

Redbridge Local Safeguarding Children's Board ANNUAL REPORT 2014 - 2015





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CHAIR'S FOREWORD

I am pleased to introduce the Local Safeguarding Children Board's report for 2014/15. I have been chairing the Board since August 2014. I have been enormously impressed from the beginning with the strength of partnership working in Redbridge and the shared priority given to safeguarding and promoting the welfare of vulnerable children. The Board has worked very hard in 2014/15 to strengthen the work it does to challenge and scrutinise the work of all partners, and without exception agencies have responded openly and without a trace of defensiveness to every challenge. This is a really positive indicator of the strength of safeguarding work in Redbridge.

These kinds of reports can have a tendency to be over descriptive and to become a recital of all the good work done. I have tried to ensure that this report is different – that, in the words of the statutory guidance, it should provide 'a rigorous and transparent assessment of the performance and effectiveness of local services', including a candid identification of any areas of weakness. I hope the reader will find this rigour and transparency evident throughout the report, and summarised in the Conclusion.

However, what I want to concentrate on in this Foreword is some of the great strengths of the multi-agency work in Redbridge to safeguard children and some of the key areas of progress in 2014/15. There has been an ongoing and steep rise in demand, measured for example by the increase in referrals to children's social care or the increase in the number of children judged to need the protection of a multi-agency child protection plan. This places huge pressure on the system. However, all the available evidence suggests that the quality of work and response in the face of this pressure has remained high, although of course there are always areas for improvement. Many of these have been identified through the LSCB's multi-agency audit programme, which the Board has given a priority to re-establishing in 2014/15. Our ability to learn from practice is crucial to our learning and improvement.

In recent years the nation has been shocked by a series of events and revelations about the scale and nature of child sexual exploitation in many parts of the country. In Redbridge, we have concentrated on ensuring that we have in place really strong arrangements, at both strategic and operational levels, to identify, protect and support children suffering or at risk of sexual exploitation.

Our understanding of the local picture has grown significantly, and will continue to grow and deepen throughout 2015/16.

There is not space to summarise all the achievements and progress made in 2014/15. The extensive range of early help services available in Redbridge is a real strength, and there is a growing evidence base of their effectiveness in improving the lives of families and children. I am particularly pleased that the LSCB has given some particular attention during the year to the safeguarding of children with disabilities. Of course, they are children first, last and foremost. But there are some specific issues to which professionals need to be alert in this area, to guard against any risk of children with disabilities falling through the net because a focus on the disability masks our understanding of possible signs of abuse or neglect. Developing our work in this area is one of the LSCB's priorities for 2015/16, set out in our Business Plan which is included as an Appendix to this report.

Finally, it is not a coincidence that the very last paragraph of this report, in the Conclusions, focuses on the everyday concerns about safety that young people themselves express. I have had some very stimulating discussions with the LSCB Youth Forum during the year, and the LSCB and its member partner agencies are very committed to putting the voice and experiences of children and young people themselves at the centre of everything we do. We will continue to seek ways in which young people can more effectively help to shape the Board's work.

I hope you will find this report interesting, stimulating and above all challenging.

John Goldup

Independent Chair, Redbridge Local Safeguarding Children Board



1. THE CONTEXT

REDBRIDGE – THE PLACE AND ITS POPULATION

Redbridge is a very diverse borough, with a mobile and growing population. While there are many indicators of prosperity, success, and high educational attainment, 25% of Redbridge children are estimated to be living in poverty. This is likely to increase as a result of recent welfare and benefits changes, in particular the introduction of benefits cap. Redbridge has the second highest average household size in England and Wales (2.8 persons per household). As the Joint Strategic Needs Assessment published by the Health and Wellbeing Board (http://www2.redbridge.gov.uk/cms/care_and_health/health/joint_strategic_needs.aspx) says, 'Redbridge residents do not share equal experiences of health and wellbeing'. In one ward, Loxford, 44% of children are living in poverty, and in some patches it is 62%.

Very full information about the demography, diversity, and mobility of the Redbridge population can be found in the Joint Strategic Needs Assessment. Headline statistics include:

- The population of the borough is estimated to be 293,500 (2013). It grew by 17% between the 2001 and 2011 census, and is estimated that it will reach 332,500 by 2021.
- 22.7% of the population are aged under 16, compared to 18.9% in England and Wales as a whole. The birth rate is high – in 2012 the birth rate in Redbridge was 16% higher than England and 13% higher than the London average.
- The percentage of households living in private rented accommodation increased from 15% in 2001 to 23%, but Redbridge has the second lowest proportion of households in London living in social rented housing, at 11%.
- According to the 2011 Census, Redbridge is the fourth most diverse community in England and Wales: 65.5% of the population, an increase from 36.5% in 2001, and an estimated 82.6% of children on school rolls in Redbridge in 2014, are from black and minority ethnic communities.

- In 2013:
 - 23% of children aged 0-14 were white
 - 17% were Pakistani
 - 15% were Indian
 - 12% were 'Other Asian'
 - 10% were Bangladeshi
 - 7% were 'Black African'
 - 6% were 'Black Other'
 - 6% were 'other'
 - 3% were Black Caribbean
 - 1% were Chinese
- In 2008/9, 17.6% of children in Redbridge primary schools joined or left the school outside of the normal transfer period, and this mobility is likely to have increased significantly in the intervening years



SERVING THE POPULATION: WHAT IS REDBRIDGE LOCAL SAFEGUARDING CHILDREN BOARD (LSCB)?

The Local Safeguarding Children Board is a multi-agency body whose role is to oversee, co-ordinate, challenge, and scrutinise the work of all professionals and organisations in Redbridge to protect children and young people in the borough from abuse and neglect, and to help all children to grow up safe, happy, and with the maximum opportunity to realise their potential. It is a statutory body established under the Children Act 2004. Under the Act, every local authority in England is required to establish a LSCB with two primary purposes:

- To co-ordinate what is done by each person or body represented on the Board to safeguard and promote the welfare of children in the local authority area; and
- To ensure the effectiveness of what is done by each such person or body for those purposes

The Local Safeguarding Children Board Regulations 2006 and Working Together to Safeguard Children (2015), statutory guidance issued by the Government, further expand on the role and responsibilities of LSCBs. In particular, Working Together says that LSCBs should, as a minimum:

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

However, Working Together also makes clear that “LSCBs do not commission or deliver front line services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.”

Every LSCB is required to publish an Annual Report. The purpose of the Annual Report, as set out in Working Together, is to “provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period”. The report should also include information on the LSCB’s assessment of the effectiveness of Board partners’ responses to child sexual exploitation, and appropriate data on children missing from care, and how the LSCB is addressing the issue.

Legislation, regulations, and guidance set out the minimum requirements of LSCBs. However, Redbridge LSCB is ambitious to go beyond minimum requirements, in order to ensure that child protection services in Redbridge achieve the highest standards and that all children in Redbridge have the best possible life chances and opportunities. LSCBs are subject to inspection by Ofsted. The inspection framework sets out clear criteria which Ofsted use to define a ‘good’ LSCB:

1. The governance arrangements enable LSCB partners (including the Health and Well-Being Board and the Children’s Trust) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people. The LSCB effectively prioritises according to local issues and demands and there is evidence of clear improvement priorities identified that are incorporated into a delivery plan to improve outcomes.
2. Regular and effective monitoring and evaluation of multi-agency front-line practice to safeguard children identifies where improvement is required in the quality of practice and services that children, young people and families receive. This includes monitoring the effectiveness of early help.
3. Partners hold each other to account for their contribution to the safety and protection of children and young people (including children and young people living in the area away from their home authority), facilitated by the chair.

4. Safeguarding is a priority for all of the statutory LSCB members and this is demonstrable, such as through effective section 11 audits. All LSCB partners make a proportionate financial and resource contribution to the main LSCB and the audit and scrutiny activity of any sub-groups.
5. The LSCB has a local learning and improvement framework with statutory partners. Opportunities for learning are effective and properly engage all partners. Serious case reviews are initiated where the criteria set out in statutory guidance are met and identify good practice to be disseminated and where practice can be improved. Serious case reviews are published.
6. The LSCB ensures that high-quality policies and procedures are in place (as required by Working together to safeguard children) and that these policies and procedures are monitored and evaluated for their effectiveness and impact and revised where improvements can be made. The LSCB monitors and understands the application of thresholds locally.
7. The LSCB understands the nature and extent of the local issues in relation to children missing and children at risk of sexual exploitation and oversees effective information sharing and a local strategy and action plan.
8. The LSCB uses case file audits including joint case audits to identify priorities that will improve multi-agency professional practice with children and families. The chair raises challenges and works with the local authority and other LSCB partners where there are concerns that the improvements are not effective. Practitioners and managers working with families are able to be involved in practice audits, identifying strengths, areas for improvement and lessons to be learned. The experiences of children and young people are used as a measure of improvement.
9. The LSCB is an active and influential participant in informing and planning services for children, young people and families in the area and draws on its assessments of the effectiveness of multi-agency practice. It uses its scrutiny role and statutory powers to influence priority setting across other strategic partnerships such as the Health and Well-being Board.
10. The LSCB ensures that sufficient, high-quality multi-agency training is available and evaluates its effectiveness and impact on improving front-line practice and the experiences of children, young people, families and carers. All LSCB members support access to the training opportunities in their agencies.
11. The LSCB, through its annual report, provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness and the causes of those weaknesses, and evaluates and where necessary challenges the action being taken. The report includes lessons from management reviews, serious case reviews and child deaths within the reporting period.

Redbridge LSCB is strongly committed to working towards meeting or surpassing these criteria, for the sake of the children, young people and families of Redbridge.



MEMBERSHIP

The legislation specifies a number of agencies that must be represented on the Board, including the local authority, the police, the Clinical Commissioning Group, NHS hospitals and community health services providers, NHS England, probation services, and the Children and Family Court Advisory and Support Service (CAFCASS). However, the Board has the power to include in its membership wider representation, and in Redbridge this includes schools, the voluntary and faith sector, and lay members. The Board also has strong links with the Redbridge Youth Forum and Schools Council, representing young people directly, and works with a LSCB Youth Forum made up of young people.

Regulations require that the LSCB has an Independent Chair. Until July 2014, Redbridge LSCB was chaired by Deborah Absalom, a former Director of Children's Services. In August 2014 John Goldup was appointed as Independent Chair. From 2009 to 2013 he was National Director of Social Care in Ofsted, as well as from 2012 Deputy Chief Inspector. As well as chairing the LSCB in Redbridge, he is also currently a Children's Services Advisor to the Department for Education.

LSCB Membership (as at March 2015)

Independent Chair

John Goldup

Local Authority Representatives

Pat Reynolds, Director of Children's Services

London Borough of Redbridge Children's Services

Caroline Cutts, Chief Children & Families Officer

London Borough of Redbridge Children & Families

Ruth Jenkins, Principal Child and Family Social Worker

London Borough of Redbridge Children and Families

Tendai Dooley, Interim Head of Safeguarding & Quality Assurance

London Borough of Redbridge Children & Families

Catherine Worboyes, Head of Child Protection Service

London Borough of Redbridge Children & Families

Dr Dianne Borien, Head of Early Years

London Borough of Redbridge Learning & School Improvement

Gladys Xavier, Deputy Director of Public Health

London Borough of Redbridge Public Health

John Anthony, Head of Safer Communities

London Borough of Redbridge Community Safety

Karen Shaw, Head of Housing Needs

London Borough of Redbridge Housing Service

Ronke Martins-Taylor, Chief Services to Young People Officer

London Borough of Redbridge Services to Young People

Ruth Holmes, Head of Youth Offending and Targeted Prevention

London Borough of Redbridge Youth Offending & Targeted Prevention

Sally Edwards, Head of Research & Data

London Borough of Redbridge Learning & School Improvement

Simon Froud, Chief Officer Adult Social Care

London Borough of Redbridge Adult Social Services

Health Representatives

Bob Edwards, NELFT Integrated Care Director for Redbridge

North East London Foundation Trust

Diane Jones, Deputy Nurse Director Safeguarding /

Jacqui Himbury, Nurse Director Safeguarding

Redbridge CCG

Sally Shearer, Director of Nursing

Barts Health NHS Trust

Dr Sarah Luke, Designated Doctor for Safeguarding Children and Child Death Reviews

Redbridge CCG

Stephen Hynes, Safeguarding Lead/Named Nurse

Barking, Havering and Redbridge University Hospitals NHS Trust

Stephanie Sollosi, Designated Nurse for Safeguarding Children

Redbridge CCG

Vacancy

(Resignation January 2015)

Named GP for Safeguarding Children

Police

Keith Paterson, Detective Chief Inspector

Metropolitan Police Child Abuse Investigation Team

Neil Lemon, Detective Chief Inspector

Redbridge Police

Sue Williams, Borough Commander

Redbridge Police

Probation Representatives

Andrew Blight, Assistant Chief Officer

London Probation Service

Aveen Gardiner, Assistant Chief Officer

Community Rehabilitation Company

CAFCASS

Sarah Vivian, Senior Service Manager

CAFCASS

Schools Representatives

Alex Burke, Headteacher

The Ursuline Academy School

Andy Shepherd, Assistant Principal

Redbridge College of Further Education

Sherlyn Ramsey, Headteacher

Uphall Primary School

Sue Blows, Headteacher

Hatton Special School

Sue Snowdon, Executive Head

Beal Academy Trust

Voluntary Sector Representatives

Kate McCabe, Senior Service Delivery Manager

Redbridge Victim Support

Hilary Goldstein, Co-ordinator

Pre-school Learning Alliance

Ravi Dagan-Walters, Manager

Norwood, representing Redbridge Children and Young People's Network

Faith Members

Simon Moules, Diocesan Safeguarding Co-ordinator

Diocese of Brentwood

Vinaya Sharma

Redbridge Faith Forum

Lay Members

Hilary Kundu

Nahim Hanif

Shabana Shaukat

Participant Observer

Cllr Elaine Norman

Lead Member for Children's Services

Advisors to the Board

Ellie Khan, Assistant Solicitor, Redbridge Legal Services

Caroline Aitken, LSCB Business Manager

Although a statutory partner, NHS England are not represented on the Board. The Chair has challenged this, but NHS England's view is that their attendance at individual LSCBs should be based on risk assessment. The risk assessment will consider issues such as those arising from Serious Case Reviews or concerns about or raised by NHS providers. NHS England will only attend LSCBs where the risk assessment indicates that it is appropriate or required. In a 'low risk' area, NHSE will work with providers, Clinical Commissioning Groups, the LSCB chair and others to seek to ensure they engage and feedback or feed in to the LSCB's work. It is likely that this is an issue of capacity, and it is commonly the case, at least across London, that NHS England are not directly represented on LSCBs. However, this does appear to be at odds with the statutory requirements.

The membership of the Board includes a named GP, as a key source of professional expertise and an important link into the wider GP community. This role has been vacant since the resignation of Dr Ann O'Brien, who made a very valuable contribution to the Board's work, in January 2015. Recruiting to this important position is a priority for 2015/16.

The level of engagement and participation in the Board's work by partner agencies in 2104/15 has been very high, with excellent attendance at all Board meetings. There is very strong commitment in Redbridge to the principle that the safeguarding of children is everyone's business and everyone's priority, and this is a core strength. CAFCASS were only able to attend one meeting in the year, at which the CAFCASS representative gave a presentation on some important developments in private law (matrimonial disputes etc), including reductions in legal aid, the increase in parties representing themselves without legal representation, and the accelerated timetable within which CAFCASS required the return of local authority safeguarding checks to include in their reports to court.

The **full Board** meets four times a year. An Executive Group and a number of sub groups have ongoing responsibility for driving the business of the LSCB through their strategic or detailed work in key areas, reporting to the main Board.

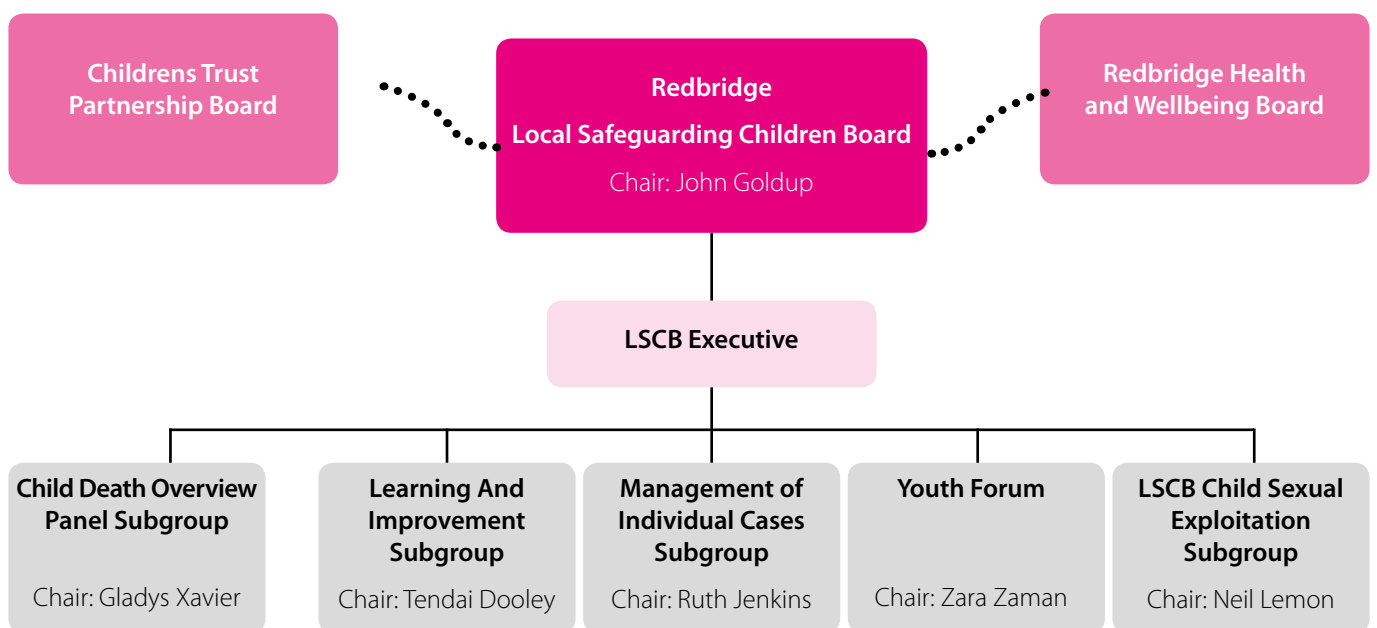
THE LSCB STRUCTURE

The **Executive Group**, chaired by the LSCB chair, provides strategic leadership to the LSCB. It monitors and challenges the work of the LSCB's sub groups. It scrutinises key areas of work in detail prior to consideration at the full Board, deals with budget issues, and sets the agenda for board meetings. The LSCB Executive has oversight and reviews progress of the Business Plan through reports back from the Chairs of the subgroups. The LSCB Executive also reviews the budget and set the agenda for future board meetings. The Executive met for a development day in February 2015 to review progress against the 2014/15 Business Plan, to share and challenge perspectives on the strengths and weaknesses of multi-agency safeguarding work in Redbridge and areas for improvement, and to agree a set of priorities to propose to the Board to underpin the 2015/16 Business Plan. It held four further scheduled meetings during the year under review.

The **Learning and Improvement Subgroup** was chaired in 2014-15 by Tendai Dooley Interim Head of Quality Assurance and Safeguarding with LB Redbridge. The Learning and Improvement Subgroup was responsible throughout the year for the planning, coordination, commissioning, delivery and evaluation of multiagency safeguarding training. It met five times in 2014-15,

The **Management of Individual Cases Subgroup** was chaired until May 2014 by Yolanda Corden, interim Principal Children and Family Social Worker, and from that point by Ruth Jenkins as she took up the PCFSW role. The Management of Individual Cases Subgroup met 5 times. The role of the subgroup is to ensure continuous improvement through the scrutiny of multi-agency practice, and identifying and disseminating the lessons to be learned. It is charged with commissioning and overseeing Learning Reviews on cases of concern (including child protection incidents which fall below the threshold for a Serious Case Review) or cases referred by individual partner agencies from which lessons may be learned about the way organisations are working together to safeguard and promote the welfare of children, and by maintaining an overview of key lessons to be learned from national research and publications,

STRUCTURE CHART



including Serious Case Reviews undertaken by other LSCBs. In 2014/15 the sub group has particularly prioritised the development and delivery of the LSCB's multi-agency audit programme, promoting learning from case audit and making recommendations on action required to the LSCB Executive and/or individual partner agencies, as appropriate.

The **Child Death Overview** Panel is chaired by Gladys Xavier, Deputy Director of Public Health. Under the Local Safeguarding Children Board Regulations 2006 and Working Together to Safeguard Children 2015, the Panel is responsible for reviewing all child deaths in the borough (with certain exceptions), for identifying patterns and trends in local data and reporting these to the LSCB, assessing whether a death could have been prevented, and making recommendations to the LSCB or other relevant bodies so that action can be taken to prevent future such deaths where possible. The Panel has a particular responsibility for ensuring a rapid response to the unexpected death of a child. The Panel held four scheduled meetings and four Rapid Response meetings in 2014/15. The Child Death Overview Panel presents its own Annual Report to the LSCB, which is then published. The CDOP Annual Report for 2014/15 is in preparation at the time of writing.

The **LSCB Youth Forum** is a group of young people, supported by the LB Redbridge Positive Activities (Youth) Service, who work to raise awareness of safeguarding issues among young people in the borough and to make sure that young people's voices are heard and acted upon by the LSCB.

The **Child Sexual Exploitation Subgroup** is chaired by DCI Neil Lemon, from Redbridge Police. Protecting young people from sexual exploitation has been a major focus of the LSCB's work throughout the year under review. Until January 2015, the work was driven through two multi-agency groups established under the London Child Sexual Exploitation Operating Protocol – a Multi Agency Strategic Executive (MASE) and a Multi-Agency Panel (MAP). This architecture was reviewed in late 2014, in conjunction with a London-wide review of the Operating Protocol, and what had

been the MASE was formally constituted as a subgroup of the LSCB in January 2015. The CSE subgroup has developed a comprehensive multi-agency action plan focused on improving the protection and support of children who are sexually exploited, and strengthening work to identify, disrupt and prosecute child sexual exploitation. It reports at every meeting to the Executive and to the LSCB on progress against the action plan.

Additionally, the LSCB works through a network of working groups and Task and Finish Groups which are working at any one time to progress particular issues identified by the LSCB. During 2014-5 these included working groups to:

- Develop a multi-agency and pan borough strategic response to female genital mutilation as a key child protection issue
- Develop and deliver multi-agency training on lessons learnt from a Domestic Homicide Review
- Plan and deliver the LSCB Annual Conference, which in 2014 was on neglect, supporting the implementation of the newly adopted LSCB Neglect Strategy
- Develop a Multi-Agency Performance Dataset and Report for the LSCB, to support its core challenge and scrutiny function
- Plan and deliver the LSCB's multi-agency practice audit programme.

The structure and membership of the LSCB will be reviewed in 2015/16, to ensure that it remains fit for purpose to support the LSCB to deliver on its responsibilities to the highest standard.

THE LSCB BUDGET

The LSCB's work is funded by partner contributions, with some income from training activity. Apart from a Child Death Overview Panel Grant, there is no dedicated funding from central Government.

The table shows the contributions from partner agencies in 2014/15, and the expenditure incurred.

Income		Expenditure	
Balance brought forward	43,233.61	LSCB Annual Conference	910
Interest	195.67	Office expenses	1,529.08
CDOP Grant	54,000	Publicity and leaflets	16
		LSCB training courses	12,175
LB Redbridge Children's Services	30,199	Catering – courses and meetings	1,879
LB Redbridge, Adult Services	1,076	Training venues	1,891.75
LB Redbridge, Early Years	5,253	Attendance at conferences	495.83
LB Redbridge, Housing	1,076	Multi-agency audit costs	38,543.81
Public Health	22,253		
LB Redbridge, Youth Offending and Targeted Prevention Service	1,076	LSCB Business Manager	54,679.57
Metropolitan Police	5000	Senior Administrative Officer	33,376.14
National Probation Service	1,000	Administrative support	4,593.31
London Community Rehabilitation Service	1,000	LSCB Chair	29,849.54
Cafcass	550	Lay members' expenses	183.70
Redbridge Clinical Commissioning Group	5,600		
Barking Havering and Redbridge University Hospitals NHS Trust	3,231		
NE London Foundation Trust	3,230		
Training attendance fees	800		
Training non-attendance fees	4,655		
Total income	183,438.28	Total expenditure	180,123.43

An underspend of 29,110.60 will be carried forward into 2015/16. It should be noted that staffing costs include employers' oncosts (National Insurance and pension contributions), and agency costs and fees where relevant.

Although, as a result of careful budget management in the second half of the year, there was a slight underspend, the LSCB income is not sufficient to fund the level of activity required. Although it is not possible to obtain direct like for like comparative figures, it is clear from information presented at London LSCB Chairs' meetings that Redbridge has one of the smallest LSCB budgets per head of the population in London. This is partly because it is one of only five out of 32

London LSCBs to have no dedicated LSCB staff other than a Business Manager and administrator to support its work. The LSCB's work has therefore relied to an unsustainable extent on staff in partner agencies who already have heavy workloads somehow squeezing out the time to try and take the LSCB's work forward.

Working Together 2015 is clear that LSCB member organisations "have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies." The LSCB Executive has recognised that in 2014/15 the sharing

of responsibility was not proportionate. The total contribution of the Council (excluding the CDOP grant) was 76% of all partner contributions. By contrast, NHS organisations contributed 15%. Contributions from the police (6%), probation services (2%), and Cafcass (0.7%) are fixed at a London wide level, and while not proportionate to the importance of those agencies to the safeguarding of children, are beyond the power of individual LSCBs to influence.

The LSCB has agreed a budget requirement for 2015/16 of £230,000. This includes funding for two new dedicated LSCB posts – a full time Performance and Quality Manager, and a part time Training Co-ordinator. It has agreed to introduce modest charges for attendance at LSCB training (£40 for a full day course, and £20 for a half day course). The Clinical Commissioning Group has agreed to increase its contribution to £35,000, and Barts Health NHS Trust has agreed to contribute £5000. These welcome commitments are expected to allow the LSCB to deliver its full programme of activity in 2015/16, including recruitment to the new posts.



GOVERNANCE

The LSCB Chair is accountable to the Chief Executive for the effective functioning of the LSCB. The Chair meets with the Chief Executive every two months to report on the work of the LSCB and issues arising from it, and is subject to formal appraisal on an annual basis. The first appraisal will be completed in 2015/16.

The LSCB is part of a broader partnership architecture which promotes the health and wellbeing of all Redbridge residents. As well as the LSCB, this includes the Health and Wellbeing Board, the Children's Trust Partnership Board, the Community Safety Partnership Board and the Safeguarding Adults Board. The Council and its partners agreed in October 2014 an inter-board governance protocol which sets out the principles underpinning how the Boards will work across their defined remits, how communication and engagement will be secured across the Boards, and the practical means by which effective co-ordination and coherence between the Boards will be secured. There are four underpinning principles:

- Safeguarding is the business of all Boards
- It will enhance the work of each Board if members know and understand the business of the other Boards
- A culture of scrutiny and constructive challenge will exist across the Boards
- The Boards will work together to avoid duplication and ensure consistency

The LSCB Chair is a member of both the Health and Wellbeing Board and Children's Trust Partnership Board. This Annual Report will be presented to the Health and Wellbeing Board.

The LSCB has particularly prioritised the importance of joint working with the Community Safety Partnership. Priorities for action shared between the two Boards include child sexual exploitation, female genital mutilation, violence against women and girls, and the prevention of radicalisation and violent extremism. The two Boards have agreed a specific protocol to promote effective joint working, which includes arrangements for the sharing of information, cross-representation on subgroups, and bi-annual joint meetings of the Boards.

2. SAFEGUARDING IN REDBRIDGE: NEED, DEMAND, PRESSURE AND PERFORMANCE



NEED, DEMAND AND PRESSURE

The volume of referrals to Children's Social Care, an indicator of both increasing demand and increasing pressure, continued to increase in 2014/15. The number of referrals received increased by 9.6%, having increased by 29% the previous year.

Referrals to Children's Social Care

2010/11	2011/12	2012/13	2013/4	2014/15
4019	3691	3648	4718	5175

This increase in referrals represents a substantial and sustained increase in workload which continues to be felt throughout the Council's Children and Families Service.

The proportion of referrals received from the police increased (from 24.6% in 2013/14 to 29.2% in 2014/15), as did the proportion from schools (from 18.1% to 23.6%). This reflects continuing strong multi-agency work with both these key universal services. However the proportion of referrals from adult social care and from Accident and Emergency Services fell (from 15% to 10.9% and from 10.4% to 8.9% respectively). As adult social care services also come under increasing pressure, it will be important to ensure that adult care workers continue to be alert to potential child protection issues even when their primary focus is on adult service users.

The volume of social work assessments undertaken in Redbridge, relative to population, has consistently been significantly higher than either in England as a whole or the average among the local authority's statistical neighbour group of authorities. Due to changes to government guidance on approaches to assessment in the wake of the Munro Review of Child Protection, the most recent published comparator data relates to 2012/13. In that year Redbridge undertook 452.7 assessments per 10,000 population, compared to a national figure of 387.4 and a statistical neighbour average of 310.4. In 2014/15 Redbridge social workers undertook 660.4 assessments per 10,000 population.

However, Redbridge has also consistently undertaken significantly fewer Section 47 inquiries relative to its population than comparable authorities. These are inquiries undertaken under Section 47 of the Children Act 1989, following a multi-agency strategy meeting

and information gathering, when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. In 2013/14 there were 65.8 Section 47 inquiries per 10,000 population, compared to 124.1 in England as a whole and 119.2 in Statistical Neighbours. This was the subject of challenge by the LSCB in October 2014. The Board was concerned that the low rate of Section 47 inquiries might indicate that the bar for the level of concern about risk might be being set too high. The rate of Section 47 inquiries continued to rise though the year, and in 2014/15 as a whole 676 S47 inquiries were undertaken, compared to 482 in 2013/14. This represented a rate of 92.3 per 10,000 population.

There was an even greater increase in the number of children subject to a multi-agency child protection plan in 2014/15, from 188 at the end of March 2014 to 268 twelve months later - a 42.5% increase. This represents a rate of 38 children subject to a child protection plan per 10,000 population. At the end of 2013/14, Redbridge had a rate of 25.5 per 10,000, compared to a rate in statistical neighbour authorities of 38.9 and for England as a whole of 42.1. It would seem therefore that the number of children subject to plans is now comparable with other authorities, although this will not be clear until comparative data is available for 2014/15.

This sharp rise in child protection activity and the number of children subject to child protection plans is the most important point to highlight in reporting on safeguarding in Redbridge in 2014/15. The reasons are not yet clear. It may be in part a reflection of the increased vulnerability of children, as pressures on many families continue to increase. It is likely also to reflect changes in practice, and in multi-agency

practice. The Redbridge Multi-Agency Safeguarding Hub (MASH) is now in its second year of operation. The MASH considers all referrals of children who are believed to be potentially at risk. It brings together staff from Social Care, Police, Health, Probation and Housing, together with IT staff and information analysts. It ensures that information from each agency is collated rapidly to inform a decision on the response required. It is likely that this is leading to the more effective identification of risk and the action needed. If so, this is clearly a positive development. However, the pressure it places on the capacity of professionals to respond, with the intensity of engagement that is properly required when the level of concern is such that a child is made subject to a child protection plan, cannot be over-estimated.

It will be a priority for the LSCB in 2015/16 to scrutinise the reasons for this increase, which has continued into 2015/16.

The figures given above for the number of children on plans are 'snapshot' figures – the position on 31st March compared to a year earlier. During 2014/15, 309 children became newly subject to a child protection plan compared with 228 children in 2013/14. This suggests that the increase in the snapshot figure is due to the number of new children becoming subject to plans and that children continue to move through the system at the same rate as previously. This may corroborate the hypothesis that the increase in the number of children on plans is the result of better identification and assessment of risk.

There is less data available on the demands of child protection work in partner agencies other than children's social care, although of course the increase in child protection activity described above engages all partners, not just children's social care, in a multi-agency response. According to Metropolitan Police data for the

first nine months of the year, 111 offences of physical abuse of children were reported in Redbridge. 62 sexual offences were reported in the same period, and 49 offences of neglect. Quarter by quarter, the number of neglect offences increased in Redbridge, whereas in London as a whole there was a slight downward trend. The number of sexual offences was broadly stable in Redbridge each quarter, while in London as a whole there was an upwards trend. In both Redbridge and London, the number of physical abuse offences increased in each quarter.

Barking Havering and Redbridge University Hospitals NHS Trust data identify 67 Multi-Agency Referral Forms (MARFs) submitted to Children's Social Care in Redbridge raising child protection concerns from Maternity Services, and a further 233 from other Departments. Although data on categories of abuse suspected did not begin to be collected until April 2015, it appears from early data that almost 50% of MARFs originating from the hospital raise concerns about emotional abuse.

Across all hospitals in the Trust, there were 110 disclosures of female genital mutilation in the first three quarters of 2014/15, and 19 cases identified at delivery in the year as a whole.

Children and young people in Redbridge are less likely to be admitted to hospital as a result of unintentional or deliberate injuries, or for self harm, than their peers in London or England as a whole. The most recent data available is for 2013/14.

	Redbridge	London	England
Hospital admissions caused by unintentional and deliberate injuries to children 0 to 14 years per 10,000	70.5	86.8	112.2
Hospital admissions caused by unintentional and deliberate injuries to young people 15 to 24 years per 10,000	95.1	101.5	136.7
Admission episodes for self harm 10-24 years (2012/13)	195.3	201	346.3

THE CHARACTERISTICS OF CHILDREN SUBJECT TO CHILD PROTECTION PLANS

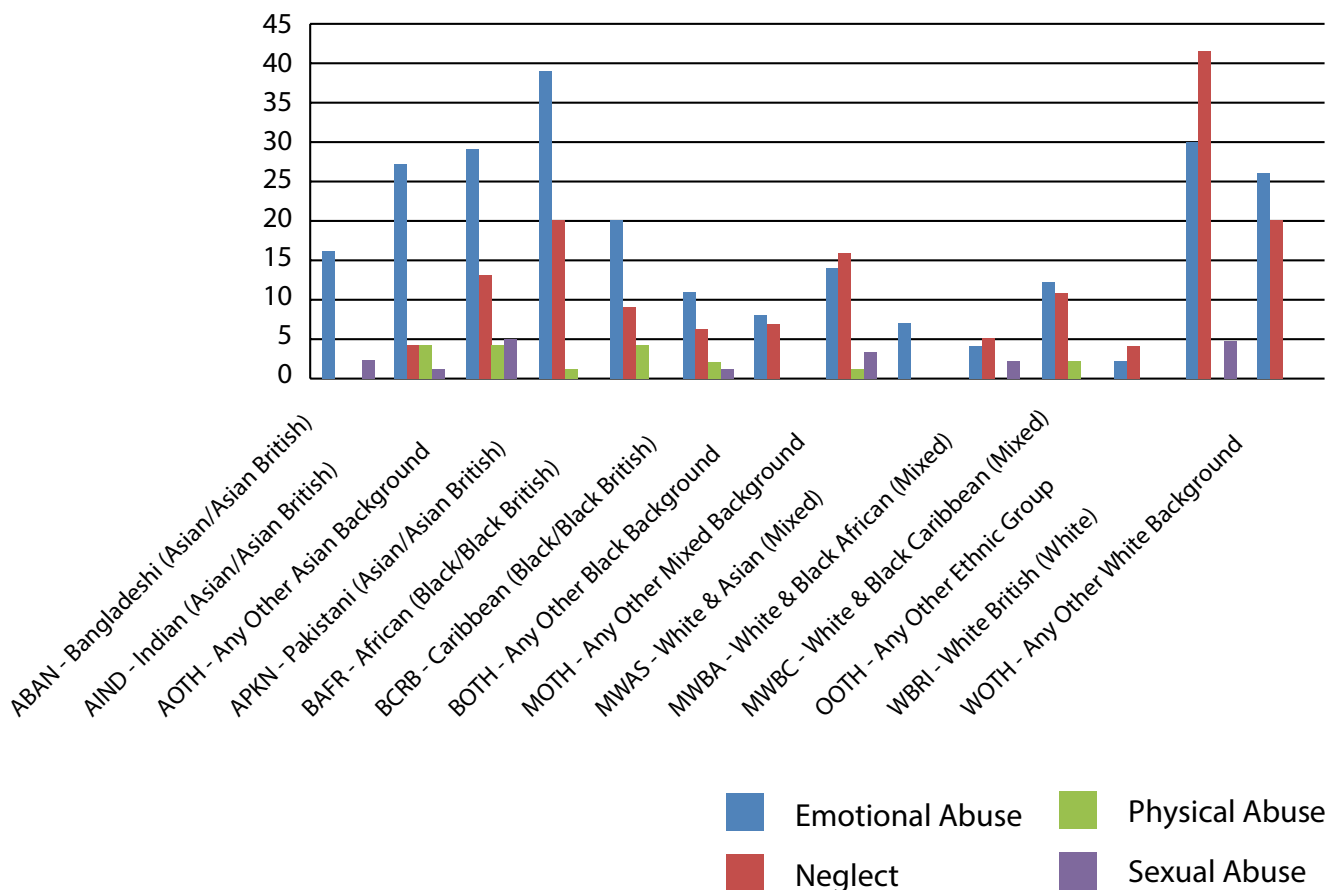
Number of children who became the subject of a Child Protection Plan during the year by category of risk

	2010/11	2011/12	2012/13	2013/14	2014/15
Neglect	69	81	65	108	111
Physical Abuse	3	17	9	16	17
Sexual Abuse	11	2	12	15	11
Emotional Abuse	60	85	66	89	170
Multiple categories	41	4	1	0	0
Total	184	189	153	228	309

There has been a significant increase in the percentage of plans made on the grounds of emotional abuse, from 39% of all new plans in 2013/14 to 55% in 2014/15. This needs to be better understood, and will be part of the LSCB's scrutiny in 2015/16. It may be linked to the continuing increase in the volume of referrals in which domestic violence is a major factor. Concern about the risks to children exposed to domestic violence, and in particular the risk to their emotional wellbeing, remains the single most common factor in referrals to social care. In 2014/15 domestic violence between adults was the most common risk factor identified in social care assessments, found in 31.4% of the cases in which assessments were completed.

*Standard categories for Children in Need (CiN) adopted by the Department for Education

CHILDREN SUBJECT TO CP BY ETHNICITY & CATEGORY OF NEED 2014-15



Generally, while the majority or almost the majority of plans are made on the grounds of emotional abuse, for children classified as White British are significantly more likely to be subject to plans on the grounds of neglect. Again, this needs to be better understood. It is particularly important to test whether this is a reflection of differential need rather than professional perception and any unwitting bias.

Number of children who became the subject of a child protection plan during the year ended 31 March, by age group

	2010/11	2011/12	2012/13	2013/14	2014/15
Unborn	10	13	9	26	17
Under 1 year	25	20	17	15	33
1 – 4 years	56	56	44	59	95
5 – 9 years	48	54	39	72	90
10 – 15 years	42	42	41	51	69
16 years and over	3	4	3	5	5
Total	184	189	153	228	309

The largest absolute and percentage increase has been in children aged between one and four years.

PERFORMANCE

The demands on the child protection system have increased very significantly in 2014/15 – more referrals, more assessments, more S47 inquiries, more child protection case conferences, more children subject to plans. However, the performance of the system, as measured against a set of standards or targets set out in national guidance, has been strong.

Indicator	Redbridge 2014/15	National 2013/14	Stat. Neighbours 2013/14
% of repeat referrals within 12 months	16.8%	23.4%	15.8%
% of MASH referrals responded to within prescribed timescales	100%	N/A	
% of assessments completed within 45 days	94.9%	82.9%	83.8%
% of initial child protection case conferences held within 15 days of strategy meeting	93.8%	69.3%	72.5%
% of child protection plans reviewed within required timescales	93.6%	94.6%	95.7%
% of children becoming subject to a second child protection plan within two years	4%	15.8%	13.5%
% of children with a plan ending during the year who had been on a plan for two years or more	2.8%	4.5%	5.3%

These are of course quantitative data. The quality of work is subject to audit within Children's Services by the 'offline' Quality Assurance Team. Of particular relevance to this report are the audits undertaken in 2014/15 audits on practice in the MASH, the quality of Child and Family Assessments, on the 'voice of the child', and on the use of child protection thresholds. Auditors found good evidence of effective multi agency working, of appropriate reference to research findings included in the social workers' assessment analysis, of the child's voice is being heard, and of child protection thresholds applied appropriately in cases audited. The audits also highlighted areas for improvement. These included the need for more detail and analysis in chronologies, improvement in recording analytical supervision records; and more consistency in health information provided to inform assessment.

The LSCB has carried out a number of multi-agency audits of practice. These are described later in this report.

In March 2015 the Care Quality Commission published a report of its inspection of Whipps Cross Hospital, part of Barts Health NHS Trust, which although in Waltham Forest is a significant provider of hospital care to Redbridge residents. It found the hospital to be inadequate overall, including for safety. It found services for children and young people, among other Departments, to be inadequate, and maternity and gynaecology services to require improvement. In early 2015/16, further inspection reports were published which judged Barts Health overall to be inadequate, as well as two other of its major sites, Newham General Hospital and the Royal London Hospital. The LSCB will be scrutinising closely progress against Barts Health action plan for improvement throughout 2015/16.



3. CHALLENGE AND SCRUTINY HOLDING OURSELVES AND EACH OTHER TO ACCOUNT



SECTION 11 AUDIT

Section 11 (4) of the Children Act 2004 requires every LSCB partner to have arrangements in place to ensure that “their functions are discharged having regard to the need to safeguard and promote the welfare of children”. Every partner is required by the LSCB to conduct a self assessment or “Section 11 audit” on a regular basis to ensure compliance with this requirement. In Redbridge, however, the process is about more than compliance. It should be a rigorous and transparent scrutiny, which identifies areas where improvement is needed to ensure best practice in the safeguarding of children, with a clear action plan with timescales within which those improvements will be made. The rigour of the process, and the delivery of the action plans, is closely monitored by the LSCB.

Section 11 audits were undertaken by partner agencies in the first quarter of 2014/15. Agencies completed the PAN London Section 11 Self-Assessment tool, which tests arrangements against a set of consistent standards. The standards are:

- Standard 1:** Senior management have commitment to the importance of safeguarding and promoting children’s welfare;
- Standard 2:** There is a clear statement of the agency’s responsibility towards children and this is available to all staff;
- Standard 3:** There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare;
- Standard 4:** Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families;
- Standard 5:** There is effective training on safeguarding and promoting the welfare of children for all staff working with or, depending on the agency’s primary functions, in contact with children and families;
- Standard 6:** Safer recruitment procedures including vetting procedures and those for managing allegations are in place;
- Standard 7:** There is effective inter-agency working to safeguard and promote the welfare of children;
- Standard 8:** There is effective information sharing

18 Section 11 returns were completed. Prior to submission to the LSCB, a number of agencies presented their self assessment to a ‘peer challenge’ group, including lay members of the LSCB. This was a challenging and helpful part of the process, although it proved logistically not possible to arrange in all cases.

The LSCB considered a report on the outcome of the Section 11 audits in October 2014 and requested further detail in a further report which it considered in January 2015. The most consistently met standard

was Standard 1 – clear evidence in all agencies of senior management’s commitment to safeguarding and promoting children’s welfare. Particular areas for improvement identified included:

- Supervision – in some health settings, while supervision is delivered, monitored and audited, there are significant capacity issues affecting the ability to deliver at the frequency required

- Extensive training is available, in both individual agencies and through the LSCB. However it is difficult to assess the impact, in terms of improved outcomes for children. There was also concern about the growth in the training agenda, as the number of issues coming to increased attention over recent years – for example, child sexual exploitation, female genital mutilation, and Prevent – have, quite properly, required extensive training input and capacity
- There is a loophole in safer recruitment procedures with large numbers of staff coming from abroad, in particular doctors and nurses, where a DBS check or equivalent from their home country is not available. All agencies have risk assessment processes in place to mitigate this, but there is an irreducible risk
- There was an issue across a number of providers about the lack of systems in place to monitor attendance at multi-agency meetings, including strategy meetings, child protection case conferences, and core groups.

The Board resolved to receive a follow up report on progress against agencies' action plans in July 2015, in order that the partnership as a whole could monitor and where necessary challenge the progress of individual partner agencies.

The 2014/15 Section 11 audit process generated a significant amount of learning, not only about safeguarding strengths and weaknesses but also about the audit process itself. Section 11 audits will take place again in 2016/17. The Board is committed to ensuring that a robust process is in place for those audits, with external and peer challenge an integral part of the process.

MONITORING IMPROVEMENT PLANS ARISING FROM INSPECTION

In February 2014 the Care Quality Commission conducted an inspection of the health contribution to safeguarding children and to outcomes for children looked after by the local authority, and made a number of recommendations for improvement. The LSCB has monitored progress against the Clinical Commissioning Group's action plan to address these recommendations throughout 2014/15 and will receive a final report in 2015/16.



PERFORMANCE CHALLENGE

In April 2014 the Board agreed a multi-agency dataset for consideration at each Board meeting. The dataset is a 'live' document and has continued to develop throughout the year. To focus challenge and scrutiny, the LSCB Executive identifies for each Board meeting an area for particular scrutiny, and commissions detailed analysis and presentations to be brought to the Board. This practice was instituted by the incoming Chair with effect from the LSCB meeting in October 2014.

During 2014/15 the Board scrutinised and challenged performance in the following areas:

- Low performance by North East London Foundation Trust in meeting the target for universal post-birth visits within 14 days of birth
- High health visitor caseloads
- Low rate of Section 47 inquiries compared to national and statistical neighbour averages
- Social work capacity and caseloads
- Low police charge rates for sexual offences in Redbridge, compared to London as a whole

The scrutiny of health visitor performance and workloads in October 2014 highlighted a very serious shortfall in the number of health visitors in Redbridge, due largely to historical legacy issues. Caseloads varied widely across the borough, but health visitors were holding caseloads of between 500 and 1200 children under five, including 110 to 290 cases of children under one year old. The Board felt this overload represented a substantial risk to the safety of children, which would continue if adequate resources were not made available for the transfer of commissioning responsibility for health visiting and family nurse partnership services from NHS England to Redbridge Public Health in 2015. This was raised with the Health and Wellbeing Board. The LSCB Chair was then a co-signatory to a letter to the Secretary of State for Health, setting out the case for a substantial increase in funding, with the Chair of the Health and Wellbeing Board, the Chair of the Council's Health Scrutiny Committee, and the Director of Public

Health. This led to the allocation of an additional £1.3m. to Redbridge. While very welcome, this does not close the gap, and the Board remains very concerned about the adequacy of funding for health visitor services in the borough.

The scrutiny of the low rate of section 47 enquiries in Redbridge, also in October 2014, focused on whether this was an outcome of effective targeting and risk assessment or of too high a threshold for S47 inquiries which might leave children unsafe. Children's Services representatives pointed out in response that for those S47 inquiries undertaken, a very high proportion, in comparison with other authorities, led to an initial child protection case conference, which suggested that resources were being effectively targeted on risk. Audit activity of both the MASH and of assessment practice had not identified any concerns. The Board was reassured, but asked that this should be subject to ongoing monitoring. Over the remainder of the year, the number of cases in which S47 inquiries were undertaken increased significantly. The end of year outturn was a rate of 92.3 per 10,000 population, compared to 65.8 in 2013/14.

The scrutiny of social work capacity and caseloads at the January 2015 Board focused initially on an increase in the vacancy rate from 19.6% at 31.3.14 to 24.9% at 30.9.14. However, this was explained by increase in posts funded from 1st April 2014. The projection was that when staff already recruited came into post the vacancy rate was projected to fall to 13.59%, with more recruitment to follow. There is rigorous weekly monitoring of progress in getting staff into post to ensure that there are no delays which are within Redbridge's control. The turnover in Redbridge appeared higher than in comparator authorities. It was suggested that this was mainly attributable to the high proportion of vacancies being filled by long standing agency staff who convert to permanent employees, which is counted as turnover in workforce data, but is not experienced as such by service users. Average caseload at that point was 14.3 against a target of 15. It had reduced from 15.6 in the previous year, in

spite of the increase in referrals. At the end of 2014/15 the social worker vacancy rate stood at 21.2%, and the turnover rate at 25.9% compared to 22.7% in 2013/14. The average social work caseload at year end was 15.8 children.

The scrutiny of police charge rates at the April 2015 Board was underpinned by data indicating that in every quarter of the year to date the charge rate for sexual offences against children in Redbridge was significantly lower than for London as a whole. In Quarter 3, the latest data available, 8% of sexual offences reported against children resulted in an alleged offender being charged. In London as a whole it was 18.5%. In discussion, it was acknowledged that locally there had perhaps been insufficient priority given to active pursuit of the CPS to secure prosecutions where appropriate. Changes in leadership in the Child Abuse Investigation Team were now addressing this and it was likely that this would result in increased charge rates. In the most recent period, there had been five sexual offences reported, with a 100% charge rate. Data is not currently available for subsequent quarters which could be used to track impact.

The Child Death Overview Panel is also a forum in which agency practice can, if necessary, be challenged. One case was referred by the Panel to the LSCB Chair in 2014/15, as a result of which assurances were sought from a provider of out of hours services about the arrangements in place on a particular aspect of care. There was no suggestion that the child's death could have been prevented. Appropriate assurances were received, with some learning points acknowledged.



4. TRAINING

The LSCB continued in 2014/15 to commission, deliver and oversee a substantial multi-agency training programme. The training programme is underpinned by a set of core principles, set out in the LSCB's Learning and Improvement Framework. All training is expected to:

- support and encourage inter-agency working by enabling staff to develop behaviours, skills, and knowledge for greater inter-professional dialogue and cooperation;
- have a multi-agency focus with learning outcomes and programme content aimed at a multi-agency audience, with input into design and delivery from all agencies and professionals;
- support reflective practice by encouraging practitioners to share their experiences and ideas in the learning environment

There were 1025 attendances at LSCB training courses in 2014/15, a 23% increase on take up in 2013/14. Programmes offered were as follows:

- CAF Assessment and Planning for Practitioners Workshop (11 workshops)
- CDOP: Understanding the Process
- Child Sexual Exploitation Briefing (4 sessions)
- Child to Parent Violence
- Communicating with Young People & Children in the Safeguarding Process
- Consanguinity Awareness
- Cousin Marriage and Inherited Disorders in Diverse Communities
- Dealing with Child Protection Issues and Allegations against Staff
- Development of Sexual Behaviour in Young Children
- Domestic Violence Level 1 (2 courses)
- Domestic Violence Level 2
- Explore Don't Ignore! Engaging with and safeguarding bereaved parents and families
- Explore Don't Ignore! Engaging with and safeguarding bereaved parents and families
- Female Genital Mutilation (2 courses)
- Impact of Parental Mental Health on Safeguarding Children and Young People
- Learning from Individual Management Reviews: Domestic Abuse - How do we recognise it?
- Learning Lessons from Serious Case Reviews (SCRs)
- MASH Awareness Training (4 courses)
- Private Fostering Briefing (2 sessions)
- R U Ready? (3 courses)
- Restorative Justice (3 day programme) – 4 courses
- Safeguarding Children and Young People from Sexual Exploitation (3 courses)
- Safeguarding Children and Young People at Risk of Forced Marriage
- Safeguarding Children from Abuse linked to a Belief in Spirit Possession
- Safeguarding Children in a Digital World
- Safeguarding Children Level 1 (5 courses)
- Safeguarding Children Level 2 (6 courses)
- Safeguarding Children Training for Health Professionals Levels 2&3 (3 courses)
- Safeguarding Young Person's Sexual Health
- Sexual Abuse: Recognition and Process and How to Minimise Risk to Children and Young People
- Train the Trainer for Young People
- Working with Parents who exhibit Difficult, Dangerous or Evasive Behaviour
- Workshop to Raise Awareness of Prevent (2 workshops)
- Young People & Relationship Abuse (3 courses)

The percentage of attendance by agency was:

- Health 13%
- LB Redbridge 46%
- Schools 13%
- Voluntary and community sector 16%
- Private sector 5%
- Other 7%.

In addition to the LSCB training programme, individual partner agencies have provided a wide range of safeguarding training for their own staff. 1392 school staff undertook Safeguarding Level 1 training in 2014/15, and a further 363 undertook Safeguarding Level 2. 43 school governors undertook the same training, and in total there were 2263 participants in school-based safeguarding training the year. 61 foster carers attended training courses on child sexual exploitation and keeping children safe on line.

North East London Foundation Trust (NELFT) Redbridge trained over 500 staff in areas relating to safeguarding children. Examples of the types of training delivered include Level 2 (face to face) E learning Level 2, Level 3 Child Sexual Exploitation Training, Level 3 Critical Thinking and Risk Analysis, Protecting Families from Domestic Abuse and Harmful Practices, Safeguarding Children and Vulnerable Adults, Neglect, Professional Dangerousness, Safeguarding Children Supervision Skills, Voice of the Child, and Fraser Competency.

In addition a Learning Event was held to share the learning from a recent SCR in which NELFT had involvement. The Redbridge Children and Young People Network provided training for 161 voluntary sector workers, on subjects including child sexual exploitation, female genital mutilation, and cyber bullying. All health providers have substantial safeguarding training, with a high level of mandatory content, and take up is monitored closely.

As of April 2015, 89% of the relevant staff at Barking Havering and Redbridge University Hospital Trust had undertaken the required Safeguarding Level 1 training, 86% had undertaken Level 2, and 83% had undertaken Level 3. However, the CQC inspection of Barts Health NHS Trust reported low compliance with mandatory safeguarding training targets, and this will be an area of focus in the improvement plan to be monitored by the LSCB throughout 2015/16.

The LSCB held its annual conference in November 2014 on the theme of neglect, to support the development and implementation of the LSCB's Neglect Strategy. 125 professionals attended, from Children's Services, Health, Education, Police, Adult Services, the voluntary Sector and legal Services. The keynote speaker was Professor David Shemmings, who delivered a virtuoso session on disorganised attachment as a core element in neglect, how to recognise it, and how to begin to work with it. 93% of attendees completing the conference evaluation form agreed that the conference had mostly or fully met its objectives

The quality, quantity and take up of safeguarding training remains very strong. More work, however, is required to enable both the LSCB and individual partner agencies to be confident about the impact of that training in terms of quality of practice and improved outcomes for children. There is some anecdotal evidence – for example, of training being reflected on in supervision or as part of performance management, and discussed in team meetings.

In one school, the school revised its arrangements for undertaking early help assessments as a direct result of an individual's attendance at training. However, this is not systematic. While feedback is consistently sought from line managers, response rates are low, and new strategies need to be developed. This is likely to involve direct questioning of a sample of participants and their managers some weeks after attendance on training, to seek direct evidence of how the learning has been taken back into the worker's practice and agency, and of its impact on practice, rather than relying on the return of feedback forms.

Total expenditure from the LSCB budget on training, including the conference on neglect, in 2014/5 was £17,254. £800 was received in attendance fees from private sector organisations, and £4,655 in charges for non-attendance.



5. THEMES, CONCERNS AND CHALLENGES

This chapter reports on some of the key areas of work and provision with which the LSCB has been concerned during the year.

THE VOICE OF THE CHILD

The LSCB has been concerned to ensure that the voice of the child and young person is clearly heard in all its work, and that safeguarding practice takes full account of the views, wishes, feelings and priorities of young people. The LSCB Chair met twice with the LSCB Youth Forum during 2014/5, and in October 2014 members of the Youth Forum made a presentation to the Board on their work. During the year the Forum ran three information, engagement and consultation events with young people in Redbridge, supported by the LSCB – one focusing on cyber bullying, one on gangs and knife crime, and one on child sexual exploitation. Every multi-agency audit has sought the views of selected children and young people (not the subjects of audited cases) on the themes and issues being explored.

The responses by young people have been an important and valuable contribution to the audit reporting and recommendations. Within Children's Services, there is a well established Voice of the Child Working Group, chaired by the Principal Children and Families Social Worker (PCFSW). Young people set the agenda and the priorities of the group and the group's action plan is based on ten top priorities agreed and prioritised by the young people. As one example of impact, a number of young people who had themselves gone missing from home were helped to set up a support group for other young people who had gone missing.

WORKFORCE SUFFICIENCY

In the context of ever increasing pressures on safeguarding services, the LSCB has been concerned to assure itself that there is the right number of key professionals working in Redbridge, in the right places, to respond effectively to those pressures and to ensure that children are effectively protected. It received a detailed report on the social work workforce in January 2015 and a further report on workforce sufficiency across a number of key professional groups in April 2015. Headline findings included:

- As previously noted, there is a very serious shortfall of health visitors in Redbridge, with caseloads of between 500 and 1200 children under five, including 110 to 290 cases of children under one year old. In April 2015 NELFT estimated a shortfall of approximately 16 full time equivalent staff. The vacancy rate on the current establishment is approximately 30%, covered by temporary staff. The LSCB Chair has been a party to representations to the Secretary of Health on this issue, which has resulted in an additional funding allocation to Redbridge of £1.3m.
- Recommendations from the Royal College of Paediatrics and Child Health suggest that an additional two paediatricians are required to bring staffing in the paediatric service up to safe levels. This is to be considered by the CCG in the next commissioning round.
- NELFT also believe that there is a shortfall in the establishment for the School Nursing Service. There is a vacancy rate against the current establishment of approximately 15%, covered by temporary staff. The commissioning of this service will transfer to Public Health, within the local authority, in October 2015. The perceived shortfall will be considered within those new commissioning arrangements.
- The Council increased funding to children's social care services in April 2014 which led to an increase in the establishment of social work posts from 153.5 to 168.5 full time equivalent posts. Additional supernumerary staff have also been engaged at times of peak demand. Average caseloads in April 2015 stood at 15.8, compared to 14.8 a year earlier. In common with all authorities, a significant number of posts are filled by agency staff – 21.2% at the end of 2014/15. However this benchmarks against a figure of 22% for London as a whole and 26% for Outer London (September 2014 data)

- The Borough Police had redeployed resources to respond to increases in demand in certain areas, in particular Missing Persons and Child Sexual Exploitation teams. Additional officers had been deployed in both teams. There was a 20% vacancy rate for Detective Constables in CID. As a result additional Police Constables were being posted to CID but these were generally inexperienced and without investigative experience. The police Child Abuse Investigation Unit, covering both Redbridge and Waltham Forest, had a budgeted strength of 26 officers but was functioning at 20 at the time of the report due to sickness, maternity leave, and vacancies.

The LSCB will receive an update report in October 2015.

EARLY HELP

If professionals and service are able to identify early signs of difficulties within families and mobilise effective, co-ordinate support at the right time, it is likely that in many cases the problems can be stopped from escalating. Effective early help is thus key to the effective safeguarding of children.

One of the centres of early help provision in Redbridge is the Early Intervention and Family Support Service (EIFSS), which sits within the Council. Families may be referred from the MASH following initial consideration of a referral, from the social work assessment teams following a social work assessment which concludes that the family does not need social work intervention but could benefit from the EIFSS offer, or from the multi-agency Early Intervention Panel (EIP). The Panel meets fortnightly and considers requests for early help provision including individual work with children and young people, support to families and parenting programs. The referrals to EIP come from a range of partner agencies including private and voluntary organisations. Each referral is discussed and a lead agency agreed via the panel.

Between April 2014 and March 2015 there were 4,978 referrals to the EIFSS. Overall, the EIFSS worked with 7169 cases over the year, an increase of 31.4% over the previous year. The main reasons for referral were parental mental ill health, parenting problems, drug and alcohol abuse, housing issues, missing children

and domestic violence. There were an increased number of referrals in which financial difficulties were identified as the primary problem, with 6% of referrals having 'low income' described as the main need. 14% of all incoming referrals to social care were channelled through to the Early Intervention and Family Support Service, both offering families a more appropriate response and relieving some of the demand on statutory services.

Services offered by the EIFSS include:

- Direct family support work in the home
- Direct work with children and young people
- A parenting team which delivers a wide range of evidence based parenting programs including courses on child development and parenting teenagers. Between April 2014 and March 2015, twenty one courses were run attended by four hundred and fourteen parents and seven hundred and sixty two children. The parenting team has developed links with a number of partner agencies including the midwifery team and the teenage pregnancy service.
- A Domestic Violence Panel, established in October 2014, which works to identify a lead agency and implement a multi-agency plan. Between October 2014 and March 2015 referrals to the newly established Panel concerned 85 parents and 199 children.
- The Freedom Programme, which is a domestic violence programme primarily designed for women who are victims of domestic violence.
- A housing project which aims to support families with housing issues at an earlier stage and prevent the build-up of rent arrears and eviction. The project worked with 140 families, including 309 children. 96% of the children involved were as a result of the project's work enabled to stay in their own homes.
- Return home interviews with children who go missing from home and care

COMMON ASSESSMENT FRAMEWORK TEAM

The Common Assessment Framework (CAF) is a shared assessment and planning process which professionals in any agency can use to facilitate the early identification of children and young people's additional needs. The assessment will support relevant agencies coming together in a Team Around the Child (TAC), with a named 'lead agency'.

Between April 2014 and March 2015, there were 1,626 CAFs started and 1,500 completed. This is an increase of 50% over 2013/14, and demonstrates the increasing engagement of all services for children in the early help agenda. CAFs were completed by the following agencies:

Children's social care	821
Children's Centres	384
Early Intervention & Family Support Service	160
Primary schools	48
Secondary schools	32
Educational Welfare Service	17
Troubled Families	15
Private, Voluntary & Independent sector	7
Specialist services	7
Other Local Authorities	7
Education Other	1
Health	1
Total	1,500

The 'lead agency' role was distributed as follows:

Children's Centres	550
EIFSS	448
Primary Schools	182
Secondary Schools	59
Troubled Families	30
EWS	26
Special Schools	24
PVIs	17
Health	4
Total	1,340

Schools are strongly engaged with the planning and delivery of early help for children and families, as these figures show. However, health agencies appear to have very low involvement, and this is potentially a real weakness in the support available to children and their families. The universal health visiting service is of course an important source of early help to families with very young children, but as previously noted the LSCB believes it to be seriously under-resourced in Redbridge.

Children's Centres provide integrated universal and targeted services for young children and their families either directly or through other service providers. Each Children's Centre Group (8 in total) has a named link social worker and a health visitor. A recent Ofsted inspection report commented on the excellent data sharing arrangements and partnership working to support vulnerable families. "Through good engagement with social care teams, the centres have been able to support all the families of vulnerable children, including those subject to child protection plans and looked after children...Safeguarding procedures are embedded well in all the group's work. Close working relationships with social care and health partners mean that all young children who are subject to child protection plans or are considered to be children in need are known to the children's centre staff. Staff are well-versed in the use of the Common Assessment Framework to engage other services to support families effectively."

The Troubled Families programme is an important element of early help services in Redbridge. It uses a tiered approach to working with families with multiple problems:

- 'Tier 1' Family Interventions – delivered by partner organisations named as lead professional (for example. schools, Children's Centres, Youth Offending and Targeted Prevention Service, Community Rehabilitation Companies (CRCs), National Probation Service, Housing or the Youth Service).
- 'Tier 2' Family Intervention – delivered by the keyworkers within Troubled Families Service
- 'Tier 3' Family Intervention - delivered by the Family Intervention Service (FIP) working intensively with small caseloads (7-8 maximum) of troubled families using the assertive keyworker role to 'grip' the family and to 'galvanise' agencies.

The programme successfully met its target to achieve measurable improvements in outcomes for 550 troubled families in Phase 1 of the programme. It was accepted by Government as an 'early adopter' for Phase 2 of the programme in September 2014. In this phase the programme will work with 1,910 families by March 2020 to deliver the same results. The criteria for inclusion are based on a cluster of six headline problems:

- Parents and children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
- Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
- Families affected by domestic violence and abuse.
- Parents and children with a range of health problems.

Early help is a strong feature of provision in Redbridge playing an ever increasing role in the effective safeguarding of children. A number of tools are now established in early help services which measure the progress of individual families and children against the goals they have set. For example, Family Outcome Scales are used to measure change over time for families being supported within the Common Assessment Framework. Children's Centres track families' progress against the Family Outcomes Scale at three, six and twelve months following referral, and continue to monitor progress at the same intervals after the family leaves the Centre to ensure that progress is sustained. A neglect toolkit is used to measure progress in families receiving support from the Early Intervention and Family Support Service. Work is being undertaken to collate these measures into a more overall assessment of the effectiveness of intervention and this will continue in 2015/16. The LSCB and all partner agencies understand how important it is to measure the impact of early help services – what are the outcomes of early help intervention? Put simply, is early help helpful? We are developing a strong evidence base in Redbridge for a positive answer to that question.

CHILD SEXUAL EXPLOITATION

There are children in Redbridge who are being sexually exploited. We know this because the sexual exploitation of children and young people has been identified throughout the UK, in both rural and urban areas, and in all parts of the world. It affects boys and young men, as well as girls and young women. It can have a serious long term impact on every aspect of their lives, health and education. It damages the lives of their families and carers, and can lead to family break ups. Sexual exploitation of children and young people is abuse and is completely unacceptable. Adults working with children, young people and families need to be aware of the signs of sexual exploitation and what makes some children and young people more vulnerable than others.

Strengthening the work of all agencies to combat CSE, and to protect and support victims, has been a major focus of the LSCB's work in 2014/15. A revised Child Sexual Exploitation Strategy was agreed by the Board in October 2014. A detailed action plan to support the implementation of the strategy was agreed in January 2015, and progress against the action plan is reviewed and challenged at every meeting of the LSCB Executive and then at the LSCB itself. The Council has made a very strong corporate commitment to combating CSE, and the action plan includes commitments from all relevant Council Departments. Disruption, enforcement and licensing issues are brought together with the work to protect individual victims through strong working arrangements between the Community Safety Partnership and the LSCB.

Strong operational arrangements are in place to ensure that there is a full discussion of any child suspected by any agency of suffering or being at risk of CSE, with full sharing of information, at a multi-agency panel (MAP). Senior agency representatives take strategic oversight of all cases, focusing on a strategic overview of the case, focusing on:

- Do the proposed actions address all the concerns?
- Do operational staff need additional support or resources?
- Are any additional actions required to protect the victim and/or disrupt the offender?
- Are the agencies working together?
- Have all the agencies recorded the relevant details on their systems to ensure others have access to the information?

Preventative work in 2014/15 has focused on reducing the risk of children and young people becoming victims of CSE through education and training to raise awareness and reduce vulnerability and through early intervention to help prevent exploitation.

Schools are key to this work and at the beginning of 2015 detailed guidance was issued to all secondary head teachers in local authority maintained schools and academies. The guidance covered the signs of CSE, the links with children missing from school and how to refer concerns or disclosures.

Additionally, all secondary schools in Redbridge were offered the chance to show the play Chelsea's Choice to year 8 and 9 pupils. Chelsea's Choice is an innovative Applied Theatre production that has proved highly effective in raising awareness of child sexual exploitation amongst young people in the UK. Given the increased risk of CSE to children in care, especially those who go missing, in March 2015 Children's Services ran training courses for care homes and foster carers on Understanding, identifying and preventing Child Sexual Exploitation.

One of the major obstacles to effective work to combat CSE is the difficulty of establishing an accurate picture of its scale, scope, prevalence and characteristics in an area. Recently published Metropolitan Police data covers the period between June 2014 and May 2015. In that period, Redbridge police received 36 reports of suspected CSE and 20 reports where alleging a specific crime. Redbridge was 15th in borough rankings in London for numbers of reported CSE suspicion or crimes. However, it had the fewest CSE reports of the seven East London boroughs.

At the beginning of the year Redbridge's work on CSE was hampered by the difficulty of collating the data held by different agencies into a single coherent picture. Reporting periods did not coincide, and there was variation in the definitions and criteria used to hold data. A priority for the MASE has been to develop a single robust data set for all CSE cases presented at the MASE. The purpose of this dataset is to enable the partnership to compile a picture of the nature and extent of CSE in Redbridge. This data collection includes the demographics of both CSE victims and perpetrators, the types of CSE being perpetrated in Redbridge, where children meet perpetrators in Redbridge and where CSE is taking place. Although caution should be exercised in relation to early data, this is beginning to give us a clearer picture of the nature of CSE in Redbridge.

This data is available from October 2014. In the six months to April 2015, 20 young people were discussed at the MASE – 17 girls and 3 boys. Six were White British, three of mixed heritage, three Black British, four Asian British, one Romanian, one Somalian, one of "any other white background" and one of "any other mixed background." The young people ranged in age from 13 to 17, with six aged 15 and seven aged 16.

The Pan London Child Sexual Exploitation Protocol defines three 'police categories' of CSE:

- A vulnerable child or young person, where there are concerns that they are being targeted and groomed and where any of the CSE warning signs may have been identified. However at this stage there is no evidence of any offences – Category One
- Evidence that a child is being targeted for opportunistic abuse through the exchange of sex for drugs, perceived affection, sense of belonging, accommodation (overnight stays), money and goods etc. This will also include a child or young

person being sexually exploited through the use of technology and without the child or young person receiving any reward – i.e. the exchange of indecent images online. The likelihood of coercion and control is significant – Category Two

- A child or young person whose sexual exploitation is habitual, self denied and where coercion / control is implicit. This is often carried out by multiple perpetrators – Category Three

17 of the cases discussed at the MASE fell into Category One, and three into Category Two.

The Protocol also defines types of sexual exploitation. Of the 20 cases discussed, the 'types' identified were:

- Boyfriend model – the offender befriends and grooms a young person into a relationship and then coerces or forces them to have sex with – two cases
- Peer on peer - peer on peer abuse can include sexual bullying at school, being coerced to send sexual images, physical and sexual assaults & violence and teenage relationship abuse. It also includes gang associated abuse and exploitation – three cases.
- Organised/networked – young people are passed through networks where they may be forced / coerced into sexual activity with multiple men. Ranges from spontaneous networking between groups of offenders, to more serious organised crime where young people are effectively 'sold' – one case
- Inappropriate relationships – usually involve one offender who has inappropriate power or control over a young person (physical, emotional or financial). May be a significant age gap. Young person may believe they are in a loving relationship. Six cases
- Familial – young people can be individually exploited, or it may also involve other family members. The motivation is often financial and can involve substance use. Parents or family members control and facilitate the exploitation. One case
- Online - New technologies and social networking tools and platforms; chat rooms, dating sites or online gaming, present opportunities for CSE. CSE can occur through the use of technology without the child realising it, e.g. a child or young person is persuaded to post images of themselves on the internet and/or mobile phones. Seven cases

There is very strong multi-agency involvement and engagement in Redbridge with both strategic and operational work to combat CSE. One of our priorities for 2015/16 is to continue to build on the MASE dataset, giving us the most comprehensive problem profile that we can develop - including the demographics of both CSE victims and perpetrators, the types of CSE being perpetrated in Redbridge, where children meet perpetrators in Redbridge and where CSE is taking place. There have been no prosecutions for CSE offences in Redbridge in 2014/15. The LSCB needs to further develop its joint work with the police and with Community Safety and Enforcement Services to take

action to disrupt patterns of exploitation. There is a gap in specialist services for children who have suffered CSE which needs to be filled. In this context, the Health and Wellbeing Board commissioned in early 2015 an audit of health services for victims of CSE, intended to inform future commissioning plans. The outcomes of this audit will be considered by the Health and Wellbeing Board in autumn 2015. Multi-agency work to tackle child sexual exploitation has made great progress in 2014/15, but the LSCB acknowledges that there is still much to be done.

MISSING CHILDREN

Children and young people who go missing from care or from home can expose themselves to considerable risks. In particular, there is a strong association between the risks of going missing and the risk of child sexual exploitation. Redbridge faces some particular challenges in addressing this issue because of the large number of children in care and care leavers who are placed in the borough by other local authorities. In March 2014 a census identified that of the 445 children looked after and care leavers living in Redbridge, 360 were placed by other local authorities, who retained primary responsibility for their care, welfare and safety. For young people who go missing from an address in Redbridge whose care is the responsibility of another local authority, the primary responsibility of Redbridge Children's Services is to ensure prompt notification to the placing authority in order that they can take the necessary steps to ensure the young person's safety, carry out a 'return home' interview, and if necessary review the placement and care plan. However Redbridge Police are responsible for responding to all reports of children missing from a Redbridge address, and liaising with other police forces as necessary. This is a potentially complicated division of responsibility, but the LSCB has been clear that the safety of children must always come first, whoever holds statutory responsibility, and there must be no risk of children falling through the net. In January 2015 the LSCB adopted a revised Children who go Missing from Home and Care Policy, which sets out very clearly the responsibilities of all parties, including care providers, for action if children go missing, and the steps to be undertaken, not only to ensure as far as possible the immediate safety of the child, but also to understand the reasons for the episode, to address

them, and to help reduce the likelihood of future missing episodes. The policy and the expectations have been widely promoted to all care providers and to other placing local authorities.

There is a national issue about reconciling police and local authority data on children who go missing, as the definitions, scope, and reliability of the different data systems vary considerably. Police data indicates a 25% increase in the volume of missing persons reports (which includes adults as well as children) in Redbridge in the calendar year 2014 compared to 2013. It recorded 1,291 episodes of children going missing in 2013/14 as a whole.

Children's Services carried out a full review of their 'missing children' data systems during 2104/15, and now report regularly to the LSCB at each meeting. The data is updated weekly, and the child-level data is used within Children's Services to ensure that action plans are in place to focus on those children at the highest risk. Between October 2014 and March 2015, 79 children went missing from home on 103 occasions. In the same period, 37 children went missing from care on 262 separate occasions. Clearly, a small number of children go missing on repeated occasions.

In October 2014 the Redbridge partnership secured DCLG funding for a six month pilot project for a joint police / social work team to work closely with care home and semi-independent providers in the borough to seek to reduce incidence of children going missing and placing themselves at risk. The project team met with all care providers in Redbridge with significant volumes of missing police reports. The purpose of these meetings was to discuss issues, concerns and

approaches to the reduction and management of missing episodes. Providers responded very positively. However it became clear that there was considerable confusion and variation over the action to be taken when a child was missing (for example, the difference and judgement to be exercised between a child being 'missing' and being late home), and an over exclusive reliance on reporting to the police and not involving Children's Services early enough. These findings were key to driving the revision of the Children Missing from Home or Care Protocol agreed in January 2015.

The project also produced and distributed a good practice leaflet on the prevention and management of missing episodes to all care providers, including foster carers. It provided training for residential care staff and this is being rolled out to foster carers in 2015/16. The project also focused heavily on understanding the experiences of children who go missing and had 1:1 discussions with a number of young people. The children interviewed expressed feeling of isolation, loneliness, fear and of being bullied. Many put themselves at risk when they go missing, getting dangerously drunk in parks or at parties, taking drugs, involvement in petty crime, and exposing themselves to the risk of child sexual exploitation. The interviews also identified great strength and resilience in many of these young people and a determination to create positive futures for themselves. In the three months to March 2015, there was a 42% decrease in the number of missing persons reports to the police from the five care homes generating the most reports, compared to the same period a year earlier.

All children who go missing have a 'return home interview' with a skilled and independent worker. These interviews are undertaken by staff from the Early Intervention and Family Support Service, and in March 2014 the service was extended to also include children who have gone missing from home. There is

now a dedicated Missing Children's Team within the EIFSS, consisting of two social workers and a Family Support worker. The 'return home interview' seeks to help the young person identify what made them go missing, the risks they may have been exposed to, and how they could be helped and help themselves to avoid running away again. This may include identifying the kind of additional support they might need, through their social worker or the multi-agency Early Intervention Panel. The team has started to build positive relationships with some of the most prolific missing children. This work has been supported by the development of a young people's group specifically designed to look at the issues of going missing.

The issue of children going missing remains a significant concern for the LSCB, and considerable progress has been made in addressing it in 2014/15. The key now is to ensure the sustainability of that progress. Continuing close engagement with care providers is an important aspect of that. A priority for 2015/16 is to build a more detailed picture of the phenomenon - who is going missing, from where, to where, and why. This will require the pulling together of information more systematically from individual 'return home' interviews, to inform a strategic and targeted response. The development of the Missing Children team in 2014/15 provides a solid platform for this work.

NEGLECT

Neglect is a difficult and complex area for professionals to understand and address. Chronic neglect can be seriously damaging for children and young people who are living the experience. However, while with physical or sexual abuse it is relatively easy for professionals to draw the line between what is acceptable and what is not, it can be very difficult to set the boundary between what is good enough parenting and what is not when neglect is being considered. Recognising this, the LSCB agreed a Neglect Strategy in January 2015. The Strategy is underpinned by a number of core objectives, including:

- Ensuring a shared understanding of what is meant by the term 'neglect, across all partners, including agencies working in the area of adult social care and mental health, supported by the use of the Redbridge Neglect Toolkit
- Ensuring that all staff and volunteers are aware of the damage caused by the experience of long term and chronic neglect, and have the necessary knowledge, skills and experience to support the identification and prevention of neglect
- Promoting early help and early intervention before neglect becomes embedded
- Ensuring that all plans are clear about what needs to change, by when, how change will be measured and the consequences of change not being achieved

The Strategy is supported by a detailed Delivery Plan.

The Redbridge Neglect Toolkit has been developed to assist in the early identification of neglect and in coordinating support for families in need of additional help. It was developed initially in the Early Intervention and Family Support Service and is well embedded as a key assessment and care planning tool within that service. The Delivery Plan includes a commitment to roll out the use of the Toolkit out across all services and agencies in 2015/16.

As part of the LSCB multi agency audit programme, a themed multi agency case file audit was also completed looking at sample of cases of children who had been subject to a child protection plan on the grounds of neglect, where the plans had recently come to an end and the child had been 'stepped down' to support under a Child In Need plan. This is described further in the chapter on Learning from Practice.

FEMALE GENITAL MUTILATION

It is clear, from any analysis of the demography of Redbridge and national data and reports, that many women in Redbridge will have been subject to female genital mutilation, and that it is likely that children in the borough continue to be at risk of it. However, it is particularly difficult to gather reliable data on the incidence of this form of abuse and violence against women and girls. A City University study in 2015 estimated that 627 girls were born to Redbridge mothers who had suffered FGM between 2005 and 2013 – 3.2% of all girls born. For London as a whole, the estimated percentage was 5.25%, and for Outer London 4.48%. This estimate would place Redbridge as 26th out of 32 London boroughs (excluding the City of London) for the incidence of FGM.

In April 2015 the LSCB agreed a proposed Multi-Agency Strategy to Tackle Female Genital Mutilation. This is a joint strategy with the London Boroughs of Havering and Barking and Dagenham, Barking Havering and Redbridge University Hospital Trust, Barts Health NHS Trust, North East London Foundation Trust, and Redbridge Safer Communities Partnership. The strategy defines clear referral and therapeutic pathways in cases of suspected FGM. It is explicit that in cases of immediate risk to a child, the police should be called; and that any infliction of FGM on a child, or any risk of FGM, constitutes significant harm or a risk of significant harm to a child which must be referred to children's social care as an urgent child protection issue.

CHILDREN WITH DISABILITIES

Research indicates that children with disabilities are more likely to suffer abuse than their peers. However, it is less likely to be identified and addressed through the formal child protection system – possibly because professionals mistake signs of the impact of abuse for an effect of the disability, possibly because of the difficulty for some disabled children of communicating their experience, and perhaps because of a tendency for professionals, focused on the challenge of parenting a disabled child and the parents' need of support, forget to focus on the child as first and foremost a child. The LSCB agreed a Protocol on safeguarding children with disabilities in April 2015. It is aimed primarily at frontline staff and managers in non-specialist services who will nevertheless work with or care for children with disabilities as part of their role. It contains detailed guidance on recognising and responding to potential indicators of abuse of a disabled child, and will be promoted through publicity and training throughout 2015/16.

PRIVATE FOSTERING

Private fostering is the care of a child, by private arrangement, by somebody who is not a parent or close relative for 28 days or more. Children who are privately fostered can be vulnerable: it should never be forgotten that Victoria Climbié was a private foster child. Such arrangements should be notified to the local authority, who have a duty to satisfy themselves of the welfare of the child. However, nationally, regionally and locally, the number of arrangements notified to the local authority are low, compared to other evidence of the widespread scale of private fostering arrangements. The number of active private fostering arrangements in Redbridge at 31 March 2015 was 9 compared to 8 in 31 March 2014. 13 arrangements came to an end during 2014/15, which means that over the course of the year there were 22 private fostering arrangements in place that the Local Authority was made aware of. 11 notifications of new private fostering arrangements were received during the year. Of the 22 assessments of private fostering arrangements completed in 2014/15, three of the children concerned subsequently became 'looked after' (came into care).



The LSCB received a report on private fostering in Redbridge in April 2015. It noted the strong arrangements in place to safeguard and promote the welfare of those privately fostered children known to the authority, and the extensive promotional and awareness raising work that had been undertaken, albeit with limited effect. In 2015/16 it is planned to concentrate on raising awareness and understanding of private fostering with schools and health services, who are the universal services best placed to identify children who may be privately fostered and promote notification.

PREVENT

Issues of radicalisation and extremist views are a major and growing concern and all partners are fully aware of the risks. Within the government's Counter-Terrorism strategy CONTEST, the pre-criminal strand is termed PREVENT, whose purpose is to "prevent people from being drawn into terrorism." A significant amount of awareness raising, through briefings, online guidance and mandatory training, has taken place in all local authority and health provider services. The CHANNEL programme is in place to identify individuals at risk and, through a multi-agency panel, put in place the most appropriate support plan for the individuals concerned. It is too early to see firm data trends but the front door teams have recently reported an increase in referrals relating to a risk of radicalisation which is a good indication that the awareness raising campaign is becoming embedded. Work is planned to ensure that current open cases are reviewed to ensure that there are no issues which need to be addressed.

The prevention of radicalisation and involvement in violent extremism among young people is a high priority child protection issue and the LSCB has made it one of its six core priorities for 2015/16. It is a shared priority with the Community Safety Partnership and will be pursued through the joint working arrangements agreed in 2014/15 with the CSP.

ALLEGATIONS AGAINST STAFF

The Local Authority Designated Officer (LADO) is responsible for managing the arrangements in place for responding to allegations that a person who works with children has behaved in a way that has or may have harmed a child, possibly committed a criminal offence against or related to a child, or behaved towards a child or children in a way that indicates that they may pose a risk of harm to children.

Data on the LADO service is currently available on a calendar basis and was reported to the LSCB in July 2014 and January 2015. 223 notifications of concern were received in 2014, compared to 133 in 2013. However, only 68 (30%) were assessed as meeting the threshold, as described above, and subject to a formal evaluation, compared to 81(61%) in 2013. The LSCB was concerned to establish that this did not reflect a rising of the threshold for formal concern. However, in discussion the Board was satisfied that a consistent threshold was being applied and that the overall increase in notifications reflected a significant increase in awareness in agencies of the LADO role and the opportunities for early discussions of concerns. As an outcome of the notification, disciplinary action was taken against three staff, one was dismissed, one was referred for criminal investigation, and three were referred to the Disclosure and Barring Service. As in previous years the majority of referrals came from schools, social care and the police, with few from health agencies.



6. LEARNING FROM PRACTICE

One of the priorities established by the incoming Chair in August 2014 was to re-establish the LSCB's programme of multi-agency practice audits. These are an essential tool for identifying not only areas of good practice, but also areas where improvement is required in the quality of practice in order to improve outcomes for children and their families. Between September 2014 and March 2015, three thematic audits were completed. The first was on practice with cases where adolescents experienced abusive relationships with partners of their own age; the second, on multi-agency practice with children missing from education; and the third, with children who had been subject to a child protection plan on the grounds of neglect where the plan had ended and the child had been stepped down to support under a Child in Need plan. In all the audits, key lines of enquiry were agreed to provide focused direction. An integral part of the audit programme was to seek the views of selected children and young people on the issues under examination and this engagement hugely enriched the findings of the audits.

The audit process has engaged a wide range of agencies and practitioners, including the police, children's social care, youth offending services, Education Welfare, Housing Services, Child and Adolescent Mental Health Services (CAMHS), community health services, the youth service, Teenage Pregnancy, RAADA (Redbridge Action against Domestic Abuse), and adult social care services. The involvement of front line practitioners has been crucial to the quality of the audit process and the development of open and transparent reflection on practice, as well as providing professional development opportunities and helping to embed the audit culture in partner agencies. In total, across the three thematic audits, 32 cases have been examined in depth through the conduct and bringing together of 166 single agency audits.

The audit programme has identified widespread areas of highly effective multi-agency practice. Some of the areas in which need for improvement or a greater awareness have been identified include:

- The need for a greater awareness of neglect which can affect adolescents as much as it does younger children, potentially increasing vulnerability to child sexual exploitation, relationship abuse, missing school, becoming involved in criminal activity and drugs.
- An understanding of the complexities of issues within the Roma community, particularly for young women
- The importance of assessing the needs of teenage parents separately from those of their children.
- The need to ensure the assessment of men (including adolescent young men) involved in violent and abusive relationships, and for professionals to gain skills in working with this group.
- There are a number of young people being brought into the country and placed in families where familial relationships are unclear and unconfirmed. Some of these young people may potentially be victims of trafficking and/or forced marriage or slavery. The need to ensure promotion and use of the private fostering regulations.
- The need for multi-agency chronologies and history-taking to be placed at the centre of casework to understand the child's journey.
- Training and awareness raising to support staff in addressing non-compliance by some parents who are resistant and hostile to professional intervention, and to recognise 'disguised compliance'.
- Missed appointments impact on a child/ children's health and development. 'Did not Attend' should be re-framed as 'Was not Brought'.
- Professionals tend to be better at recognising the physical manifestations rather than the psychological signs of neglect.
- The need to roll out use of the neglect toolkit
- The critical importance of plans that are clear about what needs to change and how change will be measured as a basis for assessing whether things are now 'good enough' for the child

It is a continuing priority to develop and refine the audit programme throughout 2015/16. The Board recognises that there is a need to improve the dissemination of the learning from audit in order to ensure that the lessons learned follow through into improved practice and improved outcomes. Dissemination events for each of the audits undertaken so far will be held early in 2015/16. A number of the issues have been integrated into the agreed LSCB training programme for 2015/16 and are reflected in actions in the LSCB's 2015/16 Business Plan. Tools to assist training and dissemination have been developed and work to share the learning from the audit process has been undertaken in some individual agencies. The Board recognises however that more needs to be done to ensure that what is developing as an effective multi-agency audit process actually leads to lessons being learned and practice improving.

The LSCB, through its Management of Individual cases Sub Group, is committed to ensuring that lessons can be learned from the review of individual cases which fall below the threshold of a Serious Case Review but which nevertheless offer important opportunities for learning. Given the priority of re-establishing the multi-agency audit programme, the sub group has had

limited capacity in 2014/15 for this work. It will seek to redress this and address this important area of learning and improvement more effectively in 2015/16.

The Management of Individual Cases sub group regularly reviews and shares learning from published Serious Case Reviews. There have been no cases identified in Redbridge in 2014/15 which have met the criteria for a Serious Case Review. To ensure that cases which should be considered for a SCR are not 'missed', here are strong arrangements in place to ensure that the LSCB Chair is informed of all cases for consideration and that there is a documented audit trail of decision making. The Chair informs the National Panel of Independent Experts on Serious Case Reviews of all cases considered and the reasons for his decision not to commission a review. The National Panel has to date agreed with all the decisions made. A Domestic Violence Homicide Review has been completed in Redbridge during 2014/15 but has not yet been agreed by the Home Office for publication.





7. LOOKING FORWARD

On taking on the role in August 2014, the incoming Chair reviewed the 2014-15 Business Plan. With hindsight, it was clear that the 2014/15 Plan was not sufficiently clear on priorities, with twelve priorities, each with multiple actions underneath them, plus six 'Safeguarding Risk Areas identified in this plan' and three other 'key areas'. Most importantly, the priorities primarily related to LSCB processes (to scrutinise x, to monitor y, etc) rather than priorities for improvement in services and outcomes for children. In practice, the volume of reports which the LSCB committed itself in the Business Plan to receiving could not realistically be contained in any realistic agenda, and many of the actions were in the event delivered through the actions of other bodies with which the LSCB shares key membership. The Plan had been too unwieldy to effectively drive the business of the Board.

The Board agreed, following this review, that the 2015-16 Business Plan needed to be sharper on priorities (recognising that if we are serious about prioritising, then not everything can be a priority). It needed to have a more manageable set of actions and targets, and to be clearer about how we would know if the action has been completed and if it has delivered the desired outcome. Most importantly of all it needed to focus on impact and outcomes for children rather than on process and governance.

Following this review, the Board and its Executive, partner agencies and individuals within them, undertook a great deal of work to develop a Business Plan based on these principles. Six priorities were agreed:

- To improve the protection and support of children who are sexually exploited, and to strengthen our work in identifying, disrupting and prosecuting child sexual exploitation.
- To improve the protection and support of children living with domestic violence, substance abuse, and adult mental ill health
- To improve the protection of young people from involvement with violent extremism
- To strengthen the safeguarding of children with disabilities, and to reduce the incidence of disability by increasing awareness of the risks of consanguineous relationships
- To strengthen our work in preventing, identifying and protecting children from neglect
- To increase the effectiveness of the LSCB in co-ordinating and ensuring the effectiveness of the work of all agencies to safeguard and promote the welfare of children and young people

Against each priority, actions, responsibilities, target timescales and milestones, and measures of success and impact have been identified. Progress against the plan will be monitored and challenged at each Board meeting. The LSCB therefore has confidence that it enters into 2015/16 with clear improvement priorities that are incorporated into a delivery plan to improve outcomes.

The LSCB Business Plan 2015/16 is attached as Appendix A.



8. CONCLUSIONS

There is inevitably a great deal of detail contained in this report. It is important however to stand back and remind ourselves of the underlying purpose of the LSCB Annual Report, as set out in Working Together to Safeguard Children: it is to “provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.” Essentially, it needs to answer the question, ‘How effectively are children in Redbridge being protected?’

There is no doubt that partnership working is extremely strong in Redbridge, nor that all partners are equally strongly committed to safeguarding and promoting the welfare of children as a core priority for each agency and for the partnership. Redbridge was one of nine local authorities visited by Ofsted in 2014 for a study of the ways in which successful leadership in children’s services leads to better practice and improves the lives of children and families. The authorities were all identified as ones in which Ofsted had identified as demonstrating the common characteristics of successful leaders in children’s services. The study was published in March 2015 as ‘Joining the dots... Effective Leadership of Children’s Services’. In visiting Redbridge, one of the inspectors conducting the survey commented ‘Partnership is just in your DNA here, isn’t it?’. Engagement with partners in health, police and education is particularly strong. However, the LSCB needs to engage more closely with independent and faith schools in the borough. The Department for Education’s ‘edubase’ database of schools identifies 18 independent schools in Redbridge, and this sector is not currently directly represented on the LSCB.

There is equally no doubt that safeguarding in Redbridge is under enormous pressure. The number of referrals to children’s social care increased by 9.6% in 2014/15, having increased by 29% the previous year. The number of assessments and investigations required increased equally or more sharply. Most significantly perhaps, the number of children subject to a multi-agency child protection plan increased from

188 at the end of March 2014 to 268 twelve months later - a 42.5% increase. While there is reason to believe that this may be in part due to improvements in the identification and assessment of risk, as the Multi-Agency Safeguarding Hub became fully embedded as the focus of first decision making on cases of concern, this increase in child protection activity places huge pressures on the capacity of a multi-agency system in which each partner is already experiencing massive resource pressures to respond. There is reason to believe that these pressures will increase as financial hardship for many families increases as a result of changes in the benefit system.

It is therefore a significant achievement that, measured on quantitative data, the system has continued to perform extremely well. Decisions are made in a timely manner, assessments are completed on time, there is no delay in bringing matters to a child protection case conference when required, and cases are regularly reviewed. A very low proportion of Redbridge children become subject to a child protection plan on more than one occasion, which is an indication that the plans put into place to protect children deliver the desired outcomes, and re-referral rates are low, which is an indicator of the effectiveness of response on the first referral. There are effective services and effective arrangements in place to provide early help to families in difficulty before problems escalate, and strong multi-agency engagement with these arrangements. Qualitatively, the available evidence of the quality of practice suggests that it is generally high, and that professionals from different agencies work together effectively to protect children and improve their lives. There is a very extensive range of early help services available, and growing evidence of their effectiveness.

There is no room for complacency. There are great strains on workforce capacity. There is a high level of staff vacancies among social workers, the police, and health services. There is a serious shortfall of health visitors, with those in post carrying excessive caseloads, and concern about whether both the community paediatric service and the school nursing service are adequately resourced. Any system can only be as strong as its weakest part,

and these workforce capacity issues give serious cause for concern. Pressures on health service appear to be particularly acute, and this may be reflected in, for example, the apparently low engagement of health in the multi-agency early help arrangements. The quality, quantity and take up of safeguarding training is strong, but more work is required to enable both the LSCB and individual partner agencies to be confident about the impact of that training in terms of quality of practice and improved outcomes for children.

There are increasingly strong arrangements in place, at both strategic and operational levels, to identify children at risk of potential sexual exploitation and to respond effectively. This also applies to the arrangements in place to effectively respond to and support young people who place themselves at risk by continually going missing from home or from care. However the very large number of children and young people who are placed in Redbridge by other local authorities, often in unregulated semi-independent accommodation and with very little information about them available to Redbridge agencies, complicates this issue considerably. The response to child sexual exploitation, and the response to children who go missing, are two areas where there has been a great deal of progress, and some innovative work, in Redbridge in the past year. However they are both also areas in which we are still in the early stages of really understanding the scope, scale, and geographical concentration of the issues, and work to address them, which has made a good start in 2014/15, must continue. There are other areas where uncertainty about the scale of a problem necessarily limits our confidence in how effectively we are really addressing it – the abuse of girls by female genital mutilation, and the risk to young people of radicalisation and recruitment to violent extremism, are both examples.

Priorities for the LSCB itself in 2014/15 have included the strengthening of its challenge and scrutiny function - what is described in one of the chapter headings of this report as holding ourselves and each other to account – and the refresh and embedding of a strengthened programme of a multi-agency audit programme. It is inevitable that the latter identifies many areas for improvement, and the LSCB is determined to ensure that these lessons are taken on board and addressed in practice, to secure improvements in outcomes for children and their

families. But it is equally significant to note that the way partners have responded both to challenge and scrutiny at the LSCB and in its sub groups, and to the challenges raised by audit, has been characterised by a lack of defensiveness and a collaborative and open engagement. This partnership culture is one of the ongoing guarantors of the effective safeguarding of children in Redbridge, in immensely challenging circumstances.

Finally, it is worth noting that while the LSCB is clear about its priorities, which by and large concern the improvement of services and outcomes for those children and young people at the highest risk, these are not necessarily the things which most concern the generality of young people themselves about keeping and staying safe in Redbridge. In discussion with the LSCB Youth Forum, they emphasise that the issues of most everyday concern to most young people are much more to do with things like safety on public transport, street lighting, bullying at school, cyber bullying in an increasingly aggressive sexualised context, and the threats posed by drugs and crime. There is some significant overlap – young people are deeply concerned about the risks of sexual exploitation, for example. Inevitably though there is some divergence between those ‘high risk’ issues on which professional practitioners and agencies feel scarce resources have to be targeted, and the everyday concerns of most young people. The LSCB faces a challenge in aligning its preoccupations more closely with what young people themselves are telling us, while not losing its focus on the issues of sexual exploitation, neglect, impaired parental capacity through mental ill health or substance abuse, the dangers of radicalisation or the risks to children with disabilities of falling through the safeguarding net, which, while they may only affect a minority of children and young people at any one time, nevertheless can blight and ruin their lives.



Action	Lead person responsible	Target timescale and milestones	How will we measure success and impact?	
PRIORITY 1: To improve the protection and support of children who are sexually exploited, and to strengthen our work in identifying, disrupting and prosecuting child sexual exploitation.				
1.1	Full delivery of Child Sexual Exploitation action plan	Chair, CSE Sub Group	As set out in action plan	<ul style="list-style-type: none"> • Improved identification, protection and support of young people subject to sexual exploitation • Improved support to victims • Increased awareness on the part of the public, professionals and young people of the risks of sexual exploitation and how to combat it
1.2	Complete risk and problem profile identify themes, types of abuse and hotspots in the local area and analyse the particular patterns and prevalence of CSE in Redbridge	Head of Civic Pride and Enforcement	Complete by 30 June 2015	<ul style="list-style-type: none"> • Actions and interventions, including disruption activity, effectively
1.3	Ensure that an appropriate level of training on child sexual exploitation is available to all professionals in Redbridge who require it, with specialist multi-agency training provided targeting those professionals working with children and young people at risk of or suffering from child sexual exploitation.	Chair, LSCB Training Sub Group	<p>Training programme and schedule to ensure full coverage determined by 30 June 2015</p> <p>Training delivered as planned – 31.03.16</p>	<ul style="list-style-type: none"> • Feedback from those attending training and managers confirms impact of training • 95% attendance at training by those registered to attend • Documented follow up action when professionals fail to attend
1.4	Develop a shared CSE identification tool to improve identification of children and young people in Redbridge, which is to be consistently used by all agencies	Head of Child Protection and Early Intervention Service	Complete by 30 September 2015	<ul style="list-style-type: none"> • Improved identification, protection and support of young people subject to sexual exploitation
1.5	Roll out a programme of disruption activity including implementation of Operation Makesafe	Head of Civic Pride and Enforcement	Roll out of the new enforcement services in October 2015	<ul style="list-style-type: none"> • Increased number of local businesses signing up to Redbridge pledge as a result of joint activity between the police and the Redbridge Enforcement Service. • Where soft intelligence by Redbridge Enforcement Officers (REOs) has been identified this has been shared with the MASE and Joint Action Group (JAG) • Increased number of licensed premises, Taxi firms and Hotels engaged through the Redbridge Action Days (RADs)

Action		Lead person responsible	Target timescale and milestones	How will we measure success and impact?
1.6	Ensure that effective and appropriate services are available to support young people who have experienced child sexual exploitation, including victims of historic abuse	Integrated Care Director, NELFT	Report to LSCB October 2015, including identification of any gaps in services and plans to address	<ul style="list-style-type: none"> Evidence to improved access to services and support Feedback from young people confirms positive outcomes of engagement with services
1.7	Intervene earlier to reduce risk of young people going missing, working closely with residential care and supported accommodation providers in the borough and ensuring effective return interviews for all young people who go missing from home or care	Head of Child Protection and Early Intervention Service	Report to LSCB analysing data on missing children, identifying trends and themes	<ul style="list-style-type: none"> Reduction in missing episodes Improved targeting of actions and interventions to combat child sexual exploitation, including disruption activity
1.8	Complete multi agency audit of outcomes for young people referred to MASE, to test effectiveness of multi agency work to protect and support young people at risk of CSE.	Chair of LSCB audit sub group	Audit completed by 31 October 2015	<ul style="list-style-type: none"> Learning from audit clearly identified and effectively disseminated

PRIORITY 2: To improve the protection and support of children living with domestic violence, substance abuse, and adult mental ill health

2.1	To ensure that children living in households where there are issues of adult mental ill health, domestic violence or substance misuse are effectively identified and their welfare is safeguarded and promoted	Nurse Director, BHR CCG	All relevant LSCB agencies to have guidance in place to ensure children in affected households are clearly identified and their welfare safeguarded and promoted by 31 July 2015 Baseline audit of current recording of children present in households to be complete by 30 June 2015 and repeated by 31 January 2016	<ul style="list-style-type: none"> i. Increased recording of the presence of children within households where mental health, domestic violence or substance misuse is present. ii. Increased referral rates from health agencies in relation to CIN and CP. iii. Increased referrals to services for adults who are experiencing issues of mental health, domestic violence or substance misuse.
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Action	Lead person responsible	Target timescale and milestones	How will we measure success and impact?
2.2 To strengthen joint working between adults and children's services to safeguard and promote welfare of children	LSCB Business Manager	Joint protocol agreed on work with domestic abuse between LSCB, Safeguarding Adults Board and Violence against Women and Girls Strategic Group to ensure consistency of risk assessment and information sharing by 31 July 2015	Multi-agency audit confirms that children living in households affected by domestic abuse are better protected
2.3 To strengthen joint working between mental health, health visiting, school nursing, district nursing and Children's Social Care	Integrated Care Director, NELFT	A multi-agency task and finish group to develop policy and process to achieve improved outcomes for children in households affected by adult mental ill health, domestic violence or substance misuse by 31 August 2015 A multi-agency learning event to be held by 31 October 2015	Increased recording of the presence of children within households where mental health, domestic violence or substance misuse is present. Increased referral rates from health agencies in relation to CIN and CP. Increased referrals to services for adults who are experiencing issues of mental health, domestic violence or substance misuse
2.4 To develop a multi-agency training programme aimed at improving risk identification and response to include : <ul style="list-style-type: none"> • A tracking genogram of families where there is evidence of the toxic trio. • The use of the SDQ questionnaire to support the voice of the child. • The use of DASH-RIC tool. 	Chair, LSCB Training Sub Group	Training programme and schedule to ensure full coverage determined by 30 June 2015 Training delivered as planned – 31.03.16	An increased awareness of children in at risk households resulting in increased referral rates
2.5 To develop and implement a young people's DASH-RIC assessment tool across agencies	Integrated Care Director, NELFT	Tool developed and implemented by 31.12.15	Better assessment and risk management for young people, with DASH-RIC tool supporting effective referral to MARF/MASH/MARAC.
2.6 Explore potential for clinical data-base in relevant health agencies to capture and report key data on adult mental ill health, domestic violence and substance misuse within families.	Integrated Care Director, NELFT	Report on progress by 30.9.15	Improved understanding of prevalence and distribution to support effective targeting of services
2.7 To develop an integrated early help pathway for children living with Toxic Trio.	Head of Child Protection and Early Intervention Service	Pathway agreed by 31.10.15	Increased referrals to Early Help services and reduced rate of referrals to Social Care.

Action	Lead person responsible	Target timescale and milestones	How will we measure success and impact?
PRIORITY 3: To improve the protection of young people from involvement with violent extremism			
3.1 <p>Ensure sectors and institutions working with young people that are required to have 'due regard to Prevent' according to the Counter Terrorism & Security Act 2015 are aware of, and working to fulfil their obligations, and ensuring that:</p> <ul style="list-style-type: none"> • There are clear strategic and operational links between Prevent and safeguarding work • Prevent is fully integrated into relevant safeguarding policies and procedures • Prevent issues are incorporated appropriately into safeguarding training. 	Prevent Coordinator	<p>March 2016 with regular progress reviews being undertaken through the Prevent Strategy Group</p> <p>Review of safeguarding policies and procedures to ensure integration of Prevent issues completed by 31.10.15</p> <p>Report on joint activity to joint meeting of Community Safety Partnership / LSCB Executive March 2016.</p>	<p>Further education bodies identified, aware of, and are fulfilling their duties.</p> <p>Private and voluntary agencies and organisations that provide services or exercise functions in relation to children (for example, children's homes and independent fostering agencies) ensure they are part of their local authorities' safeguarding arrangements and that staff are aware of and know how to contribute to Prevent-related activity in their area where appropriate.</p> <p>Supplementary schools, tuition centres and other out of school settings (other than childcare) identified, aware of, and are fulfilling their duties.</p> <p>Increase in Channel referrals</p> <p>Increase in requests for advice</p>
3.2 <p>Develop and deliver a portfolio of products regarding radicalisation and extremism to young people, their parents and frontline workers to include:</p> <ul style="list-style-type: none"> • One Young Leaders Project delivered; 30 young people complete course, • Extremism DVD lesson plan delivered in 18 secondary schools, • One 'Vulnerability, Identification, Intervention' programme delivered by London Tigers, 150 young people benefit, • Package of support and guidance to parents regarding the dangers of online radicalisation and extremism, • Deliver WRAP (Workshops to Raise Awareness of Prevent) training, advice on IT policies as well as bespoke products to those who work with young people. 	Prevent Coordinator	<p>March 2016 with regular progress reviews being undertaken through the Prevent Strategy Group</p> <p>Report on joint activity to joint meeting of Community Safety Partnership / LSCB Executive March 2016.</p>	<p>Young people, parents and officers are able to recognise and resist extremist narratives, as evidenced by:</p> <p>Young Leaders Project evaluation report,</p> <p>Young people and teachers' feedback forms,</p> <p>Independent evaluation report,</p> <p>Feedback from schools regarding take-up of information, requests for advice,</p> <p>WRAP training feedback forms,</p> <p>Increase in Channel referrals,</p> <p>Increase in requests for advice.</p>

Action	Lead person responsible	Target timescale and milestones	How will we measure success and impact?
3.3	To strengthen working between children's services and community safety services to safeguard and promote the welfare of children Chair, LSCB Chair, CSPB	Biannual CSPB and LSCB Executive meetings	Meetings to cover the following: 1. Child Sexual Exploitation 2. Strategy for preventing Violence Against Women and Girls (including female genital mutilation; forced marriages and honour based violence) 3. Preventing Radicalisation and Violent Extremism

PRIORITY 4: To strengthen the safeguarding of children with disabilities, and to reduce the incidence of disability by increasing awareness of the risks of consanguineous relationships

4.1	Disseminate Safeguarding Children with Disabilities to front line staff in all agencies, raising awareness of potential safeguarding issues and indicators of non-specialist staff and services. Chair, LSCB Training Sub Group	Multi-agency launch events held by 31.7.15 One Minute Guide published by 31.7.15 Information leaflet for staff in all agencies published by 31.7.15 LCSB Annual Conference to focus on safeguarding children with disabilities November 2015	Increased referrals for children with disabilities to CPAT and Early Intervention
4.2	LSCB Threshold document to be reviewed to ensure that threshold for protecting children with disabilities are understood and rigorously applied at every level of safeguarding. LSCB Business Manager	Publish and disseminate revised thresholds document by 30.9.15	<ul style="list-style-type: none"> • Increased percentage of appropriate referrals to Children's Social Care • Increased referrals to Early Intervention Service • Increase in CAF activity for children with disabilities
4.3	Deliver multi-agency training programme for non-specialist front line staff whose work brings them into contact with children with disabilities, raising awareness of potential safeguarding risk indicators and of consanguinity issues. Chair, LSCB Training Sub Group	Two events to be held by 31.3.16	Increased referrals for children with disabilities to CPAT and Early Intervention

Action	Lead person responsible	Target timescale and milestones	How will we measure success and impact?	
PRIORITY 4: To strengthen the safeguarding of children with disabilities, and to reduce the incidence of disability by increasing awareness of the risks of consanguineous relationships				
4.4	Ensure that all multi-agency audit activity includes audit of work with children with disabilities	Principal Children and Families Social Worker	All audits to be completed by 31.3.16	Clear assessment of performance and effectiveness, and areas for improvement, leading to improved outcomes for children, young people and their families
	LSCB Threshold document to be reviewed to ensure that threshold for protecting children with disabilities are understood and rigorously applied at every level of safeguarding.	LSCB Business Manager	Publish and disseminate revised thresholds document by 30.9.15	<ul style="list-style-type: none"> • Increased percentage of appropriate referrals to Children's Social Care • Increased referrals to Early Intervention Service • Increase in CAF activity for children with disabilities
4.5	Evaluation report to be presented to the LSCB on the quality of support and intervention across agencies for disabled children and the impact on protecting disabled children.	Head of SEN and Disability Service	April 2016	Clear identification of areas for improvement to improve outcomes for children, young people and families
PRIORITY 5: To strengthen our work in preventing, identifying and protecting children from neglect				
5.1	Develop a shared multi-agency Neglect Toolkit to improve identification, early intervention, assessment and care planning of children and young people which is used by all agencies. The Toolkit to include guidance and strategies around disguised compliance and non-compliance.	Principal Children and Families Social Worker	Endorsement of multi-agency toolkit by LSCB October 2015	<ul style="list-style-type: none"> • Improved identification of and early response to neglect • Increased referrals to Early Intervention Service and Children's Centres • A reduction in repeat referrals of children 'stepped down' from child protection plans made on the grounds of neglect
5.2	Ensure targeted multi agency training for front line professionals on the recognition of neglect, its impact on children, and strategies for effective intervention.	Chair of LSCB Training sub group	Two multi-agency training events by 31.3.16.	<ul style="list-style-type: none"> • Feedback from those attending training and managers confirms impact of training • 95% attendance at training by those registered to attend • Documented follow up action when professionals fail to attend • Evaluation confirms effectiveness of single agency training

Action	Lead person responsible	Target timescale and milestones	How will we measure success and impact?	
5.3	Evaluation of effectiveness of early intervention on neglect in universal and targeted services in under 5 settings through Early Years multi-agency audit programme.	Early Years Manager	Audit report to Management of Individual Cases sub group January 2016	Audit confirms areas of effective practice and clearly identifies areas and plans for improvement
5.4	Complete and implement Delivery plan for LSCB Neglect Strategy	Principal Children and Families Social Worker	Delivery Plan to be approved by Board July 2015	<ul style="list-style-type: none"> • Improved identification of and early response to neglect • Increased referrals to Early Intervention Service and Children's Centres • A reduction in repeat referrals of children 'stepped down' from child protection plans made on the grounds of neglect

PRIORITY 6: To increase the effectiveness of the LSCB in co-ordinating and ensuring the effectiveness of the work of all agencies to safeguard and promote the welfare of children and young people

6.1	Ensure that the LSCB is robust in its scrutiny and challenge of all agencies' work	Chair, LSCB	<p>Challenge all agencies on progress against 2014 Section 11 action plans – July 2015</p> <p>Review of progress against CCG action plan in response to 2014CQC safeguarding inspection – July 2015</p> <p>Establish robust process with strong external and peer challenge for S11 audits in April 2016 – agreed by 31.3.16</p>	Strong evidence of challenge and scrutiny throughout LSCB's work increases its effectiveness in co-ordinating and ensuring the effectiveness of the work of all agencies to safeguard and promote the welfare of children and young people
6.2	Agree a sufficient and balanced budget for the LSCB, with proportionate contributions from all partners, which will enable it to deliver on its responsibilities to the highest standard	Chair, LSCB	<p>Sufficient and balanced budget agreed by 30.6.15</p> <p>Recruitment completed by 1.9.15</p>	Resources in place to strengthen quality assurance, performance scrutiny, and monitoring and evaluation of training
6.3	Review the structure and membership of the LSCB, implementing any changes required to support the LSCB to deliver on its responsibilities to the highest standard	Chair, LSCB	<p>Review completed and implemented by 1.9.15</p> <p>Named GP in place by 1.7.15</p>	Structure and membership in place to meet all LSCB responsibilities and deliver on 2015/16 Business Plan and priorities

Action		Lead person responsible	Target timescale and milestones	How will we measure success and impact?
6.4	Strengthen the voice and impact of children and young people in every aspect of the LSCB's work	Principal Children and Families Social Worker Chair, LSCB	Ensure that all multi-agency and single agency audits include direct input from children and young people by 1.9.15 Six monthly report to LSCB on engagement across partnership with children and young people – October 2015 and April 2016 Strengthened links with LSCB Youth Forum – six monthly meeting with Chair	Evidence that input of children and young people has directly influenced outcome of LSCB's work
6.5	Review the LSCB threshold document, to ensure that it provides for an effective and differentiated response to safeguard and promote the welfare of children at every level of need, promotes intervention to resolve difficulties as early and in the least intrusive way possible, and is fully understood and accepted by all partners.	Business Manager, LSCB	Ensure that threshold document fully reflects priorities and understanding of issues around child sexual exploitation, safeguarding children with disabilities, and radicalisation Ensure that front line staff across agencies are engaged with review Publish and disseminate revised thresholds document by 30.9.15 Multi-agency audit of understanding and use of thresholds completed by 31.3.16	<ul style="list-style-type: none"> • Increased percentage of appropriate referrals to Children's Social Care • Increased referrals to Early Intervention Service • Increase in CAF activity • Reduction in repeat referrals to Children's Social Care <ul style="list-style-type: none"> • Evidence that children, young people and families receive the right service at the right time
6.6	Further strengthen quality assurance arrangements through the continued development of the multi agency audit programme, scrutiny of individual agency performance, and the robust scrutiny and challenge of performance data	Principal Children and Families Social Worker	Three multi agency audits completed by 31.3.16 – outcomes for young people identified as at risk of CSE, outcomes of early help, understanding and use of thresholds Performance data set reviewed by 1.9.15	Clear assessment of performance and effectiveness, and areas for improvement, leading to improved outcomes for children, young people and their families

Action	Lead person responsible	Target timescale and milestones	How will we measure success and impact?
<p>6.7 Strengthen the effective evaluation of the quality and effectiveness of all safeguarding training provided within the borough, whether on a single or multi agency basis, and its impact on improving front-line practice and the experiences of children, young people, families and carers.</p>	<p>Chair, LSCB Training Sub Group</p>	<p>Training Manager recruited by 1.9.15 Training evaluation and future training need analysis completed by 31.12.15</p>	<p>Evidence that training improves professional practice, knowledge and understanding and outcomes for children, young people and families</p>
<p>6.8 Improve understanding of LSCB's work and dissemination of learning</p>	<p>Business Manager, LSCB Principal Children and Families Social Worker</p>	<p>LSCB website launched by 31.7.15 LSCB newsletter to all front line staff launched by 30.9.15 Two open sessions with LSCB Chair and front line staff completed by 31.3.16 Dissemination strategy for learning from audits, reviews and research – agreed and implemented by 30.9.15</p>	<p>Increased referrals for children with disabilities to CPAT and Early Intervention</p>
<p>6.9 Publish an Annual Report which provides a rigorous and transparent assessment of the performance and effectiveness of local services, identifies areas of weakness and the causes of those weaknesses, and evaluates and where necessary challenges the action being taken.</p>	<p>Chair, LSCB</p>	<p>Annual Report published by 31.10.15</p>	<p>The Annual Report provides a sound and evidenced basis for the further development of the LSCB's work and improved outcomes for children, young people and families</p>