



# Tower Hamlets Safeguarding Children Partnership

Annual Report  
2020-2021

# Introduction

The Tower Hamlets Safeguarding Children Partnership (THSCP) has been fully established under the Working Together to Safeguarding Children 2018 Arrangements and has stepped away from the Local Safeguarding Children Board (LSCB) arrangements to create a more agile and responsive system.

The Working Together Arrangements state that:

A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:

- (a) the local authority
- (b) a clinical commissioning group for an area any part of which falls within the local authority area
- (c) the chief officer of police for an area any part of which falls within the local authority area

Within Tower Hamlets James, Chetan and Marcus make up the leadership and core partners and rotate chairing THSCP Executive.



James Thomas  
Children's Social Care

James is the statutory Director of Children's Services for Tower Hamlets, and the Corporate Director for Children and Culture, with lead responsibility for children's safeguarding as well as for the delivery of a range of social care, education, early help and commissioned services. He is also chair of a number of children's partnership boards and sits on the Health & Wellbeing Board and the Community Safety Partnership. He is also the national and London lead for ADCS on safeguarding and sits on the cross-governmental Safeguarding Reform Delivery Board and the London Safeguarding Children's Partnership.



Chetan Vyas  
Clinical Commissioning Group

Chetan is the Director of Quality and Safety across Newham, Tower Hamlets and Waltham Forest Clinical Commissioning Groups and the Executive Lead for Safeguarding across Children's, Children looked after and Adult which means he is the CCG statutory partner across the Children's Safeguarding Partnerships and Safeguarding Adults Boards across the 3 boroughs.



Marcus Barnett  
Metropolitan Police

Detective Chief Superintendent Barnett is the senior police officer responsible for the strategic and operational oversight for the London Boroughs of Tower Hamlets and Hackney. Marcus Barnett works closely with both internal and external partners in order to safeguard the vulnerable, tackle crime and continue to build on trust and confidence in policing amongst the community it serves.

# Working Together to Safeguard Children 2018


In April 2017, the Children and Social Work Act received Royal Assent, which abolished Local Safeguarding Children Boards and all sections of the Children Act 2004 that relate to it. The Department of Education published the revised Working Together to Safeguard Children Guidance in July 2018, which sets out what organisations and agencies, who have functions relating to children, must do to safeguard and promote the welfare of all children and young people under the age of 18 in England. In addition, further statutory guidance was published to support LSCB's, the new safeguarding and child death review partners, and the new Child Safeguarding Practice Review Panel in the transition from LSCBs and serious case reviews (SCRs) to a new system of multi-agency arrangements and local and national child safeguarding practice reviews. The guidance aims to help those involved understand the requirements and to plan and manage their work in the transitional period. In March 2020 the transition period ended, and new safeguarding arrangements were fully implemented. For Tower Hamlets this meant stepping away from a traditional board and implementing an agile partnership.

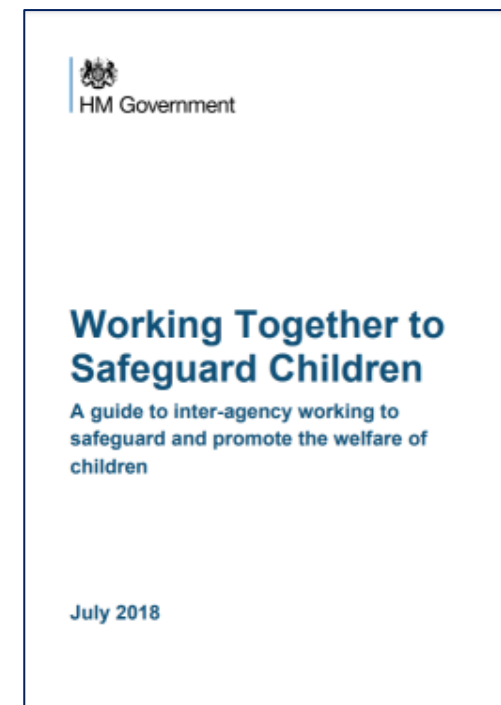
The Working together to Safeguard Children 2018, lays the foundations for Safeguarding Children Partnership. The major shift has been that the responsibility of safeguarding children in Tower Hamlets is shared between the Local Authority, Clinical Commissioning Group and Police.

*“Local organisations and agencies that work with children and families play a significant role when it comes to safeguarding children.*

*To achieve the best possible outcomes, children and families should receive targeted services that meet their needs in a co-ordinated way. Fragmented provision of services creates inefficiencies and risks disengagement by children and their families from services such as GPs, education and wider voluntary and community specialist support.*

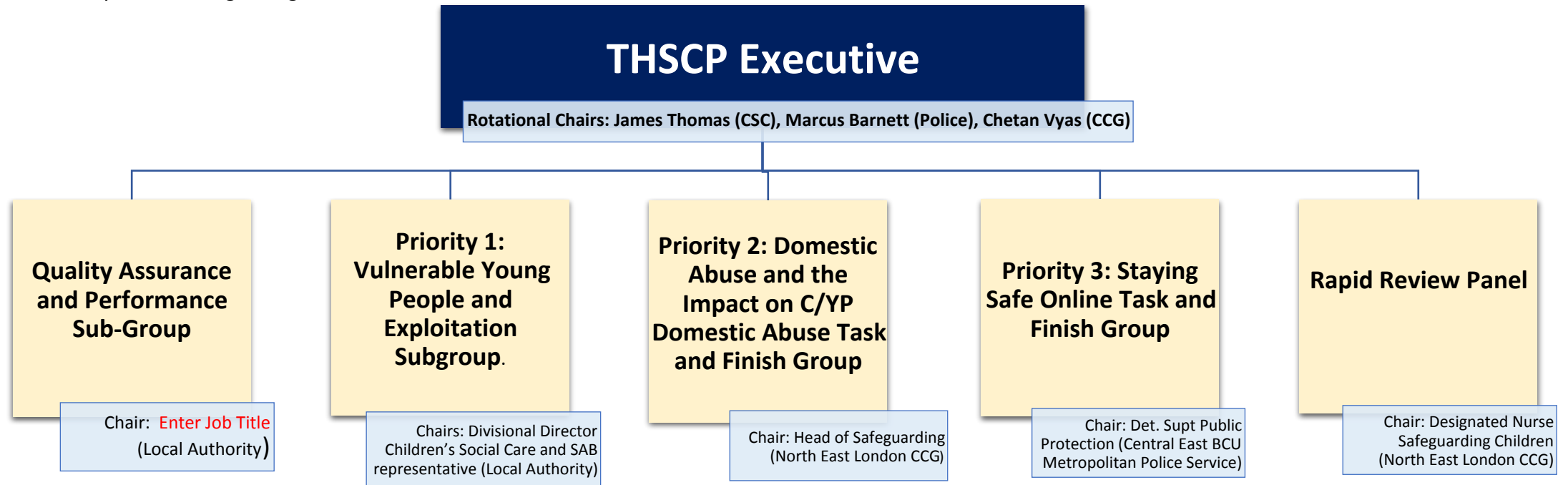
*There is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in a local area.” – Working Together to Safeguard Children 2018*

Click here to read to full  
Guidance 



# Governance and Membership

THSCP has an Executive Group in place which oversees the Partnership which aims to continue to promote and support multi-agency working across all areas of Safeguarding. The local Police, Clinical Commissioning Group and Local Authority are now equally responsible for the Partnership and its outcomes, this is one of the major changes compared to the previous LSCB arrangements. In the previous set up the partnership held quarterly board meetings with most partners in attendance, now the system is a small Executive Group where items are escalated and authorised. Sub- Groups and Task and Finish Groups have been established to focus on the business and priorities of the partnership. Each group is chaired by a partner and it's attended by a broad range of agencies.



The Quality Assurance and Performance Group (which was interim chaired by the Independent Scrutineer over the past year) oversees the business part of the partnership which includes (but not limited to), reviewing multi-agency data, audits and action plans that's arise from statutory reviews. The three priority groups are set up to focus a lens on an area that has arisen as a challenge within the borough. The Rapid Review Group has been established to respond quickly of serious incidents if a child has been significantly harmed or died from abuse or neglect. The group reviews the cases, draws out any immediate learning and makes recommendations to the Executive on what level of Statutory Review is required (see slides... on more information).

# Governance and Membership

*“Strong, effective multi-agency arrangements are ones that are responsive to local circumstances and engage the right people. For local arrangements to be effective, they should engage organisations and agencies that can work in a collaborative way to provide targeted support to children and families as appropriate. This approach requires flexibility to enable joint identification of, and response to, existing and emerging needs, and to agree priorities to improve outcomes for children.” – Working together to Safeguard Children 2018*

The partnership has been made stronger this year through key agencies taking the lead in many areas including shaping and leading the work in our priority areas. During of the period of Covid-19, the partnership has had to work smarter to ensure that collaboration is continuous. This has meant utilising technology and becoming creative with ways to engage. Key events were held over video conferencing though the year. Partners have faced a number of challenges and the THSCP has created the space for agencies to be open and honest about challenges and work together to mitigate them.



# Independent Scrutiny

*'The role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases' and "The independent scrutineer should consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership and agree with the safeguarding partners how this will be reported." – Working Together to Safeguard Children 2018*



Keith Makin was appointed at the Tower Hamlets Safeguarding Children Independent Scrutineer in 2018.

Keith trained as a social worker many years ago and went on to several senior management positions, including Director of Social Services. He has also headed up a Local Government Improvement Agency and he was Chief Executive of an independent childcare company, which provides specialist fostering and residential placements. In addition, he has been involved with a number of voluntary organisations and social enterprises. He also lectures on management courses.

For the last few years he has concentrated on safeguarding and has held the role of Chair of several LSCBs. He is also very interested in improving services for children and young people with disabilities and has carried out a number of reviews into this.

What drives him is a passion for making life better for every child and young person.

## Independent Scrutineers Reflections over the Last Year

The partnership is in a stronger position now than at the start of the year, despite the Covid 19 pandemic, but has some way to go before it could be described as consistently good.

The positives are:

- Priority setting: priorities for the partnership were established by an open and involving process, across the wide partnership;
- The data set is well designed and has full partner buy-in, with the Quality Assurance and Performance group offering a good link between outcomes' measurement and the Executive Group. A good start has been made on multi and single agency audits;
- There is a start to good joint working with the Safeguarding Adults Board on cross cutting and shared issues;
- Rapid Reviews are well organised, timely and outcomes-focused;
- Learning Lessons Reviews are now sharply defined and economically resourced;
- Children and young people have a "voice" now throughout the system;
- There is a better link between policy making and the dissemination of those policies to the wider partnership, with a definite "evidence based" approach to analysing progress towards the three key priorities;
- The Covid 19 pandemic planning has been helped by regular and effective meetings between the partners.

Work is still needed in some important areas:

- The training program needs to be firmly linked to training needs and informed by priorities;
- An equality of funding between the partners needs to be reached;
- Although there has been good progress, there is still a need to include and involve the wider partnership in decision making and policy formation.

# Developing Independent Scrutiny

The THSCP has developed the Independent Scrutineer Role and has focused on widening the Scrutiny System. It was agreed that Children and Young People should have a bigger part to play in holding the Safeguarding Children Partnership to account. In March 2020 a grant was secured via a bid process from the Department of Education to enable THSCP to recruit three young scrutineers, to work along side each priority.

The young scrutineers will be between the ages of 14-18 and a targeted recruitment process will take place to ensure young people from all backgrounds and demographics in Tower Hamlets have a chance to apply. Their role will be to challenge the priority groups to ensure the voice of the child and young person is at the centre of the work, and link with pre-established youth engagement groups for feedback on the work.

The young scrutineers will be mentored by the Independent Scrutineer and will advise the Executive group.

Over the next year the THSCP intends to explore additional scrutiny options including peer reviews.



# Funding

*“Working in partnership means organisations and agencies should collaborate on how they will fund their arrangements. The three safeguarding partners and relevant agencies for the local authority area should make payments towards expenditure incurred in conjunction with local multi-agency arrangements for safeguarding and promoting welfare of children. The safeguarding partners should agree the level of funding secured from each partner, which should be equitable and proportionate, and any contributions from each relevant agency, to support the local arrangements. The funding should be transparent to children and families in the area, and sufficient to cover all elements of the arrangements, including the cost of local child safeguarding practice review” – Working Together to Safeguard Children 2018*

Funding is agreed at the beginning of the year with the partners and is used to fulfil the function of the partnership.

It is noted that many organisations faces financial challenges each year. The partners will often give their time and resources in kind to support the functioning of the partnership. Which includes, chairing and participating in sub/task and finish groups, conducting reviews, audits, leading and attending working shops and analyzing and submitting data.

Income - Partner Contributions		Outgoings	
Agency	Amount	Item	Amount
Police	£5000	Business Unit Salaries and Oncosts	£133,000
Barts Health	£3000	Training	£13,500
Clinical Commissioning Group	£45,000	Thematic Review	£38,370
East London Foundation Trust	£2500	Independent Scrutineer	£30,500
Local Authority	£148,000		
Fire Brigade	£500		
CAFCASS	£550		
<b>Sum Total</b>	<b>£204,550</b>	<b>Sum Total</b>	<b>£215,370</b>



# About Tower Hamlets

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Tower Hamlets continues to be one of the fastest growing boroughs nationally with an estimated population of 325,000. It ranks as one of the most densely populated areas in the country, with 16,237 persons per square kilometre.

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The borough is one of the youngest in the country (according to the ONS) with an estimated 46% of the population aged between 20 – 39. There are an estimated 78,000 children and young people aged 0- 19 in Tower Hamlets, a quarter of all residents.

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Tower Hamlets was ranked as the 16th most ethnically diverse local authority in England out of 325 local authorities (Borough Profile 2020) with the Bangladeshi community accounting for one third of the overall population.

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The gap between health outcomes in Tower Hamlets and elsewhere in the UK has closed in some areas, but healthy life expectancy in the borough remains below the national average.

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Despite an improvement in the borough's deprivation rankings over time, levels of poverty remain high, particularly among pensioners and children, and the need for in-work welfare support is rising.

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Tower Hamlets is home to highly rated schools and has seen large improvements in educational attainment in recent years. There are 45,000 pupils in primary and secondary schools in the borough. There are 163 languages spoken by pupils in our schools



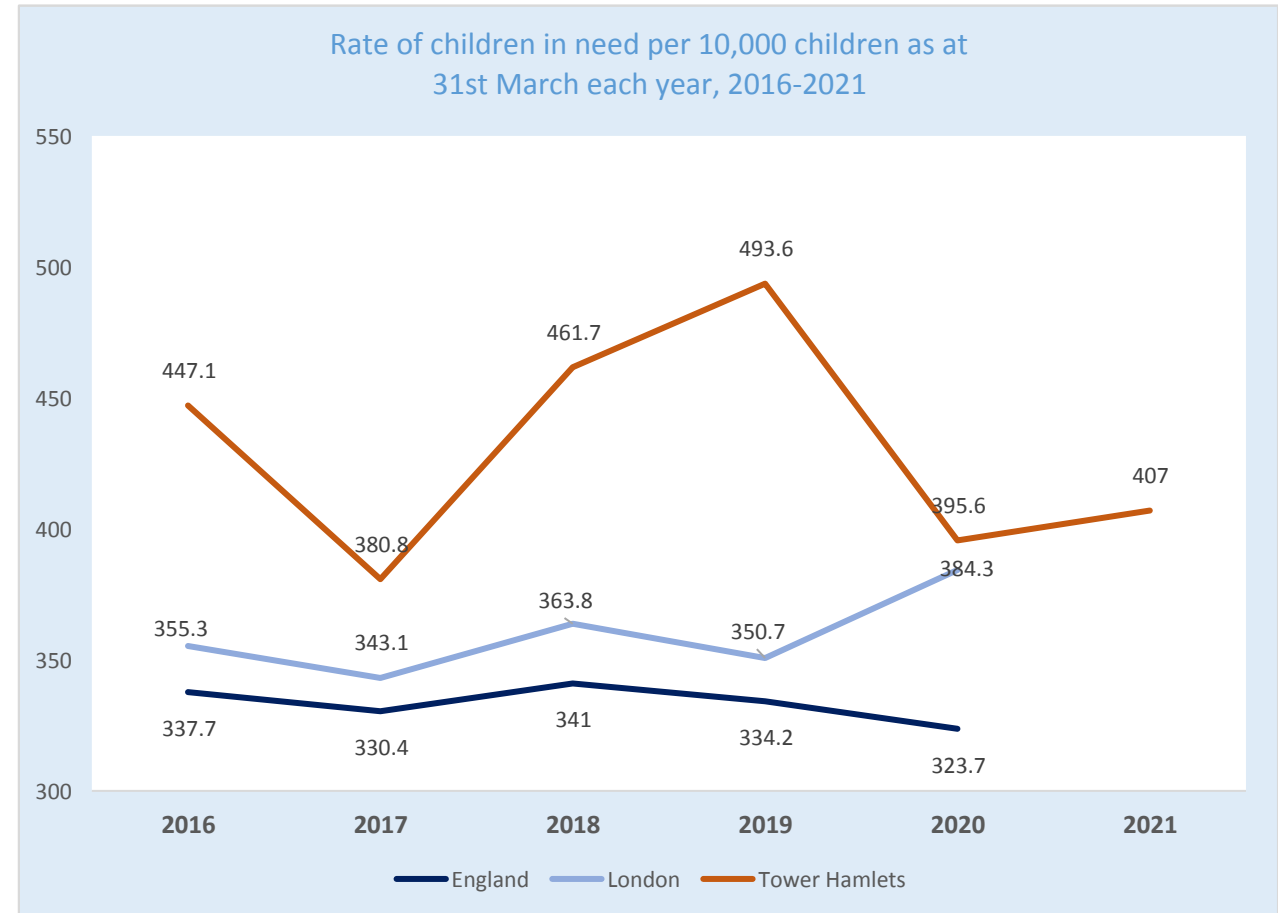
# Data regarding Children and Young People

Tower Hamlets has a high proportion of children in need when compared with England and London.

Neglect is the most common form of abuse for children in receipt of a child protection plan.

The proportion of children who are being looked after by the local authority is below the national and regional average. The main reasons for children entering care in the year 2021 are abuse or neglect (53%) and absent parenting (21%). The majority of children in care (64 per cent) are in foster care but a fair proportion (21 per cent) are placed in children's homes, secure units or hostels.

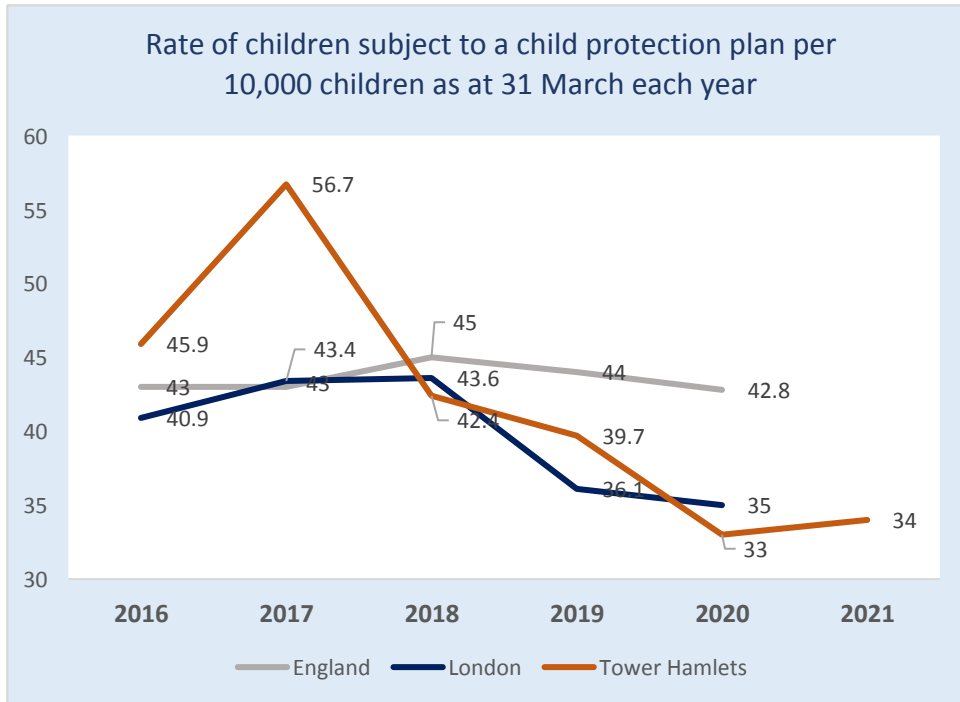
## Children in Need 2016-2021



In March 2021 there were 2,944 children in need in Tower Hamlets, a rate of 407 per 10,000 children which is above both the 2020 national and London rate.

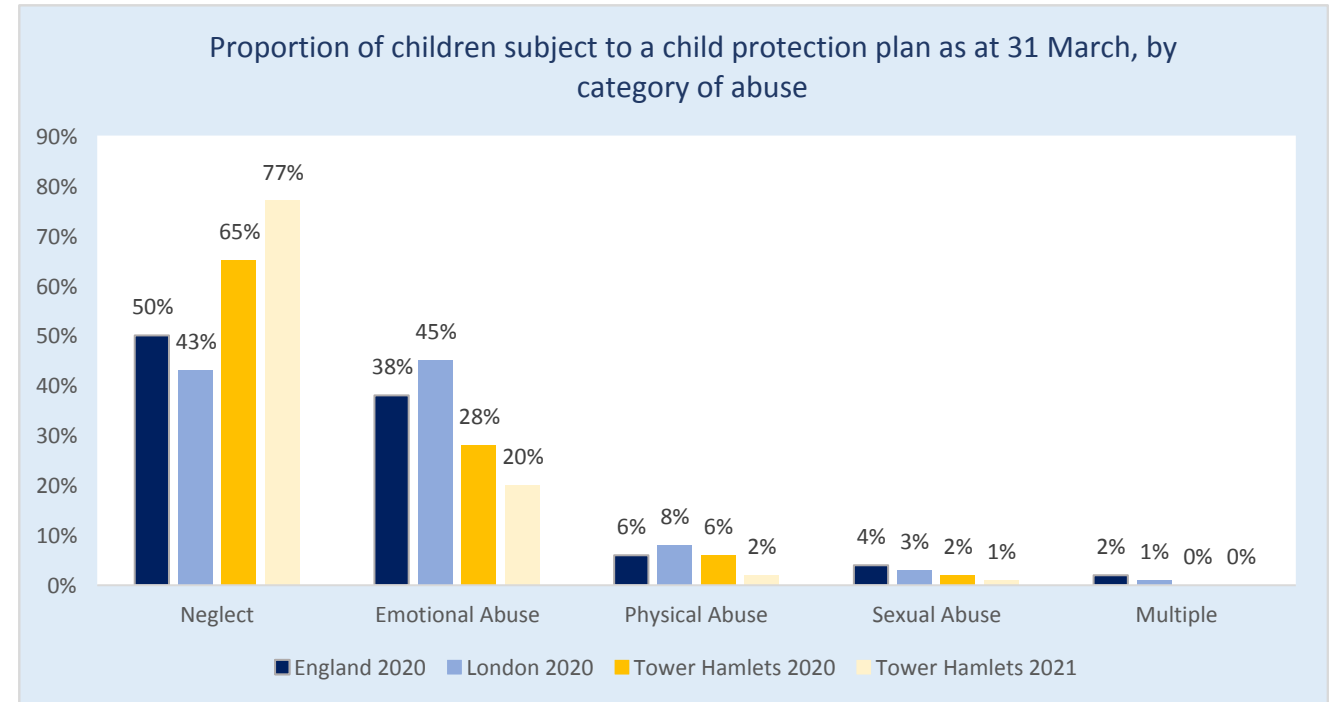
# Data regarding Children and Young People Continued

**Child Protection Plans 2016-2021**



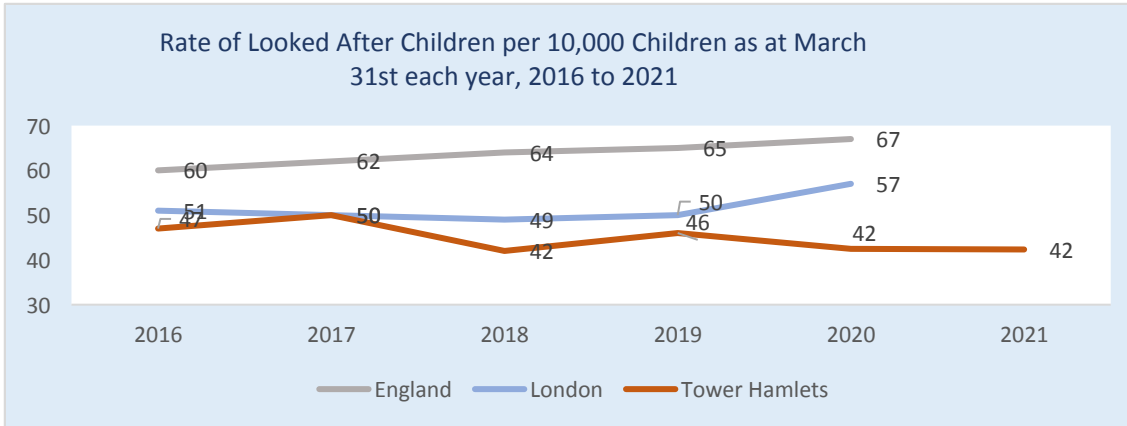
In March 2021, there were 235 children with child protection plans in the borough, a slight increase on the 2020 reporting year. This is a rate of 34 children subject to a plan per 10,000 children, a level noticeably lower than the England rate.

**Child Protection Plans 2016-2021(2)**



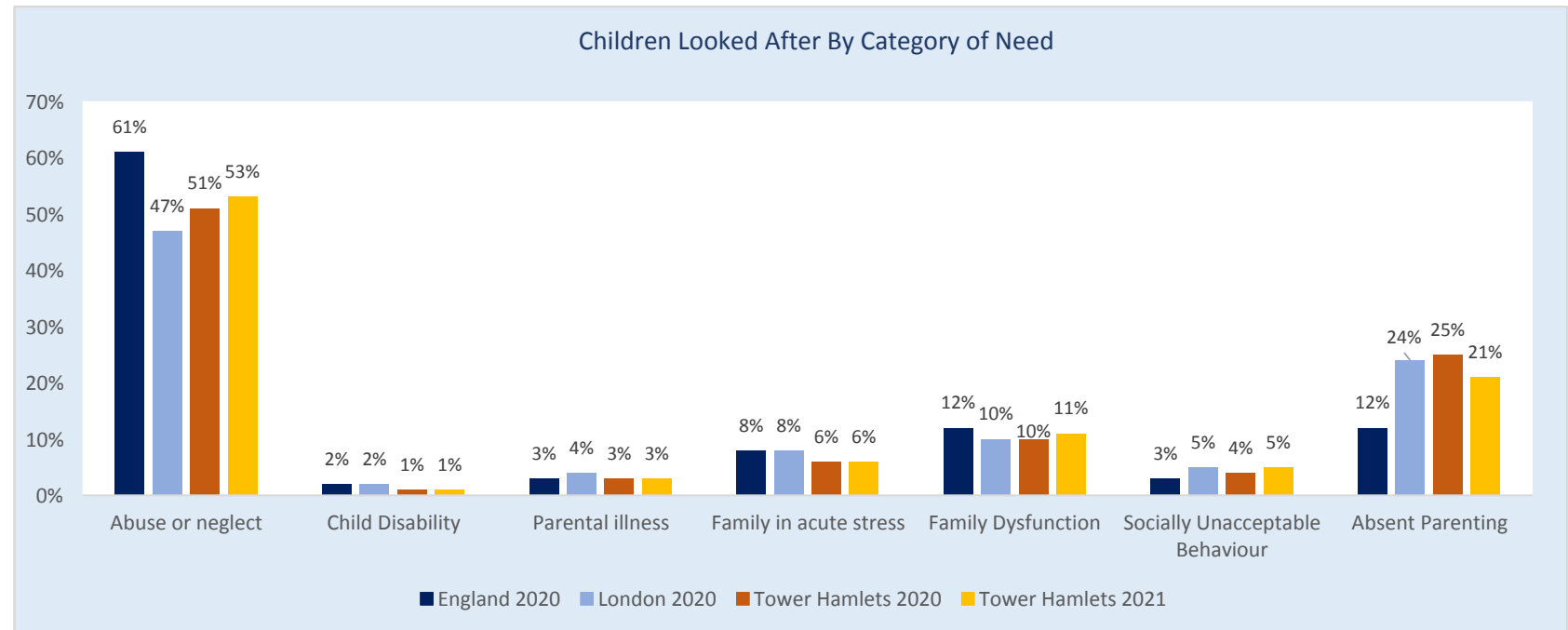
Most common reason for being subject to a child protection plan in Tower Hamlets in 2021 was neglect (77 per cent), a much higher proportion than the England and London rates. Emotional abuse is the second most common reason children are subject and this is lower than the England and London rates. There are no children subject to multiple categories.

# Data regarding Children and Young People: Children Looked After

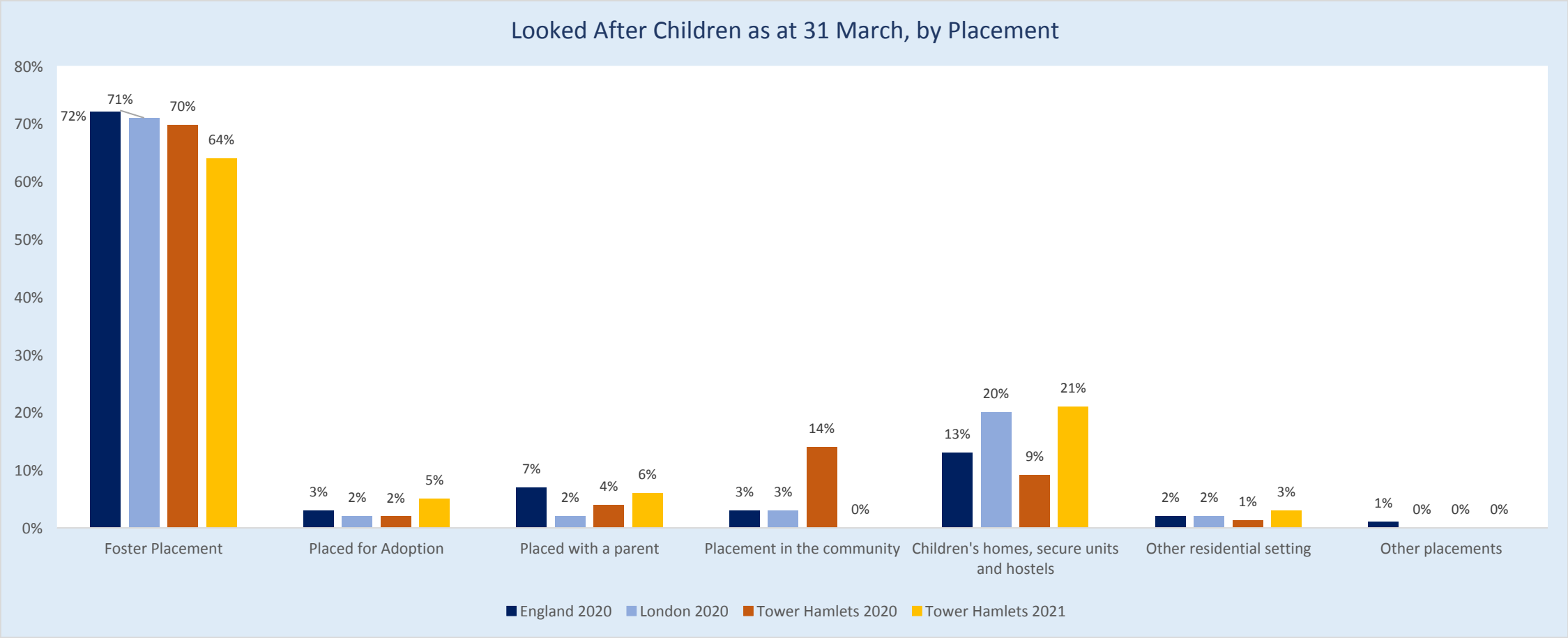


In March 2021 there were 306 children being looked after by Tower Hamlets, a rate of 42 per 10,000 children. This was noticeably below the 2020 London average of 57 per 10,000 children and well below the 2020 England average of 67 per 10,000 children. The number of looked after children in 2021 for Tower Hamlets was about 0.33 per cent lower than in 2020.

64 per cent of children in 2021 were in foster placements, but this is just below the 2020 average for England. Tower Hamlets has a higher proportion of children placed within children's homes, secure units and hostels and now has no children placed in community settings when compared to London or England.



# Data regarding Children and Young People Continued: Children Looked After



64 per cent of children in 2021 were in foster placements, but this is just below the 2020 average for England. Tower Hamlets has a higher proportion of children placed within children’s homes, secure units and hostels and now has no children placed in community settings when compared to London or England.

# What Children and Young People have said about the Issues they are Facing



The Following Children and Young People's Engagement Groups were consulted:

- CAMHS YP Participation Group
- Barts Health Youth Forum/Youth Empowerment Squad
- Children Living in Care Council
- Youth Council
- Young Carers forum
- Young Health Watch
- Youth Service Providers Forum
- Young People with SEND Forum
- Young People completing Referral/Community Orders with the Youth

offending Service

There is an ongoing 'Canvasser Programme' to ensure that these views are routinely collected. This includes within each sub/ task and finish groups partners are tasked with attending engagement groups to gather feedback and views on key issues. Within the next year the THSCP will expand the engagement to more groups and ensure that information is fed both ways.

The information gathered has been used to set the THSCP priorities and shared with other partnerships to ensure the views have been heard. The feedback will form part of the analysis to set the training program for 21-22.

<p><b>Covid 19 Specific:</b></p>	<p>Children and Young People are assumed to have IT skills/ equipment at home. Shared laptops and digital poverty is causing tension in families;</p>	<p>Deterioration of mental health and wellbeing, including an increase in self-harm;</p>	<p>Feeling isolated;</p>
<p>Increase use of social media-including conspiracy theories</p>	<p>Lack of routine, and no places to go.</p>	<p>Neglect in relation to screen time in young children which is impacting speech and language, child development.</p>	<p><b>General:</b></p>
<p>Increase of smoking and substance misuse as a coping mechanism;</p>	<p>Housing issues including overcrowding, no place in the home that is 'their own'/ lack of privacy;</p>	<p>They like having a named trusted designated person who they can contact when dealing with practitioners;</p>	<p>Parental mental health issues and the impact this has on the children and young people;</p>
<p>Increased access to/usage of pornography;</p>	<p>Gaming addictions</p>	<p>Exposure to Domestic Abuse</p>	<p>Wanting to feel safe in the community – "you think you know what it is out there, but you don't" – quote from a young person;</p>
<p>Not feeling safe on the streets including when travelling to school or youth services, specifically the young LGBTQ+ community;</p>	<p>Lack of safe spaces and places to go for support;</p>	<p>16-18year olds feeling victimised by stop and search from the police;</p>	<p>Feeling more support is offered in school than in college and finding that transition difficult (specifically raised in connection to peer on peer crime)</p>

# Children and Young People are at the Centre of the Safeguarding Partnership

The THSCP makes it a principle to consult with children and young people when implementing decisions, such as setting the priorities, but throughout the year we ensure our partners keep the voice of the child/ young person at the centre of their care, some examples of this are below:

“The CCG have a multitude of ways to ensure the child's/ young persons voice is included, a few examples are:

- Health assessments captures the views of the child/young person.
- Feedback from children and young people is central to Barnardo's Tiger light service, which provides emotional support to children who have experienced sexual abuse
- The integrated adolescent hub in a youth centre called “Health Spot” continues the important work with children and young people.
- In order to shape mental health services in schools, the CCG and CAMHS facilitate bespoke co-production projects with the Health Watch young influencers” – **Clinical Commissioning Group**

“ELFT has strived to keep the voice of the child a key priority through the Think Family ethos. clinicians demonstrating professional curiosity and making safeguarding personal to each child. Within policy, training and safeguarding supervision is the focus on the child's welfare being paramount and considering their needs and safety within the context of their family and mental health services provision. Organisational learning is embedded through mandatory training, from serious incidents and adult/child reviews. The Safeguarding Children Team attended the CAMHS Children and Young People's Participation Group in February 2021 with a view to hear from young people about how they experience the CAMHS Service and to ask questions and share their thoughts and observations. This will be an ongoing event.” – **East London Foundation Trust**

“There has been a drive to seek the voice of the child. This has been pushed out locally through training and corporately through MPS policy updates. There are regular reviews of reports by centralised inspection teams that emulate Her Majesty's Inspectorate of constabulary (HMIC) which focuses on the voice of the child and grades reports accordingly. All officers are encouraged to speak with children alone whenever they come into contact with them during their duties and to record the details of this conversation on relevant crime and Merlin reports.” – **Metropolitan Police**

“Health Visitors / Family Nurses capture the voice of the child during their routine assessments through promotion and observation of attachment, responses to parental interaction and through assessment of children's health and development at home and in play environments. Once children develop verbal communication, this include direct conversations with them in child friendly language. Health Visitors / Family Nurses are advocates for children, supporting parents to have developmentally appropriate expectations and to see things from the child's perspective. They work with parents to support them in understanding how bonding and attachment, ensuring environments are safe and nurturing with the appropriate level of stimulation and how their lifestyle behaviours will impact on their children. In July 2020 the School Health Team launched ChatHealth, a new way for young people to get advice and support about health-related issues. This is an award-winning confidential messaging service for young people aged 11-19 years. This is also enabled young people to directly access their school nurse for follow up face to face contacts if requested.” – **GP Care Group**

# Children and Young People are at the Centre of the Safeguarding Partnership ... Continued

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“The borough has a SEND Forum where Young SEND Ambassadors continued to engage with Senior Leaders to improve services and outcomes. The Holiday Childcare scheme provides childcare for working parents / keyworkers, and a safe play environment for children 3 – 13 years old, supporting vulnerable children and children with SEND. The scheme remained open throughout the pandemic focusing on physical activity and well-being. (700 children of working parents, key workers and vulnerable families were supported by the Scheme in 2020). The Parental Engagement team launched a Platform with schools where Parents and carers met via Zoom to share the challenges their children and young people have experienced during lockdown. Events provided a safe space for parents to share their child’s experiences and obtain information and support.” - **Parents and Families Support Service**

“We have a school council- children can raise issues to be discussed and actions planned. We have an open door policy at a senior level; children also have a team of support staff who are known from the classroom who manage lunchtimes. Children know that they can informally talk to staff if need be. We are working towards being a restorative school and peer incidents are managed using a structured restorative conversation which supports pupil voice. We have an annual pupil survey. We operate “a five a day “with our most vulnerable children. Our mentor will ensure children have five minutes of confidential time and space to talk. We have a play therapist as part of the team who works with six of our most vulnerable children weekly.” **William Davis School**

“We have provided advocacy for children involved in the Child Protection system through our independent advocates. In 20-21 we supported 316 children in 148 families. The advocate ensures the child’s wishes and feelings are shared with the Child Protection conference and make sure the child/ren understand the Child Protection plan. In our Family Group Conference service, advocates supported children in 124 FGC conferences, including sibling groups. The advocates work quickly to gain the trust of the children involved, an example is when an advocate worked creatively with a child who is non-verbal and has an autistic spectrum disorder and gained the child’s views from visiting them at school (with parental consent) and using icons on an iPad so the child could demonstrate their emotions about the situation.” – **Family Group Conference Service**

“Throughout the pandemic Independent Reviewing Officers have continued to have direct contact with children and young people through Whats App / Zoom/ Teams/ text and phone calls with some seen in person. All children / young people are offered access to an advocate for each child protection conference. Some young people are contacted directly by the chair prior to the conference to seek their views. Each decision sheet captures the child / YPs views. There is an emphasis on making sure each child and their family are formally notified about the outcome if an allegation made against a professional.” – **Children’s Social Care**



# Setting the Priorities

## Setting the Priorities:

In November and December 2020, the THSCP focused on setting the priority groups across the partnership: A rigorous process was put in place to ensure the priorities tackle the core issues that children and young people are facing in the borough. The Executive Group reviewed the evidence and made the final decision on the chosen priorities. A newsletter went out to the partners to alert them to the decision and to thank them for their contributions.

The process included:

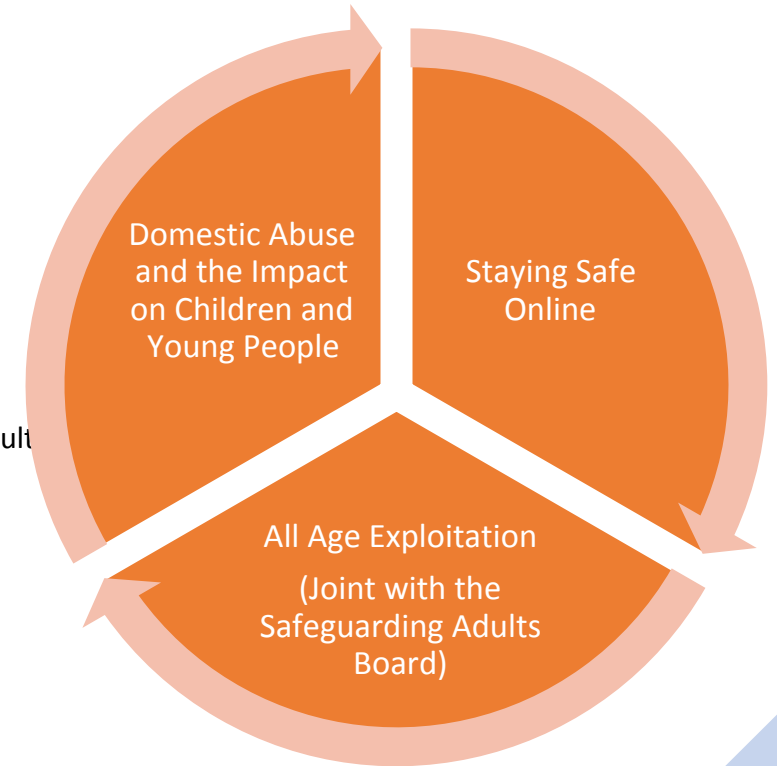
- ▶ A partnership wide workshop with all senior management from organisations across the borough;
- ▶ A practitioner and frontline worker workshop from organisations across the borough;
- ▶ Gaining feedback from children and young people;
- ▶ Review of single agency audits that had taken place over the year;
- ▶ Review of multi-agency data dashboard;
- ▶ Review of all Rapid Reviews and Statutory Review that had taken place;
- ▶ Independent Scrutiny Report on findings across the year.
- ▶ Review of what other partnerships priorities are, this prompted a more joined up approach with the Safeguarding Adults board and there a joint priority was introduced.

Many challenges had arisen in the year 20-21, after an analysis of the evidence, it appeared three areas required more intensive intervention which are:

- ▶ Domestic Abuse and the Impact on Children and Young People
- ▶ Staying Safe Online
- ▶ All Age Exploitation – Joint with the Safeguarding Adults Board

It is noted that the impact of the Covid- 19 Pandemic, has had a huge impact on Safeguarding and this will be a feature within the priorities.

The priority groups were set up in early 2021 which included appointing chairs, agreeing membership and terms of references and at the point of this report the action plans for the groups are being formed and signed off.



# Feedback from Children and Young People about the Priority Subjects

The feedback has been used in the action plans for the priority groups, the outcomes will be measured against what children and young people told us. The THSCP will continue to consult children and young people through out and each priority will have an allocated 'Young Scrutineer' to ensure the voice of the child/ young person is always at the centre of the work.

Don't like phone helplines – not personal, robotic and scripted with no rapport, issues have to be repeated multiple times and the advice is generic and the same – it doesn't feel like the person is actually listening

There's a feeling of fatigue with too much time spent online and some want to go back to meeting face to face.

Worried about misinformation/conspiracy theories online – how to verify information

Want to hear from people who have been through Domestic Abuse

want a bank of online resources in a place that is accessible to CYP- "we want to know who to go to and how to get help for ourselves and friends"

There's a presumption that all young people have devices to access the internet

There is an assumption that everyone is on/wants to be on social media and some feel pressured to join certain sites to fit in.

Advice needed for parents and carers – in terms of gaming especially adults are not aware what is happening online.

Want to know where to get information if worried about friends/how to spot signs of Domestic Abuse

Want to hear from peers or people who have real life experiences of the issues – this is the best deterrent

want a system of rewarding and listening to and believing courageous reporting

Social media can be positive, and we shouldn't focus only on the dangers

Aware of campaigns such as Ask for Ani and Ask for Angela aimed at adults and would like similar for instance in youth centres/schools

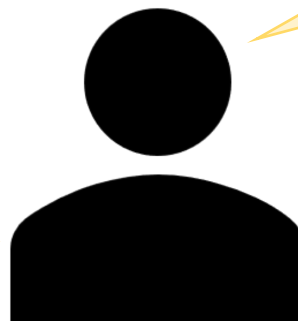
Mental Health is impacted by and impacts on all safeguarding issues

Want to better understand the reasons for issues eg county lines in order to make better informed choices.

Issues are different for boys and girls – for girls sending 'nudes' is a reality – want more information on the law/rights and the consequences earlier. Girls are also navigating a system where they are blamed/shamed for sending indecent images if they are widely distributed, but often do not see their male counterparts facing repercussions for distributing. Girls told "you shouldn't have sent them in the first place"

Want advice/support/education which is age appropriate. Feel that education on safeguarding topics happens too late in schools "we're already dealing with it when it's first introduced in school"

Want more information about consequences of gang involvement and advice on alternatives sooner (both in terms of at a younger age and prior to getting involved)



# Partners Views on Challenges to Safeguarding

In order to keep and open and transparent dialogue within the partnership, when the priority setting process partners were asking about their current challenges to Safeguarding and to the right is the feedback we received.

The feedback has been taken on board and has been implemented through the priorities that were decided. The views will be measured against the outcomes of the priority groups.

The recurring themes from the data, children and young people, and the partners continuously showed:

- The increase of Domestic Abuse and the data showed the increase of severity and complexity within cases;
- Impact of Covid-19 and specifically the challenges around staffing and safeguarding children in a virtual world.
- The increasing risk of exploitation in all forms.
- The need to reevaluate how the Safeguarding Children Partnership use to work and the level of engagement with key stakeholders.
- Ensuring the partners are equipped with the right level of support.

Lack of multi-agency training	Serious Youth Violence and the joint up approach	Young people are avoidant of Sexual Health Clinics;	Safeguarding Adolescence, greater need for pre-statutory services.	Increase in Domestic Abuse
Increase in Vulnerability of Women;	Food poverty	Families declining contact with health visitors and other professionals	Impact of Mental Health Issues of parents on their children	Information sharing between partners and a need for more joined up working
Earlier intervention needed	The long term impact of Covid on this generation of children and young people	How to safeguard in an increasingly virtual world.	Safeguarding home educated children and young people	A need for a space for free flowing dialogue between partners
Reduced staffing (due to both Covid and funding)	Increased risk of hidden harm and exploitation	Poverty	Parents/ Guardians not having the right information to keep c/yp whilst online	Continuous new street drugs coming on to the market
Communication between partners	Ensuring the right people are invited to meetings	Need for a clear focus point to go to for advice and support	Need for transparency in discussions and decision making	Clearer referral processes are needed

# Impact of the Covid-19 Pandemic on Safeguarding Children

The Covid-19 pandemic has been a significant challenge. It is important to understand what has happened, and continues to happen, in order to respond to changing safeguarding needs, learn lessons for future Covid-19 outbreaks and consider the longer-term impact of the pandemic.

As a Safeguarding Children Partnership, we held fortnightly risk meetings between March 2020- July 2020 to understand the key risks our partners were facing and quickly mitigate them. Note that beyond July 2020 other partnership groups had been established to take on this function and risks were escalated to the Executive Group when Required.

The response to the pandemic is ongoing as it continues to affect our communities. The THSCP would like to acknowledge the hard work and dedication of partnership during this difficult time. Longer term risks were also raised such as the increase of domestic abuse, increase of screen time for children and concerns of exploitation these risks have been built into our partnership priorities for longer term intervention.

Snap shot of some risks that were raised	How the THSCP responded
Volunteers were taking on a lot more work to support families especially with issues such as food poverty.	The THSCP ensured the local authority opened up all online training for Safeguarding topics to volunteers and partners.
Young people reported that the PPE used in mental health settings could be intimidating.	The THSCP challenged the mental health teams on the level of PPE used for meetings with children and young people and ensured staff remained protected and young people felt more comfortable in mental health settings.
Headteachers were put under enormous amounts of pressure when children and young people returned to school, some reported that members of the public attempted to film children in regards to social distancing in schools.	The police spoke with schools and provided support and advice on the legality of filming minors. The Education Partnership met individually with headteachers to understand and escalate their concerns.
Increasing use of social media left children and young people at risk of exploitation.	The Violence Vulnerability and Exploitation strategy was formed to ensure there is a robust response to Exploitation. The police also updated the THSCP each meeting with live data so this could be monitored.
Ensuring that shielding children are correctly identified.	Public health worked with NHS digital to ensure this was correct and when changes in definitions to those shielding came into place, this was consistently reviewed by public health and fed back to the THSCP.
Concerns that unlicensed music events and premises opening and serving alcohol during lockdowns leading to risk in Covid-19 spreading.	Police worked with licensing authorities to ensure this was tackled.

# Impact of the Covid-19 Pandemic on Safeguarding Partners

- “Covid 19 has had a minimal impact on policing service. Internally there have been outbreaks of virus which has caused increased staff sickness abstraction but this was not visible externally to the public or partners due to the rapid re-organisation of resources to ensure that we were still delivering a full service.” - **Metropolitan Police**
- “The ELFT safeguarding team have engaged with wider partnership teams to ensure that key updates between services are shared and emerging risks caused by the situation are identified and responded to. All safeguarding meetings were arranged online and it helped to achieve better attendance and participation of staff and service users. The safeguarding team implemented their business continuity plan at the start of the pandemic onwards to ensure that safeguarding remained a core function of the Trust despite restrictions caused by the pandemic. Each business continuity plan has been reviewed and updated throughout the year.” – **East London Foundation Trust**
- “Due to the pandemic national government guidance was introduced in March 2020 to limit face to face health contact. This resulted in some of the initial and majority of review health assessments being delivered virtually. In Tower Hamlets, face to face Initial Health Assessments (IHA) recommenced in SepT 2020 and the named doctor reviewed any previous virtual IHAs to ensure that there was previous/future face to face medical contact to validate the IHA. Provider performance data in the reporting year showed that there was a transition in how Review Health Assessment (RHA) were delivered. Some RHAs were delivered by telephone which improved to all being delivered by video towards the end of the year. Some staff were redeployed within the service provider and the CCG to support with the vaccine roll out, though business continuity arrangements ensured that statutory duties were discharged as a priority.” - **Clinical Commissioning Group**
- “Children who came into our care during lockdown periods, who couldn’t be seen in person meant that they didn’t get to build relationships with their Independent Reviewing Officers initially, particularly isolating for unaccompanied asylum-seeking children. Children and young people participated more in their review as various platforms were used to have reviews take place and improved attendance at reviews. This was also the experience of parents participating in reviews, increased participation over a variety of virtual means. Within the Child Protection Chairs Service, Telephone calls to each family member and professionals initially took place at the beginning of the first lockdown but this meant that the multi-agency discussion which should take place in each conference initially took place in isolation with the CP Chair. The increase access and use of virtual mediums has meant that quoracy has increased in child protection conferences. There has been a significant increase in referrals to the Local Authority Designated Officer relating to professionals in their personal life.” – **Children’s Social Care**
- “The Family Group Conference and Child Protection advocacy work has been run entirely online since March 2020. All coordinators were trained in running digital FGCs and supporting families to participate in this way. Social workers have continued to refer families for FGC and overall, our work rate has remained high with 346 referrals only slightly less than 2019/20. In many ways’ families have benefited from accessing our service more easily during the pandemic. FGCs have been organised more quickly as family availability has increased, and our global reach has also expanded meaning that our children have benefited from the involvement of the wider family network in planning for 17 countries around the world.” – **Family Group Conference Service**

# Impact of the Covid-19 Pandemic on Safeguarding Partners

- Services have continued throughout the pandemic, adapting to the changing needs of children and families moving to a virtual online environment and a blended, face to face offer. Teams increased the use of text messaging, social media and the Local Offer to share information and highlight support networks and services. Services reached new parents and carers who were working flexibly or furloughed and engaged more fathers online. Some families found it harder to access our services virtually due to insufficient data / digital devices or quiet space within the home. Practitioners experienced increased referrals and requests for support, with multiple issues contributing to more complex casework. The Parental Engagement team introduced online/ Zoom Platform to Talk sessions and maintained a virtual online network of support for parents. The team worked with the voluntary sector and health colleagues, alongside furloughed volunteers to produce and distribute 500 play / activity bags for shielding children. The team increased access to self-managed online codes for Triple P parenting programmes. Enabling parents to access programmes at a time most convenient to them. The team also worked with Race Equality Foundation to develop a shorter Strengthening Families Strengthening Communities parenting programme which have been available during the evenings and delivered in Bengali. (342 Parents were referred to a parenting programme, 130 Parents received one-to-one support 2020) - **Parents and Families Support Service**
- “Covid 19 has resulted in children home isolating for periods when there has been a case in the class/ bubble; and it has resulted in school closure for two significant periods Spring/ Summer 2020; and Spring 2021. As a result our safeguarding practice has had to adapt to reach children in their homes. The school managed this by implementing: Weekly paper work collections and food collections – weekly contact with parents face to face
  - Weekly phone calls universal and targeted
  - Collaborative work with our AWA to identify hard to reach families and to plan strategies to reach children
  - Team around the Child and Child in Need meetings on site in large ventilated rooms when required / when zoom not appropriate
  - Home visits when no response
  - Regular identification of children who needed to be on site ( Vulnerable Children provision)
  - Monitoring of children on the Vulnerable Children list
  - Tracking children’s engagement via shared spreadsheets/ google docs.” – **William Davis School**
- Early implementation of virtual consultations to ensured the continuity of 0-19 services. Covid safeguarding guidance developed for 0-19 staff to highlight the additional vulnerabilities families would be likely to face during lockdown and how these could be identified within assessments. There was a significant focus around domestic abuse and how staff could attempt to continue to ask the domestic abuse questions to women within virtual consultations when other family members were likely to be present. 0-19 staff assessed all families on their caseload who were receiving an enhanced service to ensure their continued ability to meet their own needs and those of their children. Joint working with Children’s Centres to enable space for clinics to see families face to face. –**GP Care Group**

# Key Achievements: Snapshot

Over the last year the THSCP focused implementing and refining the working together arrangements, responding to the Covid-19 pandemic and improving multi-agency responses to Safeguarding.

Once the arrangements had been implemented the leadership made changes within the system to improve the outcomes of the safeguarding partnership.

This included ensuring children and young people direct the work we do and any reviews that are conducted are focused on what lessons can be learnt.

Ensuring we have a strong data set, and robust way of reporting means the partnership can act quickly and effectively on key issues.

Key Activity	What Impact Does this Have?
<p>Priorities were set and Task and Finish Groups were set up. They are currently in the phase of finalising action plans after taking on board of feedback from children and young people and frontline practitioners.</p>	<p>The partnership can now focus their resources into the three key areas identified though data, audits, cases and consultations. With the spotlight on these areas' services offered to children and young people can be improved.</p>
<p>Multi-Agency audits were introduced and taken place. The audit took place in a workshop style with a planned follow up learning session to check in what has changed in six months time. Single agency audits are now reviewed within the Quality, Assurance and Performance Group.</p>	<p>Multi-agency audits ensures that all partners can reflect back on cases and how partners collaborated together to ensure the safeguarding of children. This highlights lessons that can be learnt and best practice that has taken place which can be shared for others to learn from.</p>
<p>The THSCP took on the feedback from partners, that without a board meeting they could feel out of the loop, so we have:</p> <ul style="list-style-type: none"> <li>• Introduced a newsletter which is now joint with other partnerships in the borough;</li> <li>• Send out key discussion points after Executive meetings;</li> <li>• Within each subgroup or task and finish groups there is a standing item to escalate concerns to the Executive Group;</li> <li>• Partners are invited to joint the Executive for relevant topics.</li> <li>• Ensured partners are responsible for key items of work.</li> </ul>	<p>Having a small executive group consisting of the core-members (CCG, Police and Local Authority) apposed to a full board makes decision making quicker, clearer and the executive can be more reactive to any issues that arise.</p> <p>Although this has improved the partnership, some partners felt they were included to the extend they were under the board arrangements. In reaction to this there has now been clear streams of communication that have been formed and partners able to escalate items quickly and gain full feedback from the Exec. The THSCP has also removed 'red tape', so senior leadership are easily contactable and reports from any partner are taken in consideration.</p>
<p>A Multi-Agency Data Dashboard was created and is now being utilised to inform practice.</p>	<p>A data dashboard collects data from many partners and is reviewed together. This is means the partners can identify where areas are becoming higher risks to safeguarding children and react to it in a joined up way across agencies.</p>

# Key Achievements: Snapshot Continued

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Key Activity	What Impact Does this Have?
<p>Improvements to Business Practice:</p> <ul style="list-style-type: none"> <li>• Membership of the Exec Group was trialed in various formats and has been agreed.</li> <li>• Reporting has improved and covers activity that has taken place each quarter and the activity of other partnerships.</li> <li>• Cut down on administration by providing action lists instead of full minutes to most meetings.</li> </ul>	<p>Improving and streamlining the back office ensures that decisions can be made in a timely manor and effort and resources are focused on the direct work to improve outcomes to children and young people.</p> <p>Reviewing what other partnerships agenda ensures the THSCP does not duplicate any work. Cutting down on administration time as enabled the THSCP coordinator to carry direct consultation with children and young people.</p>
<p>Implemented new ways of conducting statutory reviews, which means each case gets a bespoke review which is most relevant.</p>	<p>The new way of conducting these reviews ensure that they are completed in a timely manor and focus directly on the learning that can be taken away from each case.</p>
<p>Engagement programme with Children and Young People has been embedded. Within each priority partners and THSCP coordinator are tasked with attending current engagement panels with a wide range of children and young people.</p>	<p>Children and young people are at the centre of what we do, we have embed and continue to grow a programme where children and young people are consulted and direct the work of the THSCP so the outcomes match their needs.</p>
<p>Rapid Reviews focus any immediate learning that can be taken from a case alongside making a recommendation for the level of review.</p>	<p>Rapid Reviews are held to decide what level of statutory review a case requires, this time now also used to make any immediate changes to practice.</p>
<p>A thematic review named 'Troubled Lives, Tragic Consequences' took place in 2014-2015 which reviewed older children who had committed serious offences or were victims of serious harm. The aim was to understand common themes in the lives of these older children, relating to system practice and academic research. The reviewer was re-commissioned to audit and review new cases.</p>	<p>The reviewer has led workshops discussing the lessons learnt from the previous cases and how this has been embedded into practice with frontline practitioners. Returning to this subject of work will allow Tower Hamlets to see what change has taken place over the last five year and what change needs to happen to protect children and young people from serious youth violence.</p>
<p>Successful bid to the Department of Education to recruit Young Scrutineers</p>	<p>Three young people will be paid members of the team to scrutinise the work that goes ahead. They will ensure that the voice of the young person is at the centre of work and that the outcomes are appropriate and helpful to children and young people.</p>

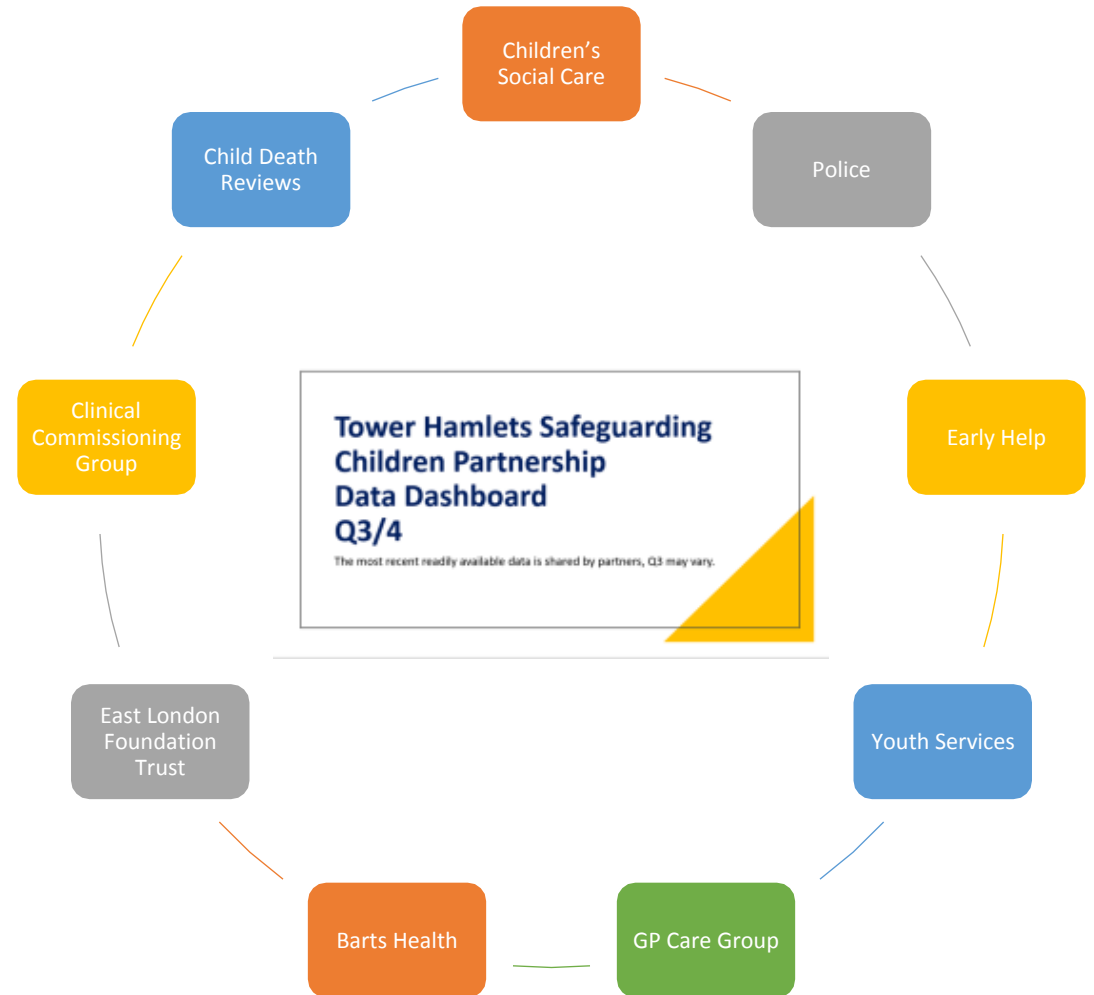


# Key Achievements: Data Journey

Within the new arrangements a data dashboard has been created, which means that partners submit data and narrative to the THSCP, where this is collated. Within the Quality, Performance and Assurance Group each partner discusses their data, key trends and issues are then picked up and escalated to the Executive Group for Action. *All data is completely anonymised.*

## A few things we learnt from our data:

- Police and Children's Services data showed Domestic Abuse cases were rising and presenting as more complex once lockdowns had lifted, the THSCP ensured there was sufficient join up with the VAWG teams and opened and advertised all VAWG training out the wider partnership, Domestic Abuse and the impact on children has become a main priority. Reporting was changed within Children's Social Systems to clearly show Domestic Abuse Risk Assessments so this could be seen at point of referral and assessment.
- GPs identified vulnerability within families were increasing amongst families in response The GP Care Group Safeguarding Children Team developed guidance for 0-19 staff to highlight the additional vulnerabilities families would be likely to face during lockdown alongside a script of suggestions questions that staff could incorporate into their assessments to support the identification of these.
- It was noted that the number of Child Protection Plans had increased, this prompted an investigation which showed that this level was inline with statistical neighbours and this was due to the increasingly levels of vulnerability during lockdowns. This also prompted other agencies to review going back to face-to-face sessions.
- The data showed a pattern over the year that demand went down during lockdowns but when lockdowns were lifted, the number of cases rose slightly but the complexity of cases rose significantly. This prompted a review of training offered to the partners.



Over the next year we aim to review our data and set new indicators along side key priority topics.

# Statutory Reviews and The Learning Cycle

A big shift over the last year was moving from Serious Case Reviews to Child Safeguarding Practice Reviews. For Tower Hamlets this meant a complete change in how reviews are conducted and ensuring the learning from the review is the main purpose. Before moving into our new system of reviews two legacy Serious Case Reviews were open to Tower Hamlets, which have now been published. The SCR for 'Ollie' relates to neglect and historic sexually harmful behaviour and the SCR for 'Kamrul' relates to a child who suffered from a fatal allergic reaction. The reviews cover a wide range of themes, recommendations for change and partnership responses, below is a small snapshot of lessons learnt:

Ollie		Kamrul	
A few Key Themes from the Review:	What was Implemented as a Response:	A few Key Themes from the Review:	What was Implemented as a Response:
Neglect to be identified at an earlier stage and responded to in the same way as other abuse.	The THSCP embedded and circulated a Neglect Took Kit that is accessible to Primary Care and to help practitioners identify neglect more readily.	A recognition of the opportunity for learning for national systems, including updating of guidance in emergency care for children at risk of anaphylaxis.	The school mentioned in the review made many changes following the review a few of them are, ensuring staff are fully aware of individual medical needs, improvement in training around anaphylaxis and alerts are sent school's catering system regarding allergies.
A more joint up approach required for children and young people who demonstrate Harmful Sexual Behaviour (HSB).	The East London Foundation Trust are to ensuring that an integrated multiagency pathway, for assessing and intervening with children and young people, engaging or at risk of HSB, is developed and in place to guide decision making.	Children and young people need to at centre of their care.	Barts Health implemented a framework to help young people transition into adult asthma services which starts at age 13.. The framework ensures the young people feel empowered and covers, knowledge about healthcare, advocacy, health and lifestyle, daily living, education and the future, work and leisure, managing emotions.
The Local authority needed to ensure that social workers were supported and provided with reflective supervision.	Effective reflective supervision is being provided regularly and The Social Work Academy monitors supervision on a monthly basis. Monthly audits undertaken on cases have a specific section about the quality of supervision provided. All social workers receive monthly supervision. Training is provided about what reflective supervision looks like.	Awareness of Asthma and Anaphylaxis to increase and management of children with Asthma	<ul style="list-style-type: none"> <li>Schools Asthma Intervention which identifies uncontrolled asthmatics was implemented.</li> <li>Public Health and Asthma UK together have rolled out new training for health professionals in Tower Hamlets.</li> <li>Asthma Network Incentive Scheme was contracted with GPs to review the management of children with asthma, and new template for reviews were formed.</li> </ul>

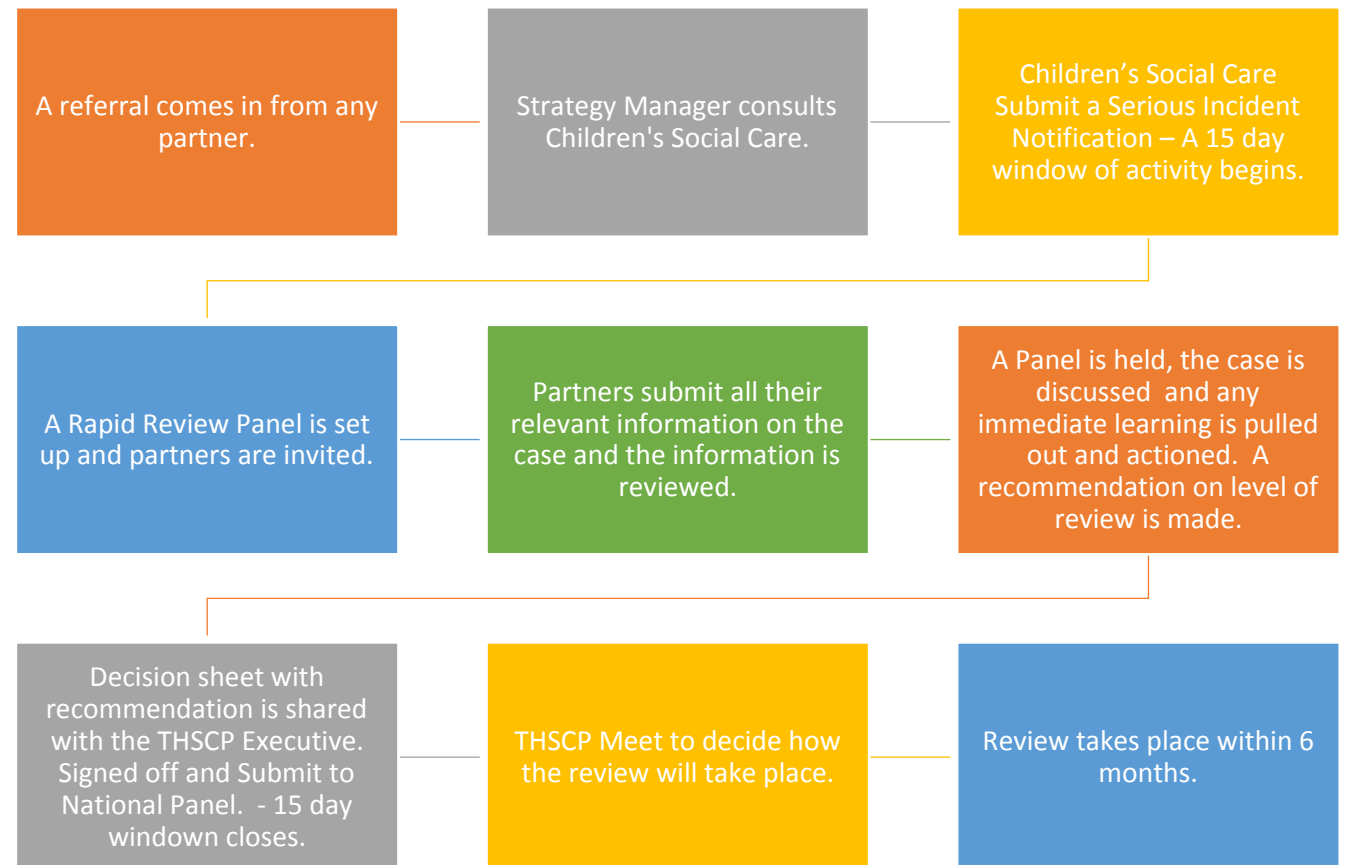
# Statutory Reviews and The Learning Cycle

*The purpose of reviews of serious child safeguarding cases, at both local and national level, is to identify improvements to be made to safeguard and promote the welfare of children. Learning is relevant locally, but it has a wider importance for all practitioners working with children and families and for the government and policymakers. Understanding whether there are systemic issues, and whether and how policy and practice need to change, is critical to the system being dynamic and self-improving. – Working Together to Safeguard Children 2018*

During 2020-21, 3 Rapid Review Panels have been held, 1 case is currently subject to a Local Learning Review under the new arrangements. We have implemented a completely refreshed way of conducting reviews to ensure the review the focus of the review is the lessons that can be learnt, and the review is conducted within 6 months so changes can be implemented quickly.

Recording the findings, and implementing the learning:

- The initial Rapid Review Panel is a key part of the Reviews, the panel itself takes on any immediate action required.
- Previously each case was allocated its own action plan, actions that come out of Rapid Review Panels and Child Safeguarding Practice Reviews are now collated into one action plan. This ensures that there is no duplication and additional themes can be picked up from reviewing actions side by side. This action plan is held by the Quality Assurance and Performance Group and the Executive Group have the oversight, which ensures the recommendations are implemented.



# Statutory Reviews and The Learning Cycle

Once a recommendation has been made the Executive Group decide how the review will be carried out from the following options:

- Single Agency Audit and Assurance
- Multi Agency Audit
- Partner-led Workshop
- Commissioned Independent Reviewer led Workshop
- Partner Authored Report
- Commissioned Independent Reviewer Report
- Independent Scrutineer Report
- Strategy Manager Report
- Family and/or Child Engagement
- Children and Young People Workshop
- Children and Young People Outreach Activities

More than one option is chosen to ensure a thorough review. The individuals within the THSCP chosen to carry out the tasks are of senior management level with no direct involvement in the case. The options are chosen on what is best suited for each individual case and the main themes of the case.



Within a case that is currently open as a Local Learning Review the Following has taken place:

- A senior Safeguarding Manager in the Clinical Commissioning Group was appointed to author the report.
- A workshop was held with all frontline practitioners involved to review how the agencies had worked together.
- 1:1 interviews took place between the report author and all agencies involved.
- Social worker was appointed to become a link between the family and the review process, the author has also met with the family to understand their experience.
- A multi-agency audit workshop chaired by the Independent Scrutineer took place to review cases of a similar nature.

The report is due to be published within the 6 month time frame. Once published a workshop will be held with all those involved to discuss the key learning points, and a follow up workshop will take place 6 months later to check on progress, the learning will also be summarised into a 7 minute briefing and shared with the wider partners.

# What Partners want to see more off Next Year...

- “The use of video conferencing for partnership meetings have increased efficiency and attendance. This is a positive new way of working and ensures that there is no wasted travelling time. For example attendance and ICPC’s are currently at 100% due to use of video conferencing. We would endorse continued use of this technology moving forward. We in the police have continued to deploy to face to face interactions with the public whether as a victim or dealing with suspect”– **Metropolitan Police**
- “Adult mental health services and CAMHS have made use of social platforms which has proved to be the predominant means of communication with both Service Users and Partners. A more flexible approach was required to facilitate face to face work in homes, offices and other accessible outdoor places with those with more acute needs, this flexible approach has worked well with and for services users. However, caution was practiced where there were safeguarding issues such as domestic abuse or disclosures of abuse where privacy was limited and the home environment was not able to be assessed. The use of social platforms for meetings with partners has proved to save time and ensured better attendance, it is something that should now be considered for future working arrangements.” – **East London Foundation Trust**
- “The safeguarding team was pushed quickly towards a smarter, remote working framework that made the best use of time and resource for the betterment of local people’s lives. The team streamlined systems, distilled priorities and developed a blended menu of training; efficiencies that will be sustained in the long term. During Covid 19, Tiger Light has found that virtual appointments has enabled practitioners to hold higher caseloads and have been well received by young people. Service is working on offering a blended offer now that schools have returned. We will continue to work with partners across the broader Tower Hamlets, Newham and Waltham Forest (TNW) / North East London (NEL) health economy to implement learning from Covid-19 and meet the demands for services as a result of Covid 19.” – **Clinical Commissioning Group**
- “Technology and the virtual environment has improved multi agency connections and contributions within the partnership and increased opportunities across the Parent and Family Support Service for collaboration with other council teams, voluntary sector, schools, health colleagues and volunteers, enabling greater information sharing and awareness of services. The Parent and Family Support Services will retain a blended/hybrid approach to service delivery. Technology has increased access to support for many families with parents able to log-in during breaks at work and attend evening sessions whilst at home with young children. Online delivery has enabled activities and presentations to be easily repeated, targeted and translated for different audiences and we will continue flexible delivery. Being mindful that the increase and speed of online / virtual activity and social media has led to staff, parents and young people reporting online fatigue, overload and anxiety.” - **Parents and Families Support Service**

# What Partners want to see more off Next Year...

“We have seen increased participation by children, young people, parents, and professionals at reviews for children we care for. Going forward young people will be able to say which key people they want in the room for the review and which people they want to attend, present their information, and then leave (virtually - rather than staying for the whole meeting). This will ensure the review is more of a child’s meeting, with them taking control about their meeting. Better use of technology will support this. We want to continue with this higher level of participation particularly from parents, so making sure we have the ability to offer a hybrid model is important to continue. We have seen improved health for some staff as there has been less travel involved for them (back pain mainly). Hybrid conferencing will continue in Child Protection Conferencing. Child Protection Chairs will meet with family members and social workers in person for each conference will continue but with professionals participating via other virtual means.” – **Children’s Social Care**

“The introduction of Chat Health enables easier access to young people with the School Health Service. Plan to also roll this out within the Health Visiting Service. Virtual child protection and partnership meetings has increased engagement making it more efficient to attend meetings and reducing travel time. Virtual contacts have enabled greater flexibility to engage with parents, especially fathers. Webinars for school health staff in managing the four medical conditions in school (asthma, allergy, epilepsy and eczema). Continued working with the local children’s centres to support integrated working between Early Years and Health.” **GP Care Group**

Communication with parents has increased as education has been managed in the home. This has been positive. Parents have more insight into the curriculum offer and school assemblies. We have developed our communication systems with parents: phone calls, texts, google doc surveys, emails. We still struggle to reach all; but we have made progress. Remote working has not been appropriate for our cohort (speech therapists/ play therapists/ social workers); this is predominantly due to language needs of parents; Wi-Fi and device issues and physical space in homes. – **William Davis School**

“We will be building on our experience of the benefits of digital meetings in hybrid style meetings to include family members from around the world and those living outside London who can’t get to an FGC meeting. We have increased our digital training programme and will continue to run some sessions as well as professional development sessions for the FGC team online. In 20/21 we successfully trained 16 workers as mental health first aiders and also Lifelong links coordinators and ran several other training workshops for FGCs workers and across the department.” – **Family Group Conference Service**

# Strategic Boards and Partnerships linked to the THSCP

## **Safeguarding Adults Board**

The Tower Hamlets Safeguarding Adults Board is a statutory multi-agency board that is committed to protecting an adult's right to live in safety, free from abuse and neglect. It has overall responsibility for co-coordinating safeguarding adult matters and ensuring that partner agencies carry out safeguarding adults work.

## **Born Well Growing Well**

This partnership focused on topics such as SEND, Mental Health, Health Services, Children in Care and Maternity and Early Years.

## **Children's and Families Partnership Board**

The Children and Families Partnership Board has delegated responsibility to lead on the partnership decision making in relation to children, young people and families in Tower Hamlets. It sets the strategic partnership direction for children and families' services through the Children and Families Strategy, advocates for the voice and needs of local children, young people and families in strategic decision-making, and agrees key policies and approaches that cut across services for children, young people and families.

*A new Structure Children's Partnerships in Tower Hamlets was implemented to reduce duplication, the Tower Hamlets Safeguarding Children Partnership remained the same. A new executive group 'Children and Families Exec' – brought together Born Well Growing Well and the Children and Families Partnership Board and a group which sits under the structure is aimed at engagement with children, young people and families.*

## **The Health and Wellbeing Board**

Having a Health and Wellbeing Board is a statutory requirement for local authorities. The board brings together the NHS, the local authority and Health Watch to jointly plan how best to meet local health and care needs, to improve the health and wellbeing of the local population, reduce health inequalities and commission services accordingly.

## **Community Safety Partnership Board**

The Community Safety Partnership Board 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.