood and appropriately used to help children and families in need of non-statutory support. The findings suggest there is some confusion as expectations of social care had evolved in line with the FWBM, leading to a wide diversity of practice around 'Step Down' across the partnership. Whilst it is in within the body of the Family Wellbeing Model, very few practitioners seemed to be aware of a written step-down policy. When further explored, there wide belief that 'step-down' was about closing a case, as opposed to preparing for a continuity of the case when Children's Social Care ceased to be involved.

The audit recommendations to the LSCB include:

- Consideration is given to developing a more formalised system for signing-off cases to ensure appropriate 'step-down' plans are in place without being overly bureaucratic. This includes a step-down checklist incorporated in to CSC's electronic recording system
- Once system is in place, a visible launch of the concept of step-down is delivered to the LSCB partnership

An action plan to implement the recommendations has been developed by the Quality Assurance & Performance Subgroup and CSC senior management team who will lead on this task in collaboration with the FWBM steering group.

## Section 11 Audit

Section 11 is a reference to s.11 of the Children Act 2004, which places a duty on named statutory organisations to be mindful of the need to safeguard and promote the welfare of children. The audit measures the degree to which organisations comply with this duty, against a set of 8 standards covering governance and accountability arrangements, training, safe recruitment processes, effective multi-agency working, information sharing and how organisational development is informed by the views of children and young people.

The LSCB conducted its second bi-annual s.11 audit in Spring 2013 with partners and Tower Hamlets Schools. The exercise did not include the voluntary and community sector as they were encouraged to access the s11 compliant Safe Network self-assessment online tool. A challenge for the LSCB will be to bring commissioned services into the scope of future s.11 audits.

The individual action plans generated by this exercise is being progressed and monitored by the Quality Assurance and Performance subgroup. In order to allow reasonable time for the tasks to be completed and produce results, the subgroup will conduct shorter deep-dive audits on specific s.11 standards which will be determined from intelligence gathered from other processes. For example, an audit sample of agencies safer recruitment processes cross-referenced with the Local Authority Designated Officer's (LADO) allegations against staff report.

## Allegations against Staff

Tower Hamlets has a dedicated LADO who sits within CSC's child protection and reviewing service. The LADO provides an annual report for the academic year, 1<sup>st</sup> September – 31<sup>st</sup> August detailing the circumstances around the allegations against staff received, the follow-up undertaken and outcomes achieved in relation to statutory guidance and requirements.

The last report presented to the LSCB covered information from 2012-13, the year preceding period this annual report. It was noted that there was a significant increase in referrals (30%), of which 70% were completed within timescale below our target of 80%. This was mainly as a result of introducing a new reporting system. There has been an increase in support to the LADO role to monitor and prepare for its statutory reporting to the DfE and the LSCB. The Board noted that correlation between the increase in reporting by parents and of awareness raising activities.

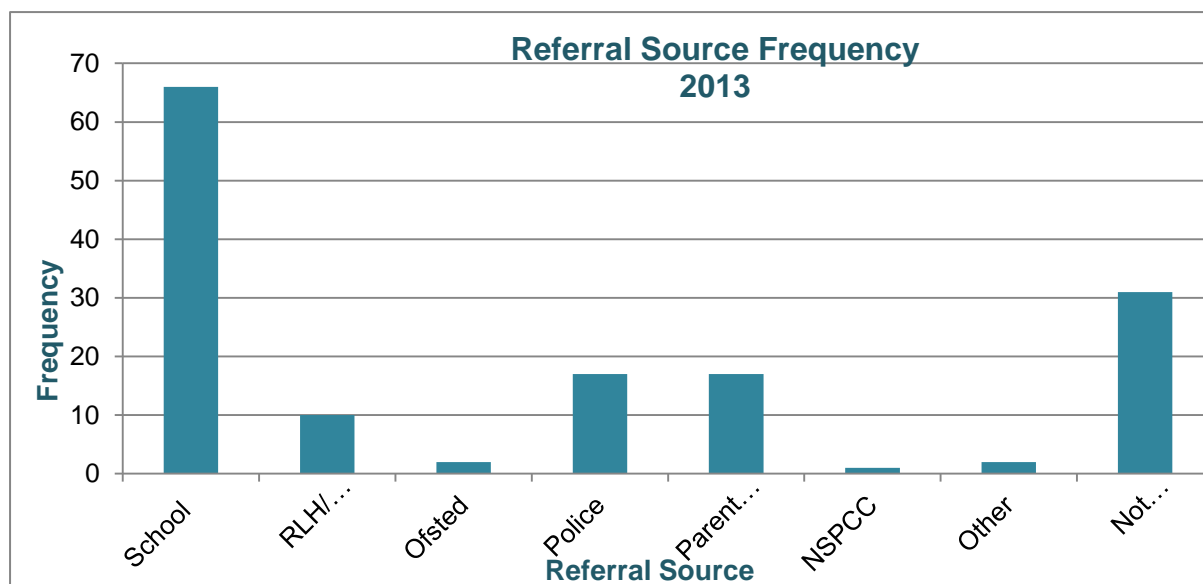
Total number of allegations per year:

Year	2009	2010	2011	2012	2013
Number of Referrals	90	95	85	107	146

### Referral Source for 2013

Schools were the source of 66 of the total number of 146 referrals in 2012-13 representing 45%. They continue to be the source of the highest number of referrals though the percentage of the overall total has decreased from the average of 66% in the previous 4 years. This can be partly explained by more referrals being recorded as originating from parents as opposed to being reported through the school.

The Royal London Hospital/Health Professions were the sources of 10 (7%) of referrals, a development marking the integration and use of the LSCB procedures for reporting Allegations against Adults into their practice.

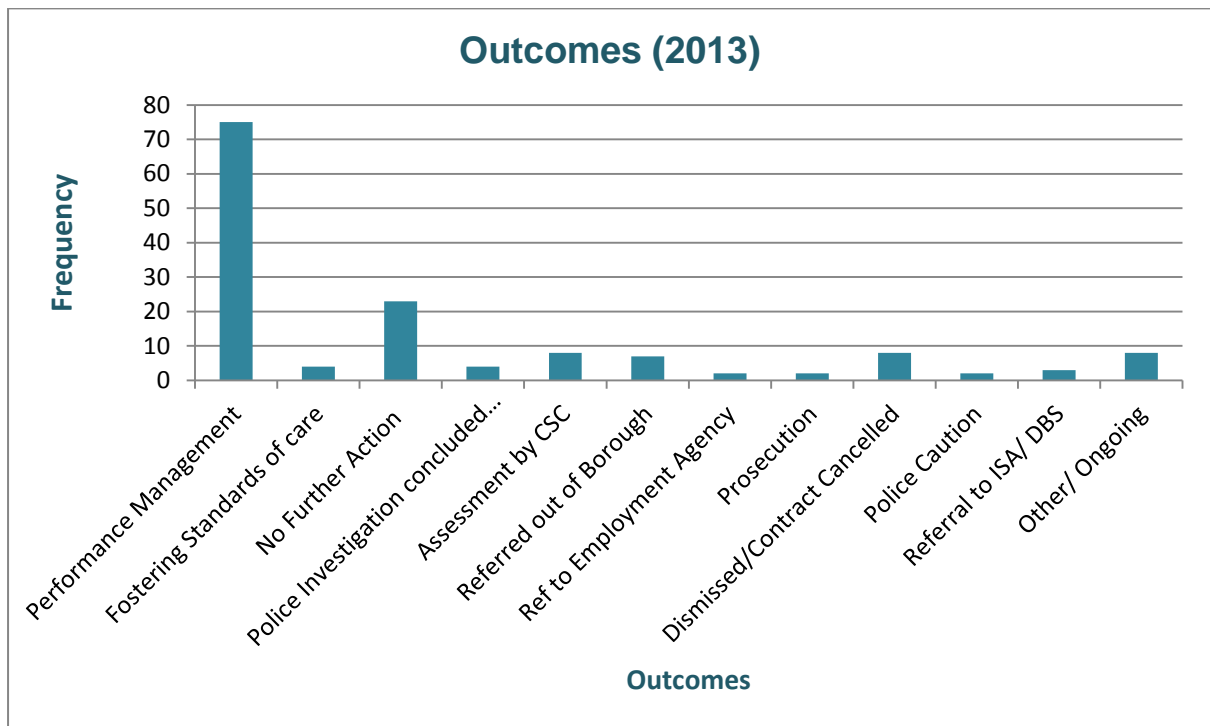


### Outcomes of Investigations:

A total of 75 cases representing 51% of all allegations received ended with some form of Performance Management – an increase in number but a similar proportion when compared to 2011-12. Some 23 cases representing 16% of the total allegations received ended in No Further Action being taken.

In 8 cases (5%) the adult working with children was dismissed or had their contract cancelled.

In 3 cases (2%) the adult was referred to the Disclosure and Barring Service due to concerns about their suitability for employment working with children and vulnerable adults.



The LSCB Allegations against Staff Working with Children Procedures and the arrangements for the LADO role for managing the allegations of abuse against adults fulfilled the requirements of the DfE guidance for the period 2012-13.

## Issues and Challenges

The LSCB has an accountability to safeguarding children and young people across the borough and in order to effectively achieve this an understanding of the safeguarding risks that each agency is managing is crucial to ensure safeguarding measures are being put in place and all available resources are mobilised to minimise the impact of the risks on children and young people.

The LSCB developed a Risk Register an essential part of the local quality assurance framework. The risks are identified by individual agencies and reported through to the Chair via the Safeguarding Risk Alert Form or through the standing agenda item at the Board. Additional risks emerge through discussions at Board meetings, in particular when scrutinising tabled reports. The Chair will capture and summarise new risk areas as a result of partnership debate. Agencies are expected to clarify mitigating actions and escalate when there is a direct need for the Chair's intervention, which in turn formulates the LSCBs remedial action. The LSCB Risk Register is monitored by the LSCB Chair, Business Manager and the LSCB Statutory Partner's Group, which has replaced the Executive Business Group.

During 2013-14, the following risks were identified:

Risk	Impact	Mitigation / Remedial Action
LSCB is becoming more at arm's length from CSC i.e. less social care led	Low	Workshops on Working Together repositioned partnership relationships within context of statutory responsibilities. Accountability of LSCB Chair moved to HoPS but re-instated CSC at agenda and forward planning meetings
CCG lead for safeguarding has one day per week designated to this role	Low	Implications for safeguarding raised at monthly CCG/CSC safeguarding meetings so concerns can be proactively addressed  LSCB Chair held 1:1 meetings with CCG representatives, including named GPs  Designated Nurse provides agency updates at Board meetings providing opportunity of on-going monitoring by the Chair
Staffing Cuts and potential impact on capacity to service delivery	Medium	Partners report on staff vacancies through LSCB performance framework  Children are sign-posted to the appropriate services to ensure undue pressure is not place on any one agency  Implementation of MASH should assist in appropriate sign-posting

Previous OFSTED judgement about LSCB's ambitious plans with low through-put	Medium	<p>Chair introduced a number of measures to ensure focus on completing and reporting on tasks</p> <p>LSCB restructure and membership review to create capacity for LSCB business at subgroup level</p> <p>LSCB Board agenda reconfigured to increase debate time and development session to where the 'thinking' can be done</p>
Changing Personnel – lack of leadership to drive LSCB and its work	Low	<p>LSCB Chair appointed for 3 years</p> <p>Governance Strategy sets out direction of travel</p> <p>Regular meetings set up with subgroup chairs to monitor progress against LSCB business plan and subgroup work plans</p>
LSCB Information & Communication is not robust enough to reach a wide audience	Low	<p>LSCB Website refreshed</p> <p>LSCB Branding – new logo</p> <p>LSCB Quarterly Newsletter</p> <p>Frontline Service Visits by Chair introduced</p> <p>Frontline briefing sessions / learning events</p> <p>Annual Safeguarding Conference</p> <p>Dissemination of information from LSCB annual report to frontline staff and the public</p>
Difficulty in collating data for LSCB performance report	Medium	<p>Data Analysis Officer allocated to develop and collate performance information</p> <p>Subgroup chair will escalate nil returns to LSCB Chair who will write to relevant agencies to formally request the data</p>
Implications of Samaritans Service within RLH due to their non-disclosure policy	Medium	<p>BHT raised concerns with NHS England, whose position is the non-disclosure policy will need to be amended at some point ahead of amendments to Health and Social Care Act</p> <p>LSCB Chair wrote to Samaritan's CEO expressing concern resulting in withdrawal of service from A&amp;E until further notice</p>
Safeguarding Implications for Home Educated Children due to change in legislation removing LA monitoring responsibility	Medium	<p>LSCB receives annual report of children missing from education services, which now includes home educated cohort</p> <p>LSCB ensure where children known to be home educated and families where there are existing or new concerns and refusing contact, these children to be escalated and reviewed by partnership to explore risks</p> <p>Working with schools to ensure they are accurately reporting children missing from education</p>



## Priorities for 2014-16

The LSCB Development Session in January 2014 reflected on the previous year's achievements, outstanding areas of work and undertook horizon scanning to inform the priorities for 2014 – 2016, in line with our 2 year business plan. These are:

**PRIORITY 1 - Child Sexual Exploitation** – continue to embed the local CSE protocol, refining our referral pathway and responding to intelligence emerging from the LSCB MASE group and national developments.

**PRIORITY 2 - Harmful Practices** – Participate in the MOPAC Harmful Practices Taskforce Pilot to raise awareness and address such practices as female genital mutilation, forced marriage, so called witchcraft killings and 'honour' crimes.

**PRIORITY 3 - Children Looked After** – Needs of Children Looked After including those remanded to Youth Offenders Institutions under the Legal Aide, Sentencing and Punishment of Offenders Act (LASPO).

**PRIORITY 4 - Neglect Strategy** – Implement neglect strategy and associated neglect training plan; develop indicators to provide a wider picture of prevalence of neglect.

**PRIORITY 5 - SCR and Thematic Case Review** – Implement learning from Serious Case Review and Thematic Review and ensure this is wide reaching through a number of communication platforms.

**PRIORITY 6 - Safeguarding Children with Disabilities** – Incorporate children with disabilities in all LSCB activities, promote messages from research, local audit and CDOP trends to understand the wider risks and improve safeguarding for this vulnerable cohort.

**PRIORITY 7 – Recruitment of Lay Members** – Involve the voice of the community through lay member representation to enhance the work of the LSCB partnership.

**PRIORITY 8 – Embed Family Wellbeing Model** – Ensure local thresholds for intervention are widely and consistently understood and applied by professionals so that children and families are able to access the right type of services.

**PRIORITY 9 – LSCB Performance Dataset** – Finalise and produce a complete LSCB dataset that includes safeguarding indicators from all key statutory partners.

## Glossary

<b>LSCB</b>	Tower Hamlets Safeguarding Children Board
<b>HWBB</b>	Health and Wellbeing Board
<b>CFPB</b>	Children and Families Partnership Board
<b>CSP</b>	Community Safety Partnership
<b>LBTH</b>	London Borough of Tower Hamlets
<b>DCS</b>	Director of Children's Services
<b>CSC</b>	Children's Social Care
<b>HoPS</b>	Head of Paid Services
<b>SCR</b>	Serious Case Review
<b>LAC</b>	Looked After Children
<b>CiN</b>	Children in Need
<b>CPP</b>	Child Protection Plan
<b>CSE</b>	Child Sexual Exploitation
<b>MASE</b>	Multi-Agency Sexual Exploitation Group (safety planning)
<b>FWBM</b>	Family Wellbeing Model
<b>LHA</b>	Local Housing Allowance
<b>JSNA</b>	Joint Strategic Needs Analysis
<b>AFS</b>	African Families Service
<b>MFS</b>	Muslim Families Service
<b>ELFT</b>	East London Foundation NHS Trust
<b>IPST</b>	Integrated Pathways Support Team
<b>MASH</b>	Multi-Agency Safeguarding Hub

## Appendix 1 – Tower Hamlets LSCB Membership during 2013-14

NAME	JOB TITLE	EMAIL ADDRESS
Abzal Ali	Targeted Support Manager Youth & Community - LBTH	<a href="mailto:Abzali.ali@towerhamlets.gov.uk">Abzali.ali@towerhamlets.gov.uk</a>
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NAME	JOB TITLE	EMAIL ADDRESS
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## Appendix 2 – LSCB Financial Statement

### Partner Contributions for 2013-14

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	
Education, Social Care & Wellbeing	175,000	Covered shortfall
Public Health	0	
NHS England ( London)	0	
<b>Total Annual Contribution 2013/14</b>	<b>206,050</b>	

### LSCB – Fixed Annual Costs

	<b>Actual 2013 /2014</b>
LSCB Chair (30 days p/a)	15,000
LSCB Business Management	58,896
LSCB Administrator Support	0
Staffing Costs – QA & Safeguarding Manager	15,000
Staff Costs – Engaging Young People (Youth Service)	10,000
Staffing Costs – LSCB Training Coordinator & Support	35,000
Staffing Costs – CSC contribution to training	15,000
LSCB Training Contribution	7,000
HR & Workforce – Contribution for LSCB Training Programme	25,200
<b>Total</b>	<b>181,096</b>

### LSCB - Recurring Variable Annual Costs

	<b>Recurring Variable</b>
Hospitality	500
Training/Conference (attendance)	1,200
Commensura Surcharges	600
<b>Case Review Group:</b>	
Case Review Group:	
Serious Case Review x 2	50,000
SCR Chair Costs x 2	20,000
Non-SCRs (thematic) x 1	25,000
<b>QA&amp;P Subgroup:</b>	
Audits – staff time	7,000
Safeguarding Conference	6,000
Monthly Learning Events	1,000
Safeguarding Week Events	2,000
Engaging Young People	5,000
Campaigns/Publicity	1,500
Single Point of Contact (BHT cover costs)	34,530
MACE Admin Support	0
Awareness Raising	0
<b>Total Costs</b>	<b>154,330</b>

## Appendix 3 – Tower Hamlets LSCB Overarching Business Plan 2014-16

**Introduction:** The LSCB Work Plan is designed to outline the business of the Safeguarding Children Board over the year and the priorities have been identified to address gaps identified within the revised Working Together to Safeguard Children Guidance published in March 2013. The LSCB is committed to working closely with other themed partnerships to ensure governance and strategic co-ordination of common priorities and effective use of limited partnership resources. The LSCB Work Plan includes activities relating to statutory requirements set out in the Children Act 2004 and LSCB Regulations 2006. The LSCB Subgroups will be responsible for delivering and monitoring some of the activities contained in this document and will further develop detailed action plans to support this.

**Overarching Priorities:** To ensure LSCB is able to deliver its core business in line with Working Together 2013

**Targeted Priorities:** Governance and Accountability, Assessment & Early Help, Partnership Working, Voice of Children & Young People, Learning & Improvement, Workforce Development

Objective	Action	Outcome:	Evidence of Compliance	Lead	Target
<p><b>LSCB Governance &amp; Accountability</b></p> <p>The LSCB has robust Governance and accountability in place in line with WT 2013 in order that partners are confident and assured in respect of their roles in safeguarding children and families</p>	<p>Review a governance strategy to reflect WT13</p> <ul style="list-style-type: none"> <li>Recruitment &amp; accountability of LSCB Chair with Chief Executive</li> <li>CEO to receive LSCB papers</li> <li>Review financial contribution across LSCB partnership</li> <li>Agree local MASH information sharing agreement to ensure effective identification, assessment and service provision</li> </ul>	LSCB partners realises their potential to safeguarding all C&YP	LSCB partners sign up to LSCB COMPACT reviewed	LSCB Chair & Business Manager	Jan 14
		Confidence in the effectiveness of the LSCB by lead member for CS, Chief Executive, Partner Agencies	Inspection identifies LSCB compliance with statutory duties		On-going
		Strengthen the assurance and accountability of the LSCB,HWB and CSP	Each Agency to review their financial /in kind contribution to the LSCB		Jan 14
					Feb 14

Objective	Action	Outcome:	Evidence of Compliance	Lead	Target
	<ul style="list-style-type: none"> <li>• Enhance interface between LSCB and frontline service areas to promote partnership work &amp; seek assurance</li> <li>• Statutory partners to report annually on safeguarding performance</li> </ul> <p>Strengthen the accountability structure for the LSCB Chair with HoPS holding Chair to account.</p> <p>Strengthen the political engagement and oversight of the LSCB</p> <p>Strengthen community accountability through appointment of at least two lay members, reflecting both</p>	<p>LSCB partner agencies resource contribution enable the LSCB to fulfil its functions</p> <p>LSCB has increased profile across strategic partners</p> <p>Enhanced understanding of local community issues and community</p>	<p>LSCB Chair visits frontline services across partnership and meets with principle social worker</p> <p>LSCB Chair reports back to LSCB Board on good practice areas and significant SG issues</p> <p>Audit of agency safeguarding annual reports</p> <p>LSCB Chair and HoPS has monthly meetings.</p> <p>HoPS attends LSCB activities</p> <p>LSCB Chair, DCS and HoPS meet quarterly with lead member and elected Mayor</p> <p>Lead Member attends LSCB and associated activities</p> <p>Successful appointment of Lay Members.</p>		<p>Aug 13</p> <p>On-going 4 x per annum</p> <p>On-going</p>

Objective	Action	Outcome:	Evidence of Compliance	Lead	Target
	<p>public and business communities.</p> <p>Strengthen partnership working with strategic Boards</p> <p>LSCB membership to reflect local services and local communities.</p>	<p>engagement</p> <p>LSCB activities is informed by local services and service user needs reflecting community diversity</p>	<p>Protocol agreed between LSCB &amp; HWBB and CSP</p> <p>LSCB Chair member of and attends CFPB</p> <p>Annual review of membership</p>		
<b>Early Help</b>					
<p>LSCB partners to ensure there are effective processes for assessing for early help.</p> <p>LSCB partners to be confident there are a range of services in place to deliver a wide range of early help to meet identified need</p>	<p>To ensure Tower Hamlets FWBM/ Threshold document is embedded in front line practice.</p> <p>To review and influence Tower Hamlets commissioning and provision to enhance access to early help</p>	<p>Increase Nos of CAF reviewed and step-down reviews from CSC / YOT</p> <p>Gap analysis and evidence of service change to meet identified need</p>	<p>LSCB ensures the FWBM is available through the LSCB and CFPB websites. Evaluation of FWBM and associated quality assurance activities are undertaken</p> <p>Monthly and Annual CAF data report on nos. of CAF Commissioners report on new and discontinued services</p> <p>Annual audit of quality of scored CAFs and CAF review decisions</p>	<p>Chair of FWBM Steering Group</p> <p>LA Commissioning Team</p> <p>Chair: Quality Assurance &amp; Performance</p>	



Objective	Action	Outcome:	Evidence of Compliance	Lead	Target
		<p>Improve quality of CAFs and reviews</p> <p>Effective CAF action plans are an integral part of early help</p>	<p>Monitored through SIP minutes which records outcomes per child</p>	<p>TIVCF/FWBM SG</p> <p>Targeted Interventions for Vulnerable C&amp;F Group</p> <p>Social Inclusion Panel (SIP)</p>	
<p><b><u>Serious Case Review &amp; learning &amp; improvement</u></b></p> <p>The LSCB has an agreed process for reviewing unexpected child death and seriously injured and maximising learning across the partnership</p>	<p>Review and design local methodology to undertake SCRs</p> <p>Develop and implement evidence based <b>learning &amp; improvement framework</b> to support knowledge transfer and practice improvement, including:</p> <ul style="list-style-type: none"> <li>• Multi-agency learning &amp; development offer</li> <li>• Annual conference</li> <li>• Supervision</li> <li>• National learning from SCRs and thematic reviews (inspection)</li> </ul>	<p>LSCB has a greater understanding of the risk factors which can lead to serious injury and/or child death</p> <p>LSCB influences commissioners and providers to implement evidence based professional and service development.</p>	<p>Development of learning and improvement framework.</p> <p>Learning and development events to disseminate learning.</p> <p>Serious Case Review Action plans are:</p> <ul style="list-style-type: none"> <li>• Published</li> <li>• Completed within timescales.</li> </ul> <p>Audit assures embedding of best practice</p>	<p>Subgroup Chairs</p> <p>Learning &amp; Development (training)</p> <p>Case Review Group</p>	<p>Aug 13</p> <p>Nov 13</p>

Objective	Action	Outcome:	Evidence of Compliance	Lead	Target
	<ul style="list-style-type: none"> <li>• Identification of national and local good practice</li> <li>• Thematic review of Child deaths</li> </ul> <p><b>Develop a notification protocol in line with WT13</b></p>	<p>LSCB Chair, DCS and HoPS informed of child death/incident and potential for SCR</p> <p>Individual staff and agencies are informed early of a potential SCR.</p> <p>National SCR Panel informed in line with DfE guidance</p>	<p>Compliance reporting to LSCB.</p> <p>Timely reporting across LSCB partnership</p>	LSCB Business Manager	
<b>Partnership Working:</b>					
<p>All partner agencies are compliant with WT2013 and that assurance processes are in place to ensure robust safeguarding of children and families</p> <p><i>Health Agencies: NHS England (London) TH CCG</i></p>	<p>Review and develop LA Designated Officer reporting in line with WT2013</p> <p>Develop relationship with NHS England (London) and CCG to ensure effective</p>	<p>Safeguarding needs of C&amp;YP are identified and acted upon across the safeguarding continuum (from universal to acute health provision)</p> <p>Health partners (commissioners &amp; providers) can work</p>	<p>Compliance reporting to LSCB within academic year</p> <p>Annual Safeguarding Report to LSCB</p>	<p>Service Manager – CPRS / LA LADO Officer</p> <p>Designated Professionals (Health)</p>	

Objective	Action	Outcome:	Evidence of Compliance	Lead	Target
<i>BHT ELFT (CAMHS &amp; Adult Mental Health/Specialist Services)</i>	<p>commissioning arrangements are in place to safeguard children through health services.</p> <p>Maintain and further develop joint working between the LSCB and health providers across primary and secondary care through review of health partner membership on LSCB Executive and Board.</p>	together to strengthen safeguarding arrangements			
<i>Children &amp; Young People</i>	<p>Promote the work of the LSCB with children and young people across LBTH through working with:</p> <ul style="list-style-type: none"> <li>• Youth Council</li> <li>• You're Welcome Group</li> <li>• Young Mayor</li> <li>• Children in Care Council</li> <li>• Children with Disabilities</li> <li>• Young Carers</li> <li>• LGBT</li> <li>• Hidden Communities</li> <li>• Children as service users</li> </ul>	<p>C&amp;YP report their voices have been heard by the LSCB</p> <p>C&amp;YP report they are better able to access services to meet their needs and feel safer</p>	<p>Work plan developed by You're Welcome Group</p> <p>LSCB Workshop with focus on voice of C&amp;YP</p> <p>Views of C&amp;YP captured by LSCB partners including Police, Community Safety Partnership, Health, Children Social Care, Youth Service, Voluntary Sector</p>	Head of Youth & Connexion Service / Young Mayor	
<i>Voluntary &amp; Independent Sector Faith &amp; Community Sector</i>	Enhance the relationship between the LSCB and Voluntary & Independent Sector, Faith & Community Sector to promote	LSCB has a deeper understanding of demographic specific safeguarding issues and influence service	Compliance with Safe Network National Standards	Voluntary Sector Lead	

Objective	Action	Outcome:	Evidence of Compliance	Lead	Target
<i>Schools and Academies</i>	<p>safeguarding.</p> <p>LSCB Chair to meet with VCYPF</p> <p>Develop and deliver a programme of public and professional Safeguarding campaigns</p> <p>Promote safeguarding as everybody's business across schools, academies and the College through workshops, learning and development events</p> <p>LSCB Chairs visit to Heads Teachers Forum</p>	<p>commissioning and development</p> <p>All schools have a designated professional who is up to date and confident to lead safeguarding within their establishment</p>	<p>Safeguarding events facilitated by LSCB Chair and Business Manager</p> <p>LSCB Chair communicates with Academies, Free Schools &amp; Independent School</p> <p>Robust S11 self-audit completed (Safer Network)</p> <p>Designated Professionals &amp; Refresher Training evaluated and developed</p> <p>Escalation of safeguarding concerns</p>	<p>Subgroup Chair – Awareness Raising &amp; EC</p> <p>LSCB Chair/ Business Manager</p> <p>Safeguarding Trainer</p>	
<b><u>Quality Assurance</u></b>					
<p>Improve scrutiny of LSCB partners safeguarding performance</p> <p>To review and support services across LBTH</p>	<p>Review, refine and implement s11 audit tool in response to organisation changes across LSCB partners`</p> <p>LSCB Agencies reporting safeguarding risks</p>	<p>S11 compliance is built into commissioning arrangements across the LSCB partnership (with attention to Any Qualified Provider</p>	<p>Agency reporting to LSCB</p> <p>Provider contracts to be reviewed to ensure compliance</p>	<p>Subgroup Chairs</p> <p>Quality Assurance &amp; Performance</p>	

Objective	Action	Outcome:	Evidence of Compliance	Lead	Target
to address the needs of vulnerable groups including:  Neglect/Child Sexual Exploitation /Domestic Abuse/Children Missing/ Children with Disability/ Young Carers	Review, publish & disseminate threshold document  Launch local child sexual exploitation strategy in line with pan-London protocol  Develop a local Neglect Strategy and practitioner toolkit  Implement Quality Assurance Strategy through a programme of themed audits, deep dives and themed learning events to reflect identified Safeguarding issues Implement a partnership performance management framework identifying the effectiveness of early help and safeguarding services	[AQP] within Health)  Practitioners demonstrate increased knowledge and confidence in working with Vulnerable children.  Services are developed to reflect outcomes of audit and reviews.  Children and families report that services are more responsive to meeting their needs	Revised Threshold Guidance published  Child Sexual Exploitation Protocol published  MASE safety planning group set up  LSCB receives reports from quality audit activity with identified learning and development and associated action plans  LSCB Performance Reporting indicators revised	FWBM SG Chair  Child Sexual Exploitation Chair  Quality Assurance & Performance  Quality Assurance & Performance	
<b><u>Learning and Development</u></b>  Ensure Children and Families Workforce are	To review and deliver the LSCB Multi-Agency Training	Workforce report increased confidence	MAT programme incorporates training	Subgroup Chair	March 14

Objective	Action	Outcome:	Evidence of Compliance	Lead	Target
<p>confident and competent to undertake their safeguarding responsibilities</p> <p>To ensure partnership working and information sharing arrangements are effective</p>	<p>(MAT) programme (in line with London Competence Still Matters)</p> <p>Adapt London Councils safeguarding Boards training evaluation framework to develop a robust outcomes focussed model</p> <p>Ensure the LSCB partnership is signed up to and working within the agreed information sharing protocol (MASH)</p> <p>LSCB to capture single agency training data and ensure there are appropriate QA mechanisms in place</p>	<p>in managing Safeguarding risks</p> <p>Evidence of learning and development in impacting on improving safeguarding practice to improve outcomes for CYPF.</p> <p>Staff report of effective information sharing</p>	<p>needs analysis findings</p> <p>LSCB partnership applying the learning and development strategy to everyday practice</p> <p>Reporting to the LSCB provides assurance of partnership engagement in learning and development activities.</p> <p>LSCB learning events feedback forms capture staff confidence in information sharing</p>	<p>Learning &amp; Development</p> <p>L&amp;D sub group</p>	

## Appendix 4 – Tower Hamlets LSCB Performance Dataset

### Children’s Social Care Performance Indicators

<b>Children in Need</b>
Referral rate per 10,000 of the children & young people (C&YP) population
Percentage of referrals that were repeat referrals
Rate of assessments per 10,000 of the C&YP population
Assessments completed within 45 days or less from point of referral
<b>Child Protection</b>
Section 47 (child protection) enquiries rate per 10,000 C&YP population
Initial Child Protection Case Conferences – rate per 10,000 C&YP population
Initial Child Protection Case Conferences convened within 11-15 days from point Child Protection Strategy meeting held
Percentage of Child Protection Plans last two years of more at 31 March and for Child Protection Plans which ended during the year
Percentage of children becoming subject of a Child Protection Plan (CPP) for a second or subsequent time (within 2 years of the previous plans end date)
Percentage of cases where the lead social worker has seen the child in accordance with timescales specified in the CPP - TBC
Percentage of Child Protection Reviews carried out within statutory timescale
Percentage of children with CPP who are not allocated to a social worker
Percentage of LADO cases resolved in 30 days or less
<b>Looked After Children</b>
Percentage of Children Looked After (CLA) with three or more placements
CLA under 16 years who are looked after for 2.5 years or more and in the same placement for 2 years
Percentage of CLA who went missing from care during the years as a percentage of all CLA during the year - TBC
CLA who participated in their review
Percentage of CLA with a named social worker
<b>Looked After Children - Health</b>
Percentage of CLA more than 12 months who had an annual Health and Dental Check
Percentage of CLA more than 12 months whose immunisations were up to date - TBC
<b>Care Proceedings</b>
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) - TBC
Average length of care proceedings locally (weeks) - TBC
<b>Leaving Care</b>
Proportion of young people aged 19, 20, 21 who were looked after aged 16 who were not in employment, education or training
Proportion of young people aged 19, 20, 21 who were looked after aged 16 who were in suitable accommodation
<b>Education</b>
Percentage of CLA continuously for 12 months who achieved at least level 4 at Key Stage 2 in both English and Maths
Percentage of CLA who achieved 5 A*-C GCSEs (including English & Maths)

**Met Police Performance Indicators**

Police Protection Orders taken out - Tower Hamlets &amp; across London (MPS average)

Domestic Violence Offences with a Child Victim or Witness – Tower Hamlets &amp; London average

Domestic Violence Detections with Child Victim or Witness – Tower Hamlets &amp; London average

Domestic Violence Detection Rate – Tower Hamlets &amp; London average

**Child & Adolescent Mental Health Service (ELFT CAMHS)**

Number of referrals to CAMHS

Percentage of C&amp;YP seen within target

Number of C&amp;YP seen (caseload)

Percentage of C&amp;YP seen by gender

Percentage of C&amp;YP seen by age group – 0-4, 5-11 and 12-18 years

Percentage of C&amp;YP showing an improvement

**Barts Health NHS Trust**

BHT Community Health Service – data to be finalised in early 2015

BHT Acute Service – data to be finalised in early 2015



## Appendix 5 – Multi-Agency Training Programme 2013-14

<b>Group A - Foundation</b>	<b>Course Detail x frequency per year</b>	<b>Training Lead</b>
Introduction to CAF	e-learning modules	
Information Sharing	e-learning modules	
Integrated Working	e-learning modules	
Safeguarding Children	e-learning modules	
Working with Parent	e-learning modules	
Introduction & Overview of FWBM	e-learning modules	
Child Protection Refresher	1 day x 2 p/y	
Safeguarding Children - Foundation Level	1 day x 10 p/y	External Trainer
Safeguarding Children & Young People from being exploited on the internet	1 day	External Specialist Trainer
Prostitution Awareness (VAWG)	1 day x 2 p/y	LBTH VAWG Trainer
Sexual Violence Awareness	1 day	LBTH VAWG Trainer
Safeguarding in Schools – Basic Awareness	1 day	LBTH Safeguarding Trainer for Education Settings
LSCB Learning Event Workshops	1 day x 10 p/y	LSCB Members

<b>Group B - Intermediate</b>	<b>Course Detail x frequency per year</b>	<b>Training Lead</b>
CAMHS Foundation	5 day	East London Foundation Trust
Children's Rights	1 day	LBTH Children's Social Care
Domestic Abuse - Introduction	1 day x 7 p/y	LSCB Training Pool
Domestic Abuse - Advanced	1 day x 4 p/y	LSCB Training Pool
Impact of parental mental health problems and safeguarding children	1 day x 2 p/y	External Specialist Trainers
Life Story Work – An Integrated Approach	1 day	LBTH Children's Social Care
Managing Risks in Adolescence	1 day	External Specialist Trainers
Overcoming Dangerous Dynamics in Professional Practice	1 day	External Specialist Trainer
Safeguarding African Children & Families	2 day x 3 p/y	LBTH Children's Social Care
Safeguarding Children – Intermediate Level 2	1 day x 4 p/y	External Trainer
Safeguarding Children – Advanced Level 3	1 day	External Trainer
Safeguarding the Disabled Child	1 day	External Trainer
Solution Focused Interviewing – Skills for every day practice	1 day x 2 p/y	External Specialist Trainer
Working with Bangladeshi Children & Families	2 days x 4 p/y	LBTH Children's Social Care Trainers
Working with Resistant/Reluctant Parents & Carers	1 day x 3 p/y	LBTH Early Years' Service
Working with Young People at risk of sexual exploitation	1 day x 3 p/y	LSCB training pool
Working with Perpetrators of Violence	1 day	LBTH Specialist Trainer
Young People and Violence against Women and Girls	1 day x 2 p/y	