

Redbridge Local Safeguarding Children Board

ANNUAL REPORT

2015 - 2016



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CHAIR'S FOREWORD

I am pleased to introduce the Local Safeguarding Children Board's report for 2015/16.

The Board has two primary functions, laid down by Parliament in the Children Act 2004. The first is to ensure that the work of all the different agencies, organisations, professionals and others involved in the protection of children is well **co-ordinated**; and the second is to ensure that it is **effective**. The Board does this through an ongoing programme of challenge and scrutiny of performance data, through a constant testing of the quality of practice at the front line, through the detailed work of its sub-groups and its training programme, and through listening closely to the experiences and ideas of front line professionals, and, most importantly, of families, children and young people.

This Annual Report seeks, in the words of the statutory guidance, to provide 'a rigorous and transparent assessment of the performance and effectiveness of local services'. It is important to recognise the context in which services are performing. 2015/16 was a year in which the strains and pressures of austerity continued to be keenly felt – felt by all public services, struggling to meet greater levels of need and demand with fewer resources, and felt by vulnerable families in the community. For the first time in several years, the number of referrals for children in need of help and protection to Children's Social Care fell slightly in 2015/16. But the volume of child protection activity did not.

As detailed in the body of the report, there was a 7.7% increase in the number of social work assessments carried out in 2015/16 compared to the previous year, a 53% increase in the number of Section 47 inquiries undertaken, a 27% increase in the number of children on child protection plans at the end of the year, and a 32.8% increase in the number of new plans during the year. This level of activity places huge demands on the capacity of the multi-agency system to respond effectively. Children did continue, however, to be effectively protected, and performance remained very strong. Safeguarding and promoting the welfare of vulnerable children continues to be a top priority for all the agencies represented on the Local Safeguarding Children Board, and this report provides a great deal of evidence of that commitment in action. It also identifies several challenges and areas for improvement within the system, and next year's Annual Report will demonstrate a continuing focus on these areas by the Board.



There were two events or series of events which I particularly enjoyed in 2015-16. The first was the series of 'Meet the Chair' events which we held towards the end of the year in which a cross section of staff from all the agencies represented on the Board came together to share their experiences of working to protect children and young people in Redbridge - what worked, what needed to be improved, what was getting in the way. And the second was the conference in April 2016 in which a group of young people took over the platform to talk directly with a large number of professionals about the safeguarding pressures that they experienced in their daily lives and what support they looked to adults for to help them deal with them. To everybody who participated in these events, to all the staff in so many organisations who work tirelessly day in day out to keep Redbridge's children safe and to help them to grow up as happy, confident, achieving young people, and to the small LSCB team who carry the burden of most of the Board's work, I would like to express my appreciation and gratitude.

Finally, although both the inspection and the [report](#) fall outside of the period covered by this report, it would be artificial not to acknowledge that while the report has been in preparation, Ofsted have completed a comprehensive inspection of the local authority's services for children in need of help and protection, and for children in care and leaving care. At the same time inspectors completed a review of the effectiveness of the Local Safeguarding Children Board. The report was published on 25th November 2016. Both Children's Services in Redbridge and the LSCB were judged to be 'good', with a wide range of positive practice and outcomes for children identified throughout the report. Congratulations to everybody involved on securing this well-deserved recognition for the quality of work done, the quality of service provided, and the quality of outcomes achieved, for Redbridge's most vulnerable children.



John Goldup
Independent Chair, Redbridge Local Safeguarding Children Board

1.

Redbridge – the place and its population

Redbridge is a very ethnically diverse borough, with a mobile and growing population. Whilst there are many indicators of prosperity, success, and high educational attainment, 19.8% of children and young people aged under 16 years in Redbridge were living in poverty in 2014. The numbers of children eligible for free school meals increased from 15.8% in 2008 to 19% in 2013.

Redbridge has the second highest average household size in England and Wales (2.8 persons per household). As the **Joint Strategic Needs Assessment (JSNA)** published by the Redbridge Health and Wellbeing Board in 2014, states, “Redbridge residents do not share equal experiences of health and wellbeing”. In Loxford Ward, 44% of children are living in poverty, and in some parts of the Ward it is as high as 62%.

Full information about the demography, diversity, and mobility of the Redbridge population can be found in the JSNA and the **Redbridge Annual Public Health Report Growing up in Redbridge 2015 - 2016**.

Some of the most recent headline statistics include:

- The population of the borough is estimated to be 303,600 (2016), the 13th highest in London.
- 23% of the borough’s population are aged under 16 years, the third highest proportion in London.
- The birth rate is high - 73.4 per 1,000 women of child bearing age in 2015, compared to 63.9 for London as a whole.
- There were 2.6% more births in Redbridge in 2015 than in 2014.
- Youth unemployment in Redbridge stands at 29.5%, compared to 22.6% for London as a whole and 19.3% nationally (2013-2014).

- The percentage of households living in private rented accommodation increased from 15% in 2001 to 23% in 2011, but Redbridge has the third lowest proportion of households in London living in social rented housing, at 11%. There has been a steady increase in homelessness applications to the Council since 2012, and almost 80% of those applications are from families with dependent children. Eviction by private sector landlords is the largest single trigger of homelessness in Redbridge, accounting for 53% of homelessness applications accepted.
- According to the 2011 Census, Redbridge is the fourth most ethnically diverse community in England and Wales. The Greater London Authority (GLA) ethnic group population projections indicate that 61% of the Redbridge population were from black and minority ethnic communities in 2014, and this is expected to reach 69% by 2026.
- According to the School Census 2014, 83.9% of primary and 81.3% of secondary school pupils were from black and minority ethnic communities. Asian or Asian British children were the largest ethnic group making up 51.2% of the pupil population. 64.1% of primary school children and 56.7% of secondary school pupils speak English as an additional language.





WHAT IS THE LSCB?

The Local Safeguarding Children Board (LSCB) 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 \(2015\)](#), which is statutory Government guidance, 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 identifying lessons to be learned; and
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

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 safeguarding 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:

- The governance arrangements enable LSCB partners (including the Health and Well-Being Board and the Children's Trust Partnership Board) 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.



- 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 Wellbeing Board.
- 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.
- 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.

In September 2016, the Redbridge Local Safeguarding Children Board was assessed by Ofsted as 'good' against these criteria.



MEMBERSHIP: WHO ARE WE?

The legislation specifies a number of agencies that must be represented on the Board, including the local authority, the police, the Clinical Commissioning Group (CCG), 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 an LSCB Youth Forum made up of young people.

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

In December 2015, the Government commissioned Alan Wood CBE to undertake a review of the effectiveness of LSCBs. His report was submitted to the Government in March 2016. One of the main recommendations of the review was that the statutory requirement to establish an LSCB should be abolished, and replaced with a new obligation on local authorities, the police, and health partners to agree local multi-agency arrangements for the protection of children which should be co-ordinated, subject to evaluation, involve a role for independent scrutiny, and engage with children and young people. The Government accepted in principle all the recommendations in a [response](#) published in May 2016, and the necessary legislative changes are contained in the [Children and Social Work Bill](#) which at the time of writing is before parliament and which is expected to receive Royal Assent in mid-2017. However there is likely to be a significant transitional period before the new provisions, if given legislative force, come fully into effect.

LSCB MEMBERSHIP (as at March 2016)

Independent Chair

John Goldup

Local Authority Representatives

Pat Reynolds, Corporate Director of Children and Young People

London Borough of Redbridge Children's Services

Caroline Cutts, Operational Director

London Borough of Redbridge Children & Families

Ruth Jenkins, Principal Child and Family Social Worker and Head of Safeguarding & Quality Assurance

London Borough of Redbridge Children and Families

Catherine Worboyes, Head of Child Protection Service and Early Intervention

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 (Vice Chair)

London Borough of Redbridge Public Health

Karen Shaw, Head of Housing Needs

London Borough of Redbridge Housing Service

Ruth Holmes, Head of Youth Offending and Targeted Prevention

London Borough of Redbridge Youth Offending & Targeted Prevention

Geoff Sherlock, Head of Service, Adult Social Care

London Borough of Redbridge Adult Social Services

Health Representatives

Bob Edwards, NELFT Integrated Care Director for Redbridge

NELFT (formerly North East London Foundation Trust)

Emma Woodward, Specialist Senior Paediatric Physiotherapist

NELFT

Jacqui Himbury, Nurse Director

Redbridge CCG

Caroline Alexander, Chief Nurse

Barts Health NHS Trust

Nicci Wotton, Named Nurse for Safeguarding

Barts Health NHS Trust

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

Redbridge CCG

Kathryn Halford, Chief Nurse

Barking, Havering and Redbridge University Hospitals NHS Trust

Sue Elliott, Deputy Nurse Director

Redbridge CCG

Sue Nichols, Designated Nurse for Safeguarding Children

Redbridge CCG

Yemisi Osho, Registered Manager

LSCB MEMBERSHIP (as at March 2016)

Partnership of East London Co-operatives (PELC)

Health Representatives cont..

Vacancy (Resignation January 2015)

Named GP for Safeguarding Children

Police

Keith Paterson, Detective Chief Inspector

Metropolitan Police Child Abuse Investigation Team

Mandy Beacher, Borough Commander

Redbridge Police

Probation Representatives

Andrew Blight, Assistant Chief Officer

London Probation Service

Douglas Charlton, Head of Stakeholders & Partnerships

Community Rehabilitation Company

CAFCASS

Alice Smith, Service Manager

CAFCASS

Schools Representatives

Andy Shepherd, Assistant Principal

Redbridge College of Further Education

Sherlyn Ramsey, Headteacher

Uphall Primary School

Sue Blows, Headteacher

Hatton Special School

Sue Snowden, Executive Head

Beal Academy Trust

Voluntary Sector Representatives

Ravi Dagan-Walters, Manager

Norwood, representing Redbridge Children and Young People's Network

Kate McCabe

Victim Support

Simon Moules

Diocese of Brentwood

Vinaya Sharma

Redbridge Faith Forum

LSCB MEMBERSHIP (as at March 2016)

Lay Members

Hilary Kundu

Nahim Hanif

Shabana Shaukat

Participant Observer

Cllr Elaine Norman

Lead Member for Children's Services and Deputy Leader of the Council

Advisors to the Board

Bahia Daifi, Assistant Solicitor, Redbridge Legal Services

Lesley Perry, LSCB Business Manager

The membership of the Board should include a named GP, as a key source of professional expertise and an important link into the wider GP community. This role, however, has been vacant since January 2015, in spite of efforts to recruit to it led by the Clinical Commissioning Group. Recruiting to this important position continues to be a priority for the LSCB. The Board will also explore alternative avenues for engagement with GPs in the borough.

As we reported in the Annual Report for 2014/15, NHS England, although a statutory partner, are not represented on the Board. NHS England's view is that their attendance at individual LSCBs in London should be based on a risk assessment. In a document published in 2016, Safeguarding Children and Adults across London: Accountability and Assurance Risk Assessment, NHS England London Region classified each LSCB in London as Red ('NHS England should attend'), Amber ('NHS England should work with the Designated Professionals and/or the Chair of the Board to determine if and how often attendance may be required'), or Green ('NHS England should not need to attend the Board'). The Redbridge LSCB was assessed as Green.

Other organisations with a pan-London brief face similar capacity constraints in ensuring consistent attendance at individual LSCBs. Of the four Board meetings held in 2015/16, Cafcass were only able to attend one; and the Community Rehabilitation Company (the independent sector component of the probation service) were only able to attend two. This is a challenge faced by all LSCBs across London.

However, generally the level of engagement and participation in the Board's work by partner agencies in 2015/16 has continued to be 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 clearly a core strength.

STRUCTURE

The full **Board** meets four times a year. In 2015 – 2016, it met in April, July, October and January. As part of a review of its structure and membership, an action agreed in its 2015/16 Business Plan, the Board agreed revised terms of reference for itself and its sub groups in January 2016. The terms of reference include a set of core values and principles as the basis for all the Board's work:

- The Board exists to improve outcomes for children. The welfare of children and young people is paramount. Under no circumstances will professional or organisational interests or sensitivities be allowed to get in the way of that paramount focus.
- The experience and voice of children and young people is central to all the LSCB's work. The Board will work closely with the LSCB Youth Forum, and seek to ensure that the voices of children and young people are heard in everything it does.
- Similarly, the Board will at all times seek to understand, listen to and engage with front line practitioners
- The Board is concerned with the safety and welfare of children at all stages in the child's journey including early help and early intervention
- The Board will pay particular attention to safeguarding and promoting the welfare of the most vulnerable children and young people, including (but not restricted to) children who are or at risk of abuse, neglect or sexual exploitation, children at risk of female genital mutilation, children who are living away from home, who have run away from home, or are missing from education, children in the youth justice system, including custody, children who are vulnerable to being radicalised, disabled children, and children and young people affected by gangs.
- The Board will conduct all its business in a spirit of transparent and constructive debate, challenge, and respect. All members accept a responsibility to challenge and to accept challenge. The contribution of all partners and all members is of equal value.

An Executive Group and a number of sub groups have ongoing responsibility for driving forward the business of the LSCB through their strategic or

detailed work in key areas, reporting to the main Board. Partner agencies have committed themselves to ensuring that the work of chairing and managing sub groups is shared equally across the local authority, the police, and NHS partners. The Board has welcomed this as a really concrete demonstration of partnership in action.

The **Executive Group**, chaired by the LSCB Independent 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, sets the agenda for board meetings, and co-ordinates the development of the LSCB Business Plan. It met six times during the year under review.

The **Child Death Overview Panel (CDOP)** was chaired in 2015/16 by Gladys Xavier, Deputy Director of Public Health and Vice Chair of the LSCB. Under the Local Safeguarding Children Board Regulations 2006 and Working Together to Safeguard Children 2015, the Panel is responsible for reviewing all deaths of children aged between the ages of 0 and 17 in the Borough, with the exception of stillbirths and planned terminations of pregnancy. It identifies patterns and trends in local data and reports these to the LSCB. It assesses whether a death could have been prevented, and makes 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 any unexpected death of a child. The Panel held five scheduled meetings, nine Rapid Response meetings and one extraordinary meeting in 2015 – 2016. The Child Death Overview Panel presented its Annual Report for 2014/15 to the LSCB in January 2016.

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.

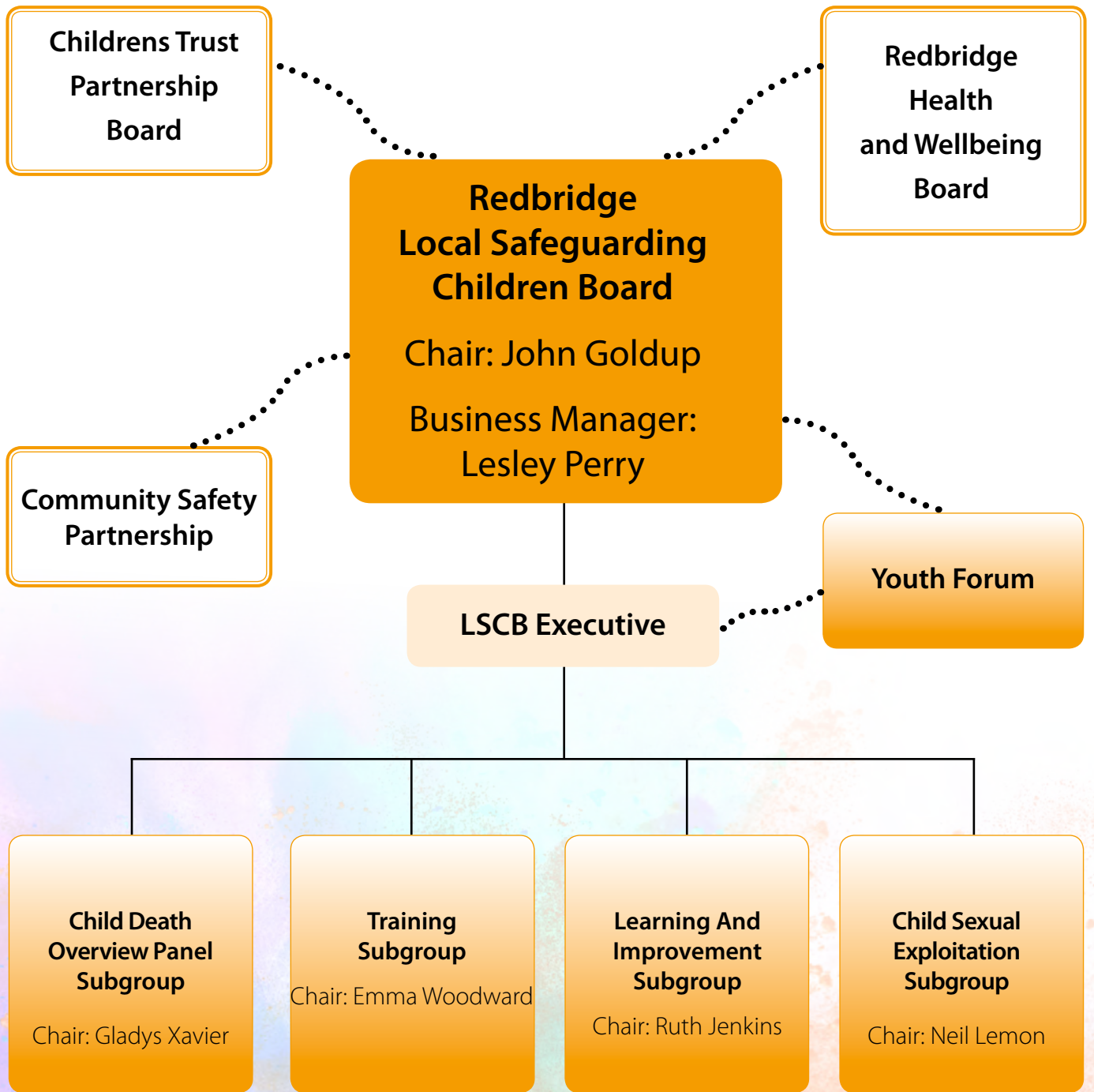
The **Child Sexual Exploitation Subgroup** was chaired in 2015/16 by Neil Lemon, from the Metropolitan Police. Protecting young people from sexual exploitation has continued to be a major focus of the LSCB's work throughout the year under review. The CSE subgroup oversaw the implementation of a comprehensive 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 also took forward the identification of CSE 'champions' in each partner agency. It reports at every meeting to the Executive and to the LSCB on progress against the CSE Action Plan.

The **Training Subgroup** was initially chaired in 2015 – 2016 by Debbie Xavier, Named Nurse Safeguarding Children, NELFT. When Debbie left, Emma Woodward, Specialist Senior Paediatric Physiotherapist in NELFT, took on the role of chairing the group. The subgroup is responsible for undertaking training needs analysis across partner agencies, commissioning the LSCB's own Training Programme and quality assuring safeguarding training, including an evaluation of its impact on frontline practice. The group met six times during the year.

The **Learning and Improvement Subgroup** was chaired in 2015 – 2016 by Ruth Jenkins, Interim Principal Child and Family Social Worker and Head of Safeguarding and Quality Assurance in LB Redbridge. The role of the subgroup is to ensure continuous improvement in line with the LSCB's **Learning and Improvement Framework**, the second edition of which was published in October 2015. It is responsible for the development and delivery of the LSCB's multi-agency audit programme, reporting on the strengths and areas for improvement in front line multi-agency practice, and for 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 with maintaining an overview of key lessons to be learned from national research and publications, including Serious Case Reviews undertaken by other LSCBs. The group met six times during the year.



LSCB STRUCTURE CHART (AS AT MARCH 2016)



THE LSCB BUDGET: WHAT DO WE SPEND IT ON?

The LSCB's work is funded by partner contributions, with some income from training activity. Apart from a Child Death Overview Panel (CDOP) Grant, there is no dedicated funding from central Government. The table shows the contributions from partner agencies in 2015 -16, and the expenditure incurred.

| Income | | Expenditure | |
|----------------------------------------------------------------|-------------------|-------------------------------------|-------------------|
| Balance brought forward | 3,314.85 | LSCB Annual Conference | 432.46 |
| CDOP Grant | 54,000 | Office expenses | 292.76 |
| Training attendance fees | 5,060 | Publicity and leaflets | 194.88 |
| Training non- attendance fees | 1,445 | LSCB Training Programme 2015 - 2016 | 12,525 |
| LB Redbridge, Children's Services | 30,199 | Catering – courses and meetings | 119.10 |
| LB Redbridge, Adult Services | 1,076 | Office Expenses | 292.76 |
| LB Redbridge, Early Years | 5,253 | Attendance at conferences | 25 |
| LB Redbridge, Housing | 1,076 | Recruitment Costs | 8,425.57 |
| Public Health | 17,253 | LSCB Independent Chair | 32,350 |
| LB Redbridge, Youth Offending and Targeted Prevention Service | 1,076 | LSCB Business Manager | 76,847.29 |
| Metropolitan Police | 5,000 | LSCB Quality Assurance Manager | 23,999.18 |
| National Probation Service | 1,000 | LSCB Senior Admin Officer | 36,826.30 |
| London Community Rehabilitation Service | 1,000 | Lay Member Expenses | 23.20 |
| Cafcass | 550 | Publications | 1,094.88 |
| Redbridge Clinical Commissioning Group | 35,000 | | |
| Barking, Havering and Redbridge University Hospitals NHS Trust | 3,231 | | |
| Barts NHS Health Trust | 5,000 | | |
| NELFT | 3,230 | | |
| Total income | 173,763.85 | Total expenditure | 193,448.38 |

It should be noted that staffing costs include employers' 'on-costs' (National Insurance and pension contributions), and agency costs and fees where relevant.

There was an overspend in 2015/16 of £19,648.53. The Council's Chief Executive, prior to his departure in December 2015, agreed that this overspend would be met by the Local Authority. However, it is clearly important that the LSCB achieves balance in future years between its expenditure and its income. 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." There has been significant progress in Redbridge towards achieving

this goal. The CCG increased its contribution from £5,600 in 2014/15 to £35,000 in 2015/16, as shown above, and Barts NHS Trust, which had not previously been approached for funding, agreed an ongoing contribution of £5,000 a year. Further, the Council agreed to increase its funding for 2016/17 by £50,000.

The contribution from the Metropolitan Police is determined centrally by the Mayor's Office for Policing and Crime, and is set at a flat rate of £5,000 for each LSCB in London. Given the absolutely central role of the police in the effective safeguarding of children, this is a disproportionately low contribution, estimated by the London Children Safeguarding Board Chairs to be 45% lower per head than the police contribution in all other large urban police forces in England. London LSCB Chairs continue to pursue this actively with the Metropolitan Police and the Mayor's Office for Policing and Crime.

THE LSCB TEAM

We noted in the Annual Report for 2014/15 that at that time the Redbridge LSCB was 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, and that the LSCB's work had therefore relied to an unsustainable extent on staff in partner agencies who already had heavy workloads somehow squeezing out the time to try and take the LSCB's work forward. It is very pleasing to be able to report that as a result of the budget increases outlined above there was a significant increase in the dedicated resource for the LSCB's work in 2015/16, allowing the appointment of a full time Quality Assurance Manager, a part time Training manager, and a Business Apprentice. The LSCB agreed that priority for this latter role should be given to the recruitment of a care leaver.

The LSCB team as of 31 March 2016 was:

- **Business Manager** – Lesley Perry
- **Senior Administrator** – Andrew Reed
- **Quality Assurance Manager** – Pradip Panchmatia (Interim)
- **Training Manager** – vacant, appointment pending (Amanda Jones took up post in April 2016)
- **Business Apprentice** – Sindi Tepzda

GOVERNANCE

The LSCB Chair is accountable to the Council's Chief Executive for the effective functioning of the LSCB. The Chair meets with the Chief Executive after every Board meeting 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 was completed in October 2015. It concluded that there had been substantial improvement in the effectiveness of the LSCB since the Chair's appointment in August 2014.

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 and the LBR Cabinet.

The LSCB has particularly prioritised the importance of joint working with the Community Safety Partnership Board. Priorities for action shared between the two Boards include child sexual exploitation (CSE), female genital mutilation, violence against women and girls, and the prevention of radicalisation and violent extremism. In May 2015 the two Boards 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. The first joint meeting took place in October 2015 on CSE. The meeting resulted in a clear framework for joint working, including the role of the Joint Action Group (JAG), a presentation on the local risk profile, and sharing of CSE data and activity from the Multi Agency Sexual Exploitation (MASE) Panel.

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 monitored progress against the Clinical Commissioning Group's action plan to address these recommendations throughout 2014/15, and received a final report in July 2015. The Board was satisfied that the necessary improvements were now embedded and agreed to sign off its scrutiny of the action plan.

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 Trust drew up a detailed action plan to address the failings identified, and those elements of it relating to children's safeguarding were scrutinised on a number of occasions by the LSCB. Much of the improvement identified was driven by the establishment by the end of the year of a permanent senior management team, including a new post of Assistant Director of Children's Nursing. The Trust also commissioned an independent review of the safeguarding of children across the whole organisation, completed in August 2015. This gave reassurance that safeguarding practice on day to day basis was sound, but made a number of recommendations relating to structure, accountability, training and supervision, all of which were taken forward by the Trust.

BUSINESS PLANNING

In 2015/16 the Board adopted a new, streamlined approach to business planning, with a limited number of key priorities, and a set of clear actions, responsibilities, target timescales, and outcomes expected, against which success could be judged, under each priority. The priorities agreed for the 2015/16 Business Plan were:

- 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.

Progress against the Business Plan was reviewed at every Board meeting in 2015/16, with slippages identified and corrective actions agreed. At the final review in April 2016, of the 40 discrete actions in the Plan, 21 were assessed as 'Green' - fully completed, 16 as 'Amber' (partly completed, or completed but clear evidence of impact not yet available), and 3 as Red – not completed. The three 'Red' actions related to:

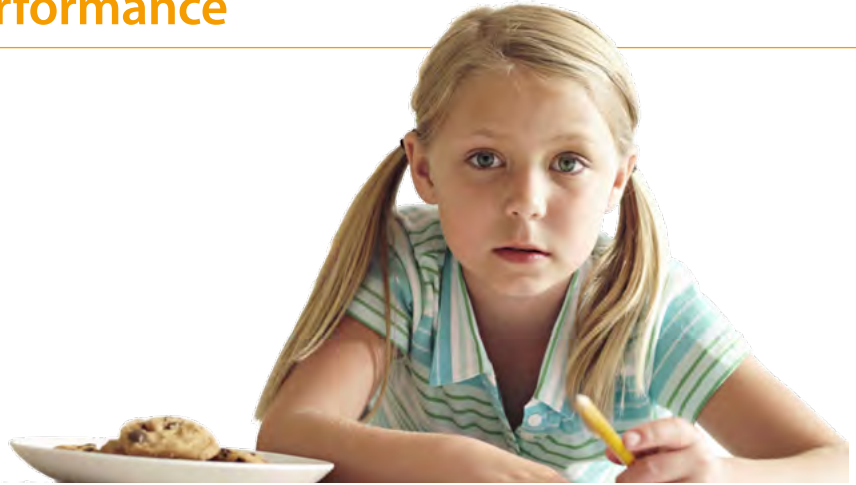
- Limited success in engaging local businesses in signing up to the 'Redbridge pledge' to play their part in combatting child sexual exploitation.
- Failure to complete work on a joint protocol on work with domestic abuse between the LSCB, Safeguarding Adults Board and Violence against Women and Girls Strategic Group to ensure consistency of risk assessment and information sharing.
- Insufficient promotion of the Safeguarding Children with Disabilities protocol which the LSCB agreed in April 2015, which as a result had not achieved the increased awareness of often 'hidden' safeguarding issues and the increase in referrals of children with disabilities for help and support which had been expected.

These actions, and those rated amber which were assessed as a continuing priority, were carried forward into the LSCB Business Plan for 2016/17. In April 2016 The Board agreed that the priorities for the 2016/17 Plan should be unchanged from those agreed for 2014/15, as there was further work required in each of these areas. The LSCB Business Plan 2016/17 is attached as Appendix A to this report.

3.

Safeguarding in Redbridge: need, demand, pressure and performance

After two years in which the number of referrals to children’s social care rose steeply (by 29% in 2013/14, and by a further 9.6% in 2014/15), it fell slightly in 2015/16 by 2%. This was the first fall in the number of referrals to social care since 2012/13. Nationally, referrals to social care also fell by 2%.



| Referrals to Children’s Social Care | | | | | |
|-------------------------------------|---------|---------|--------|---------|---------|
| 2010/11 | 2011/12 | 2012/13 | 2013/4 | 2014/15 | 2015/16 |
| 4019 | 3691 | 3648 | 4718 | 5175 | 5086 |

The volume of referrals fell even though the child population is estimated to have increased by 1% in 2015/16. However, the number of referrals in 2015/16 was still 38% higher than in 2012/13. The pressure on safeguarding services and resources remains intense. It does appear though that the very steep rise in demand at the point of referral over the past few years may have plateaued.

However, even though the number of referrals fell slightly, other indicators of activity continued to increase, in some cases sharply:

- The number of social work assessments completed increased by 7.7%, from 4963 in 2014/15 to 5346 in 2015/16.
- The number of Section 47 inquiries continued the sharp rise that began in 2014/15. 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 in that year to 124.1 in England as a whole and 119.2 in local authorities identified as statistically comparable to Redbridge - Statistical Neighbour or SN authorities. 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. Since then the number and rate of Section 47 inquiries has undertaken has increased significantly. In 2015/16, 1,038 inquiries were undertaken under Section 47 – a 53% increase on the previous year, a 115% increase from 2013/14, and a rate of 138.1 per 10,000 population. However, the rate per 10,000 population remains below both national (147.5) and statistical neighbours’ (164) levels.

- On 31st March 2016, 341 children in Redbridge were subject to a child protection plan, compared to 268 a year earlier and 188 on 31st March 2014. Again, this is a dramatic rise, with massive implications for workload and pressure at the front line across all agencies. Nationally, the number of children subject to a child protection plan increased by less than 1% in 2015/16. However, relative to population, the number of children on plans is now only just above national and SN levels (having in earlier years been substantially below). On 31st March 2016, 45.4 in every 10,000 children in Redbridge were subject to a child protection plan; in England as a whole, it was 43.1 per 10,000; and in our statistical neighbour local authorities, it was 41 per 10,000.

- 409 children became newly subject to a child protection plan in 2015/16, compared with 309 in 2014/15 and 228 in 2013/14.

There is an apparent paradox. A slight decline in the number of referrals in 2015/16 has nevertheless generated a very significant increase in safeguarding activity: a 7.7% increase in the number of social work assessments compared to the previous year, a 53% increase in the number of Section 47 inquiries undertaken, a 27% increase in the number of children on child protection plans at the end of the year, and a 32.8% increase in the number of new plans during the year.

At first sight, it would appear that this may be evidence of some increasing anxiety and risk aversion within the professional system, fueling an increase in the number of cases judged to require investigation because there is 'reasonable cause' to suspect that a child is at risk of significant harm, and an increase in the number of children judged to require the protection of a multi-agency protection plan. It is interesting that only 43.8% of section 47 inquiries in 2015/16 led to an initial child protection case conference being convened (the 'conversion rate') compared to 54% in 2014/15. In an increasing number of cases, the initial 'reasonable cause to suspect' did not lead to further child protection action being considered necessary.

However, overall the picture is that the volume and level of safeguarding activity in Redbridge is now closer to the levels seen nationally and in statistical neighbour local authorities, and this is likely to reflect continuing improvement in the multi-agency identification of risk. Although over half of Section

47 inquiries do not lead to an initial child protection case conference, the 'conversion rate' is still higher in Redbridge, at 43.8%, than either nationally (42.4%) or in our statistical neighbours (38.5%).

The increase in the number of children on child protection plans was the subject of detailed scrutiny at the Board meeting in October 2015, based on data available at that point. The Board were reassured that the increase was the result of improved identification and management of risk rather than, for example, increased professional anxiety and caution. The Board noted nevertheless that the increase in the number of initial child protection case conferences and of child protection plans was putting all agencies under pressure, and this would significantly increase if the numbers continued to rise. The end of year data confirms that Redbridge now has more children subject to child protection plans, relative to its population, than either national or statistical neighbour data would lead one to expect. Any continuing increase in numbers, with the pressure it places on the capacity of the professional system, will need to be an area of continuing scrutiny.

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. As in previous years, children and young people in Redbridge are less likely to be admitted to hospital as a result of unintentional or deliberate injuries than their peers in London or England as a whole. The most recent data available is for 2014/15.

| | Redbridge | London | England |
|---------------------------------------------------------------------------------------------------------------|-----------|--------|---------|
| Hospital admissions caused by unintentional and deliberate injuries to children 0 to 14 years per 10,000 | 73.3 | 83.3 | 109.6 |
| Hospital admissions caused by unintentional and deliberate injuries to young people 15 to 24 years per 10,000 | 81.2 | 98.6 | 131.7 |

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 | 2015/16 |
| Neglect | 69 | 81 | 65 | 108 | 111 | 140 |
| Physical abuse | 3 | 17 | 9 | 16 | 17 | 10 |
| Sexual abuse | 11 | 2 | 12 | 15 | 11 | 16 |
| Emotional abuse | 60 | 85 | 66 | 89 | 170 | 241 |
| Multiple categories | 41 | 4 | 1 | 0 | 0 | 2 |
| Total | 184 | 189 | 153 | 228 | 309 | 409 |

We noted in the Annual Report for 2014/15 the sharp rise in the number of children made subject to a plan under the category of emotional abuse. This trend accelerated in 2015/16. Almost 60% of new plans were made on the grounds of emotional abuse. This almost certainly reflects the predominance of repeated domestic violence in the lives of those children who are judged as being at risk of significant harm, particularly in relation to their emotional wellbeing. 34% of new plans were made on the grounds of neglect, and only 2.4% and 4% as a result of physical or sexual abuse respectively. Redbridge is an outlier on this data compared to both England as a whole and to its statistical neighbours, where emotional abuse was the category of abuse in only 35.4% and 37.6% respectively for new plans, and neglect remains the biggest single category of risk identified.

The ethnic background of children subject to a child protection plan on 31 March 2016, compared to the profile of the borough's child population, is shown in the table below. The ethnicity descriptions used are those set by the Department for Education in their annual data collection. The population profile figures are drawn from the 2011 census.

| Ethnicity | As a % of children subject to a child protection plan | As a % of the 0-17 population in Redbridge |
|------------------------|-------------------------------------------------------|--------------------------------------------|
| White | 26% | 28% |
| Mixed | 21% | 10% |
| Asian or Asian British | 35% | 47% |
| Black or Black British | 15% | 12% |
| Other ethnic groups | 1% | 4% |
| Unknown (unborn) | 1% | 0% |

Great caution should be exercised in interpreting this data. It may suggest however there are particular vulnerabilities in a safeguarding context for children of mixed parentage and heritage.

More children are being made subject to plans at an earlier age. Just over 20% of the children with new plans in 2015/16 were under a year old, compared to 16% in 2014/15. There was a particularly sharp increase in the number of unborn children placed on a plan, which more than doubled from 17 children in 2014/15 to 35 in 2015/16. There is no doubt that professionals are taking decisive action earlier. Conversely, however, there was also a significant rise in the number of older young people made subject to plans. Fifteen young people aged 16+ were made subject to child protection plans in 2015/16, compared to five in the previous year. It is likely that this reflects the increased focus on and understanding of child sexual exploitation as a major safeguarding issue.

PERFORMANCE

Against a background of an increasing number of assessments, Section 47 inquiries, child protection case conferences, and child protection plans, it is pleasing to report that the performance of the system, as measured against a set of standards or targets set out in national guidance and comparative data, has remained strong.

| Indicator | Redbridge 2015/16 | Redbridge 2014/15 | National 2015/16 | Statistical Neighbours 2015/16 |
|-----------------------------------------------------------------------------------------------|-------------------|-------------------|------------------|--------------------------------|
| % of repeat referrals within 12 months | 19.5% | 16.8% | 22.3 % | 17.1% |
| % of assessments completed within 45 days | 95.3% | 93.5% | 83.4% | 85.8% |
| % of initial child protection case conferences held within 15 days of strategy meeting | 91.4% | 93.41% | 76.7% | 75.8% |
| % of child protection plans reviewed within required timescales | 99.6% | 95.3% | 93.7% | 94.1% |
| % of children becoming subject to a second or subsequent child protection plan | 14.7% | 8.4 % | 17.9% | 15.8% |
| % of children with a plan ending during the year who had been on a plan for two years or more | 1.5% | 2.8% | 3.8% | 4.2% |

Against this context of overall strong performance, there are two areas which may be of some concern. The percentage of repeat referrals has increased. While in individual cases this may reflect changes in circumstances, as a trend it may suggest that cases are sometimes closed before issues are appropriately resolved, only to lead to re-referral in a relatively short time. It is also notable that the percentage of children made subject to a plan for a second or subsequent time has gone up very significantly. While in some cases the previous plan will have been made several or even many years ago, it may similarly as a trend indicate that plans are being 'stepped down' before there is sufficient evidence that the safeguarding objectives have been achieved. This will be a subject of future scrutiny.



4.

Themes, Concerns, Challenges, and Scrutiny

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

WORKFORCE SUFFICIENCY

The LSCB commissions an annual report to assure itself that, across all agencies, there is a sufficient and sufficiently skilled workforce in place to ensure that children are effectively safeguarded. Key findings for 2015/16 include:

- Capacity in both health visiting and school nursing services remains extremely stretched, and the position has not significantly improved since April 2015, when the service provider, the NELFT, estimated a shortfall in funded posts, in health visiting, of approximately 16 full time equivalent staff. However, the percentage of posts occupied by permanent staff has increased, from approximately 70% in April 2015 to 83% a year later.
- We reported in the Annual Report for 2014/15 that a business case had been submitted to the Clinical Commissioning Group for two additional Community Paediatrician posts, to align staffing in the paediatric service with the recommendations of the Royal College of Paediatrics and Child Health. A decision on this business case remained outstanding at the end of 2015/16.
- The police Child Abuse Investigation Team (CAIT) reported significant progress in recruiting new officers to fill vacancies, and the team is close to target strength, with a strong complement of experienced officers. However, in Redbridge, there was a 21% increase in the number of initial child protection case conferences which the police were invited to attend, and a 28% increase in review case conferences. The CAIT team report that this increase has had and continues to have a significant impact on their resilience and resources.
- Recruitment and retention of social workers continued to be a challenge both locally and nationally, with particular concerns around recruiting and retaining more experienced practitioners. On 31st March 2016 the social worker vacancy rate stood at 29.9%, compared to

21.2% a year before. The vacancy rate in London as a whole was 25%, with 29% in outer London (September 2015 data). The average social work caseload in Redbridge increased from 15.8 in April 2015 to 16.9 in April 2016. In March 2016 the Council introduced a pilot scheme to work with a specific recruitment agency to actively source social workers for permanent recruitment. Initial responses were very promising.

EARLY HELP

If professionals and services are able to identify early signs of difficulties within families and mobilise effective, co-ordinated 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. Redbridge has an extensive range of well-developed and effective early help services, and the LSCB receives regular reports on activity and outcomes.

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 Multi-Agency Safeguarding Hub (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 2015 and March 2016 there were 4,620 referrals to the EIFSS, a 1% increase on the previous year. Main reasons for referral included problems associated with parental mental ill health, parenting difficulties, housing issues, missing children, domestic violence and substance misuse.

12% of all incoming contacts to social care were passed directly to the EIFSS, offering families a more appropriate and less intrusive response and relieving some of the demand on statutory services. Following a social work assessment, a further significant number of cases were referred to the EIFSS for ongoing work. Ultimately, 45% of all initial contacts through the MASH were managed by the EIFSS.

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 evidence based parenting programs as well as courses on child development, parenting teenagers and parenting children with disabilities. Between April 2015 and March 2016, twenty two courses were run attended by 384 parents (with between them 738 children).
- The Freedom Programme is a domestic violence programme designed for women who are victims of domestic violence. Demand for the programme has risen significantly within the year with a 340% increase in referrals from community social work teams.
- A housing project aims to support families with housing issues at an earlier stage and prevent the build-up of rent arrears and eviction. In 2015/16 the project worked with 113 families, including 256 children. As an outcome of the project's work 92% of the children involved were able to stay in their own homes.
- Return Home Interviews with children who go missing from home or care

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 supports relevant agencies coming together in a Team around the Child (TAC), with a named 'lead agency'.

Between April 2015 and March 2016, there were 1,547 CAFs started and 1,305 completed. This compares with 1,626 started and 1,500 completed in 2014/15. CAFs were completed by the following agencies:

| Agency completing CAF | 2015/16 |
|------------------------------------------------------|--------------|
| Children's social care | 938 |
| Children's Centres | 213 |
| Early Intervention & Family Support Service (EI&FSS) | 69 |
| Primary schools | 39 |
| Secondary schools | 24 |
| Troubled Families | 13 |
| Special Schools | 7 |
| Further Education | 1 |
| Health | 1 |
| Total | 1,305 |

The 'lead agency' role was distributed as follows:

| Early Intervention & Family Support Service | 594 |
|-----------------------------------------------|--------------|
| Children's Centres | 332 |
| Primary Schools | 128 |
| Secondary Schools | 79 |
| Troubled Families | 27 |
| Private, Voluntary & Independent (PVI) Sector | 8 |
| Special Schools | 8 |
| Health | 7 |
| Education Welfare Service | 3 |
| Total | 1,186 |

In a sample of 300 cases closed during 2015/16, 86% of parents felt that their situations and family lives had improved as a result of their involvement with the CAF or a TAC.

As in 2014/15, schools and children's centres are strongly engaged with the planning and delivery of early help for children and families, as these figures show. At its meeting in July 2015, the Board challenged the apparently low engagement of health agencies in the CAF process, particularly in relation to the universal health visiting service. It was agreed that this would be taken forward in discussions between commissioners and the service provider. However, with the change in commissioning responsibility passing from NHS England to Public Health (within the local authority) in October 2015, the Board has not yet seen a significant change in the picture. It was noted in discussion, however, that there is very active engagement between health visitors and Children's Centres, and many concerns initially raised by health visitors may lead to a CAF being co-ordinated by a Children's centre. The health visiting service is the largest single source of referral for targeted family support to Children's Centres. Children's Centres continue to be a crucial component of the early help offer to families in Redbridge, providing a wide variety of outreach and family support programmes. These range from antenatal support (provided to over 1800 parents in 2015/16), work on bonding and attachment, and early identification and intervention with children with some language and communication difficulties (almost 6100 children estimated to have benefited in 2015/16), to benefits advice and support. 178 people were supported in 2015/16 with claiming additional benefits and eligibility for return-to-work benefits. The average amount successfully claimed as a result was over £6000 per claimant.

The Troubled Families Service Programme, a national initiative, works with families at risk of developing multiple and complex problems. During 2015/16, following consultation with service users, the programme in Redbridge was renamed as Families Together, as a less pejorative and more inclusive branding. Phase 2 of the Programme began in April 2015, with a brief to work intensively with families experiencing or demonstrating combinations of the following characteristics:



- Involved in crime or antisocial behaviour on the part of parents and / or children and young people.
- Children and young people who are not attending school regularly.
- Children and young people who 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.

During the first year of this phase of the programme, Families Together have identified 712 families in Redbridge who meet two or more of the criteria above. By 2020, the service expects to work with 1990 families. Early evaluations of the programme's impact in 2015/16 were positive, with families reporting improved home environments, better relationships with schools, improved access to specialist services and progress in addressing financial problems.

CHILD SEXUAL EXPLOITATION

The sexual exploitation of children and young people, up to the age of 18, is a core safeguarding issue. Improving the protection and support of children who are sexually exploited, and strengthening our work in identifying, disrupting and prosecuting child sexual exploitation, have been, through the work of its CSE Sub Group, priorities for the LSCB throughout 2015/16. At every meeting, the Board has received, scrutinised and challenged a report on progress against the CSE Action Plan, and a report on the developing profile of child sexual exploitation in the borough through the collation and analysis of data at the Multi Agency Sexual Exploitation Panel (MASE), which meets monthly.

During 2015/16:

- The Multi-Agency Safeguarding Hub (MASH) received 156 contacts concerning 147 children aged ten and over, raising concerns about possible child sexual exploitation. The majority of the contacts concerned girls and there were slightly more children aged sixteen and over than aged ten to fifteen. The majority of contacts were received from the Police, followed by schools, Health agencies, and other local authorities.
- The volume of contacts rose as the year went on indicating a growing level of awareness of child sexual exploitation risks and issues. There were 24 contacts in the first quarter of the year, and 64 in the final quarter.
- 60 contacts led to a social work assessment.

Young people identified as at risk of sexual exploitation in Redbridge range in age between 12 and 18 years. A very high percentage of them have a history of going missing from home or care, or not consistently attending school. Many of them use drugs, alcohol, or both, and a high percentage are assessed as having mental health problems. Experience of domestic violence is common.

The data collated suggests that the majority of child sexual exploitation in Redbridge is carried out by single abusers, exploiting young people in inappropriate relationships, or 'peer on peer'. We have not seen evidence of organised networks of abusers. Operational arrangements for the identification of possible exploitation, information sharing, and intervention appear robust. Many young people have been offered support either through a 'child in need plan' or early intervention services. However, none of the 156 contacts and 60 social work assessments recorded resulted in a formal multi-agency child protection plan. This requires further scrutiny.

Wherever possible, the police use the data collated through the MASE, where perpetrators can be identified, to carry out investigations. As a result, by the end of 2015/16, one conviction had been achieved, and two cases were awaiting trial. The police have also been able to carry out a range of disruption activity, using other powers available to them. Eleven child abduction warning notices were issued as a result of police investigations in 2015/16.

Young people in Redbridge at risk of or victims of child sexual exploitation now have access to a one to one therapeutic service to complement the multi-agency professional input. The Safer London Foundation (SLF) was commissioned in September 2015 to provide a Young People's Advocate to support children at risk of or already a victim of child sexual exploitation. In the period to March 2016 the advocate provided intensive support to nine young people and provided consultation on 30 cases. All the young people referred to the service engaged with the advocate and the majority have been supported with making disclosures. Almost all the young people demonstrated that they have an increased understanding of healthy relationships and knowledge of safety strategies.

MISSING CHILDREN

Children who run away or go missing from home or care, DfE, January 2014

“There are no exact figures for the number of children who go missing or run away, but estimates suggest that the figure is in the region of 100,000 per year. Children may run away from a problem, such as abuse or neglect at home, or to somewhere they want to be. They may have been coerced to run away by someone else. Whatever the reason, it is thought that approximately 25 per cent of children and young people that go missing are at risk of serious harm. There are particular concerns about the links between children running away and the risks of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse.”

Between April 2015 and March 2016 195 children were recorded on Children’s Social Care data systems as going missing from home on 290 separate occasions. 55 children went missing from care on 521 occasions. It is not possible to accurately compare this data with previous years as it was not collected until 2014/15; and the data for 2014/15 only covers the second six months of the year. On the unverifiable assumption that the data for those six months can be doubled to give a reliable estimate for the whole year, the provisional comparison would be:



| | Number of children | Number of episodes | Average number of episodes per child |
|---------------------------|--------------------|--------------------|--------------------------------------|
| Missing from home 2015/16 | 195 | 290 | 1.49 |
| Missing from home 2014/15 | 158 | 206 | 1.3 |
| Missing from care 2015/16 | 55 | 521 | 9.47 |
| Missing from care 2014/15 | 74 | 524 | 7.08 |

The very tentative indication is that more children may be going missing from home slightly more frequently; and fewer children are going missing from care, but with a higher average number of missing episodes per child. In 2015/16 sixteen young people in care went missing on more than ten occasions. In contrast, 90% of the young people who went missing from home had no more than two missing episodes, and 76% only went missing once.

The position in Redbridge is made more complex to analyse by the very large number of children in the care of other local authorities who are placed in the borough. 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. For this and other reasons, it is not possible to compare police with local authority data.

However, if the trend in the data is currently unclear, we are now able to be much clearer about the reason why children go missing, as a result of the comprehensive 'return home interview' programme that is now offered. Since April 2015, the Early Intervention and Family Support Service have offered an independent 'return home interview' to all children who go missing from home or from care. The take up has been high: 366 interviews were offered, with an 87% take up rate. Parents are also offered the opportunity to discuss the missing episode, and there is a 90% take up rate of this offer.

There is a richness of information available from the return home interviews, which it is impossible to summarise. It is a reasonable generalisation, however, that for the majority of children who go missing from home, they are running away, albeit temporarily, from arguments or difficulties at home; for the majority of children who go missing from care, they are running to something – generally family or friends – rather than away from something. A record of all Return Home Interviews is passed to the police, to inform developing intelligence on child sexual exploitation, gang activity, drug trafficking, and other issues. About 10% of the young people interviewed are referred to the Early Intervention Panel for a package of support. In all cases where the young person has an allocated social worker (239 out of the 319 return home interviews conducted in 2015/16), information is passed to the social worker to inform direct work with the young person and care planning.

A Young People's Group for children who have gone missing was established in September 2015. The group runs on a rolling six session programme, covering topics such as exploring young people's stories, managing emotions, drug and alcohol awareness, keeping safe and child sexual exploitation. There is a graduation ceremony at the end of the group to allow the young people to recognise their achievement. A Young Women's Group started in February 2016. Sessions include the exploration of healthy relationships, consent, self-esteem, sexting, peer pressure and the media.

In February 2016 a Missing Children panel was established, to act as a strategic multi-agency group to plan and deliver actions to reduce the incidences of children going missing and the risks to which they expose themselves.

Considerable activity has taken place in 2015/16 to strengthen the partnership's response to the challenge set out in the Statutory Guidance quoted at the head of this section. The test in 2016/17 will be to evaluate the impact.

HOUSING

The shortage of affordable housing in the borough, and the impact of homelessness on vulnerable children, was a focus of the Board's concern in 2015/16. School representatives on the Board expressed particular concern about the impact of poor housing on children, and the disruption to children's education caused by long periods in temporary accommodation, often at a considerable distance. In January 2016 the Board scrutinised this issue in detail. The statistics of the problem are stark:

- To meet housing need, the Strategic Housing Market assessment for Outer North East London 2015 identified a need for 15,300 new affordable homes in the borough between 2011 and 2033, an average of 695 new homes a year. In recent years the amount of new provision has typically been between 50 and 150 new homes.
- For families on the Housing Register (the 'housing waiting list') the average wait for a 2 bedroomed property is over 8 years, for 3 bedrooms over 12 years, and for 4 bedrooms over 17 years.
- 25% of homelessness applicants accepted in 2014/15 had three or more children.
- 80% of homelessness applications accepted were from families with children, compared to 74% nationally.
- Eviction from the private sector accounts for 53% of homelessness acceptances in Redbridge, compared to 42% in London and 29% nationally.
- The maximum amount that can be paid in Redbridge in Housing Benefit (the local housing allowance, set by central Government) for a 3 bedroom property is between £60 and £80 a week short of the rents families have to pay.
- In September 2015, there were 2185 homeless households in temporary accommodation. 862 of these – 30% - were placed outside the borough, many at a very considerable distance.



- 300 households were placed in bed and breakfast accommodation, compared to 181 a year earlier, and 53 in September 2010.
- 62 households had been in bed and breakfast for more than six weeks. In September 2014 and September 2013 there were no homeless households in bed and breakfast for more than six weeks.

The Council is making determined efforts to address these issues, both in terms of securing additional and more suitable temporary accommodation and in achieving an increase the supply of permanent social housing. The Board welcomed these plans, and recognised that the council's ability to address the housing pressures in the borough is hugely constrained by economic and national policy issues. It nevertheless reiterated its concern for the impact on vulnerable children, and will continue to pursue these issues in 2015/16.

NEGLECT

One of the six priorities in the Board's Business Plan for 2015/16 was "to strengthen our work in preventing, identifying and protecting children from neglect". The **Neglect Strategy** was agreed in January 2015, and, following further work, a detailed Delivery Plan was agreed by the Board in October 2015. A multi-agency **Neglect Toolkit** was developed and approved by the Board, to improve the identification, early intervention, assessment and care planning of children and young people across all agencies. Roll out began in 2015/16, and will be completed in 2016/17. Multi-agency training further contributed to developing a shared understanding of neglect and the importance of early intervention, including statutory intervention if necessary, to ensure that children do not grow up in neglectful families with severe and long term effects on their health and development.

A multi-agency audit was completed of cases where children had been subject to a child protection plan on the grounds of neglect, which had subsequently been 'stepped down' to a child in need plan or to early intervention services. The Board's scrutiny of the audit's findings raised some critical issues for learning and for improvement. This is further discussed in the chapter, 'Learning and Improvement: Learning from Practice'.

FEMALE GENITAL MUTILATION (FGM)

In April 2015 the LSCB agreed a **Multi-Agency Strategy to Tackle Female Genital Mutilation**. This is a joint strategy with the London Boroughs of Havering, Barking and Dagenham, and Waltham Forest, Barking Havering and Redbridge University Hospital Trust, Barts Health NHS Trust, NELFT, Redbridge Safer Communities Partnership, Barking and Dagenham, Havering, Redbridge, and Waltham Forest Clinical Commissioning Groups. However, there is currently no clear pan-borough governance structure in place to oversee implementation of the strategy and the associated action plan. This will need to be addressed in 2016/17.

Nevertheless, locally the Redbridge partnership continued to strengthen its response to FGM.

- The 'mandatory reporting duty' in relation to FGM came into force on 31 October 2015. This places a

legal obligation on any 'regulated professional' who is told by a child that they have been subjected to FGM, or has observed a physical sign that a girl has had FGM, to immediately report it to the police. The LSCB ensured that the new duty and its significance was extensively publicised in all partner agencies.

- A clear FGM referral pathway for children believed to have had or to be at risk of FGM, through the Multi Agency Safeguarding Hub (MASH), was agreed and implemented.
- A multi-agency FGM training programme was launched in October 2015 and completed by the end of the year by over 400 frontline staff.

CHILDREN WITH DISABILITIES

The LSCB agreed an inter-agency **protocol** on work to safeguard children with disabilities in April 2015. The protocol was grounded in a recognition that research indicates that children with disabilities are more likely to suffer abuse than their peers; yet they are underrepresented in the formal child protection system. This may be 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; it may also reflect a tendency for professionals, focused on the challenge of parenting a disabled child and the parents' need of support, to forget to focus on the child as first and foremost a child. These issues may be well recognised in specialist services for children with disabilities. One of the LSCB's Business Plan priorities for 2015/16 was to build on the Protocol through a programme of training, dissemination, and publicity, primarily targeted at non-specialist staff whose work does not have a primary focus on children with disabilities but who nevertheless need to be alert to these issues and feel confident in addressing them. However, a number of organisational and personnel changes meant that there was limited progress in 2015/16 on developing and delivering such a programme, although some additional training activity was undertaken. There was however a significant focus on strengthening practice and management within the specialist social care Children with Disabilities Service, with a new Head of Service working with staff, managers, and an external consultant to deliver an improvement plan focusing on increasing knowledge of and confidence in using

child protection procedures, placing direct work with children at the centre of practice, and strengthening the management oversight of practice.

CHILDREN WITH MENTAL HEALTH NEEDS

In December 2015 the Redbridge Clinical Commissioning Group and the London Borough of Redbridge agreed a joint Transformation Plan for services to promote the emotional wellbeing and health of children and young people in Redbridge. This is an ambitious plan for a 'flexible and integrated' service, with improved access to more responsive services, and earlier support for lower level or emerging emotional difficulties. However, early progress in implementing the Plan has been slow. In the meantime, in its budget making process in 2015/16, the Council decided to cut £550,000 of funding for child and adolescent mental health services (CAMHS), with effect from 1 April 2017. It is not clear how the impact of this reduction is expected to be managed, or how this funding decision links to the commitment to the joint Transformation Plan. Financial uncertainty must be expected to have a significantly destabilising effect on CAMHS services in the borough. This is likely to be an increasing area of concern and scrutiny for the LSCB in the future.

Towards the end of 2014/15, a number of potential safeguarding issues were identified at Brookside, an inpatient psychiatric unit for adolescents on the Goodmayes Hospital site in Redbridge. These issues included a high number of incidents of physical restraint, low levels of supervision of staff in relation to safeguarding issues, staffing levels, and issues around the physical environment. The service provider, NELFT, completed a full review of the Brookside service in March 2015, and drew up a detailed action plan for improvement. Progress against this action plan was closely monitored by the LSCB Executive throughout 2015/16, and the Chair met with senior managers at Brookside and in NELFT to scrutinise the plan. By December 2015, there was evidence of a number of significant improvements at the unit. However, the LSCB Executive remained concerned about the continuing high levels of restraint and the unsuitability of the physical environment.

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. 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. In London as a whole on 31 March 2016 there were 340 children living in private fostering arrangements that had been notified to local authorities. It is possible that there are individual boroughs where the true figure is higher than that.

The LSCB receives an annual report on private fostering in Redbridge. The number of active private fostering arrangements in Redbridge at 31 March 2016 was six compared to nine in 31 March 2015. Seven arrangements came to an end during 2015/16. One arrangement ended because the child became 'looked after' (came into care). Practice and oversight in relation to the small number of arrangements that are notified to Children's Services in Redbridge is strong. However, extensive promotional and awareness raising work has not succeeded in increasing the number of notifications received. A number of reasons have been identified why families may not come forward to notify the local authority of a private fostering arrangement. First and foremost, there is limited understanding of the process and the requirement. In some cases, families believe that there may be costs to notification. There are no incentives to notify the local authority, and for many families a requirement to involve social services in their lives is a positive disincentive. It is likely also that many private fostering arrangements are in place in families where English is not a first language, and this may be a further barrier to notification. The Board agreed that a greater multi-agency effort is needed to seek to overcome some of these barriers.

PROTECTING YOUNG PEOPLE FROM INVOLVEMENT WITH VIOLENT EXTREMISM

There is very close liaison between the Prevent programme, located within the Council's Community Safety structures, and the Multi Agency Safeguarding Hub (MASH) to ensure a common understanding of the dangers of involvement in violent extremism, including but by no means limited to radicalisation, as a core child protection issue. In the most recent period for which data is available, 44% of referrals to the Channel programme were for young people under 18. Vulnerable individuals are managed through multi-agency partnership panels which include children's services, adult social care and mental health services, child and adolescent mental health services, Community Safety, education and the police. The most recent data available covers the period April 2015 to January 2016. Out of nine East London boroughs (Barking and Dagenham, Enfield, Haringey, Hackney, Havering, Newham, Redbridge, Tower Hamlets, and Waltham Forest), Redbridge had the second highest number of Prevent Case Management / Channel referrals, after Tower Hamlets. It had the highest proportion of those referred engaging with the voluntary Channel programme of support.

Training is a key element of the programme. In 2015/16 the Redbridge Prevent Team delivered 66 WRAP (Workshop to Raise Awareness of Prevent) sessions to 2041 participants – the highest number in any London borough. 35 young people were engaged in 2015/16 in a Young Leaders' programme, and an independent training organisation was commissioned to deliver 'Identity, Belonging, Extremism' DVD and lesson plans in secondary schools. In 2015/16 demand exceeded the capability of the provider to deliver the programme.

ALLEGATIONS AGAINST STAFF

The Designated Officer (DO) within the local authority 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 DO service is currently available on a calendar basis and was last reported to the LSCB in January 2016. 269 notifications of concern were received in 2015, compared to 223 notifications in 2014, and 146 in 2013, continuing the upward trend. However, only 49 (18.2%) were assessed as meeting the threshold, as described above, and subject to a formal evaluation. This compares to 68 (30%) in 2014 and 81 (55%) in 2013. Agencies' awareness of the DO role has increased significantly over time and the figures continue to demonstrate the importance of an opportunity for early discussions of concerns even if they do not ultimately lead to formal evaluation. As an outcome of the notifications, five referrals were made to the Disclosure and Barring Service (DBS), there were five criminal prosecutions, and disciplinary action was taken against eight staff, six of whom were dismissed as a result. Of the 49 referrals which led to a formal evaluation, the majority came from schools, social care, and the police. As in previous years, very few of these referrals (3) came from health agencies. The Board would wish to be clearer whether this reflects a genuinely lower incidence of behaviour of concern, or, for example, cultural and organisational issues which lead to under-reporting.

RESOLVING PROFESSIONAL DISAGREEMENTS

The LSCB recognises that it is inevitable and healthy that from time there will be disagreements between professionals about the safeguarding needs of a child, and how to make sure they are effectively met. It also recognises that it is crucial for the welfare of children that opportunities exist to resolve such differences in a constructive and non-adversarial way. In May 2016 the LSCB published its Escalation and Resolution Policy which aims to provide streamlined but effective channels for the resolution of professional differences, ensuring that the child's safety and welfare are the paramount considerations at all times.

COMMUNICATION, PUBLICITY, ENGAGEMENT

The LSCB has given renewed priority in 2015/16 to communication and engagement – with front line staff across the partnership, with parents and carers, with children and young people, and with the general public. It launched its own website in September 2015, with a range of material targeted at all these groups and frequently updated news pages. The website has been very positively received, with a steadily increasing number of 'hits' and unique users. The LSCB launched a Twitter feed in 2015/16, and by the end of the year was about to open a Facebook page. In January 2015 it began publication of a quarterly newsletter, disseminated via the website and directly to hundreds of staff across all agencies.

Between February and April over 70 front line practitioners from a wide range of agencies attended a 'Meet the Chair' Event, to hear more about the work of the LSCB, but more importantly to contribute from their own experience ideas about how safeguarding and multi-agency working in Redbridge could be further improved. These were challenging, lively, and immensely constructive sessions. The Chair and the Director of Children's Services also met in January 2016 with representatives from independent and faith schools in the Borough to discuss how that large and important sector could be better engaged with the work of the LSCB and the multi-agency partnership. The LSCB also agreed a job shadowing scheme, which will give professionals from one agency the opportunity to shadow the work of a colleague in a different organisation, to strengthen understanding of each other's roles, responsibilities and pressures, and further promote effective multi-agency working.

5. Training

The LSCB continued in 2015/16 to commission and deliver a substantial training programme. However, attendance fell sharply from the previous year. There were 397 attendances at LSCB training events in 2015/2016 - a 61% fall from 2014/15. The Training Sub Group carried out a number of inquiries to seek to understand the reasons behind this worrying fall in training take up. Fees for attendance at a full training course were introduced in September 2015 (£40 for a full day, and £20 for a half day, with no charge for shorter briefings or workshops, and free access to training for the voluntary sector). However, this did not appear to be a significant factor in the fall in attendances. The main reason cited was the sheer and increasing pressure on front line staff in all agencies, generally struggling to meet increased demand with fewer resources, which made it increasingly difficult to free up time for training, however valued that was felt to be. There is clearly a significant challenge to be met in potentially revising our training delivery model to ensure that, both as a partnership and as individual agencies, we continue to develop as learning organisations.

A total of 54 events (including training courses, briefings and workshops) ran as part of the LSCB Programme in 2015/16. However, 15 events were cancelled due to low bookings. Programmes delivered were as follows:

- Abuse in Teenage Relationships (4 courses)
- Child Sexual Exploitation Briefing (2 sessions)
- Child Sexual Exploitation Training for Practitioners (5 courses)
- Common Assessment Framework: Assessment & Planning for Practitioner Workshop (7 Workshops)
- Families with Multiple Needs – The Toxic Trio (3 courses)
- Learning from Individual Cases – Child Deaths (1 workshop)

- Learning from Individual Cases – Multi-Agency Audits (2 workshops)
- Neglect (1 course)
- R U Ready? (2 courses)
- Safeguarding Children in a Digital World and Cyberbullying (1 course)
- Safeguarding Children Level 2 (2 courses)
- Safeguarding Children Missing from Home or Care (2 briefings)
- Safeguarding Children with Disabilities (2 courses)
- Train the Trainer (1 course)
- Workshop to Raise Awareness of Prevent (4 workshops)

The percentage of attendance by agency was:

- Health 13%
- LB Redbridge 53%
- Schools 14%
- Voluntary and community sector 10%
- Private sector 5%
- Other 5%



This is broadly similar to 2014/15.

However, in addition to the LSCB Training Programme, individual partner agencies and commissioned providers have delivered a wide range of safeguarding training for their own staff.

1426 school staff undertook Safeguarding Level 1 training, and a further 149 undertook Safeguarding Level 2. This training was commissioned from the Traded Services provided by Redbridge Education Welfare Service. A range of other safeguarding training was provided by this service to 246 school based staff and partners, including governors, on child sexual exploitation, female genital mutilation, and abuse in teenage relationships.

Some schools also commission training from other sources. 32 school governors, mainly from primary schools, undertook a range of safeguarding training provided by LB Redbridge Governors' Services. Over 120 professionals, including teachers, foster carers and social workers, attended an event in July 2015 commissioned by the Council's Virtual School for looked after children to explore the latest research on brain development and the effect of trauma on children. 182 foster carers attended training programmes provided by the Council's Fostering and Adoption Service.

NELFT trained over 500 staff in areas relating to safeguarding children. NHS commissioners set an 85% target for the percentage of staff requiring different levels of safeguarding training actually trained. In 2015/16, NELFT consistently achieved compliance.



Barking, Havering and Redbridge University Trust (BHRUT) achieved the target by the end of the year at Level 3, but not at Level 2, where the final quarter performance was 80%. The Trust has taken a number of initiatives which are expected to improve performance in 2016/17. Following adverse Care Quality Commission inspection outcomes and the recommendations of an independent review of children's safeguarding in the Trust, Barts NHS Trust had by the end of the year achieved compliance with mandatory safeguarding training targets, with 97.8% of relevant staff trained at Level 1, 90.8% at level 2, and 90.6% at level 3. In line with the recommendations of the independent review, an increased proportion of the higher levels of training is now delivered face to face rather than online. PELC (Partnership of East London Co-operatives), which provides out of hours GP services, is not yet compliant, with 62% of relevant staff trained at Level 2 in the last quarter of 2015/16 and 83% at Level 3.

Public Health commission sexual health services for under 25s delivered through pharmacies and Level 3 safeguarding training is provided as part of the commissioned service.

Redbridge Council for Voluntary Service provide Level 1 safeguarding training for the voluntary sector. Three courses were run in 2015/16, with 21 participants from nine voluntary and community organisations.

| 2015-2016 | Q 1 | Q 2 | Q 3 | Q 4 |
|-----------|--------|--------|--------|--------|
| Level 1 | 91.71% | 90.55% | 93.97% | 92.39% |
| Level 2 | 91.11% | 92.59% | 91.88% | 92.77% |
| Level 3 | 90.22% | 90.21% | 89.11% | 88.56% |

The LSCB has a responsibility, not only for the quality of its own training programme, but also for evaluating the effectiveness of the training provided by partner agencies, and the impact of training on practice and outcomes for children. However, as a result of delays in recruiting to the new post of LSCB Training Manager, there was very limited capacity during 2015/16 to develop this function. It is a priority in the 2016/17 Business Plan.

Total expenditure from the LSCB budget on training was £15,037, compared to £17,254 in 2014/15. £6,500 was received in attendance fees. £2,080 was received in charges for non-attendance.

LEARNING AND IMPROVEMENT FRAMEWORK

Working Together to Safeguard Children 2015 requires every Local Safeguarding Children Board to publish a **Learning and Improvement Framework**, setting out how it will create, maintain, review and measure a framework of continuous learning across the partnership. Redbridge LSCB published a revised Learning and Improvement Framework in October 2015. The framework sets out a range of mechanisms which the LSCB will use to promote continuous learning and improvement, including:

- Training and Development supported by the Redbridge LSCB Training Programme
- The evaluation of training and its impact
- Serious Case Reviews (SCRs) and Independent Management Reviews (IMRs) and learning from SCRs carried out by other LSCBs
- Multi-agency reviews carried out by the Learning and Improvement sub group on individual cases
- Multi-agency and single agency audits
- Section 11 Audits
- Learning from Inspection
- Consideration of cases at the Child Death Overview Panel (CDOP)
- Scrutiny of performance data
- Consultation with young people

SERIOUS CASE REVIEWS

The Chair of the LSCB must commission a serious case review in relation to any incident in which the abuse or neglect of a child is known or suspected, and either a child has died, or a child has suffered serious harm and there is cause for concern about the way agencies have worked together to safeguard that child. The Government has established a statutory National Panel of Independent Experts on Serious Case Reviews, to whom all decisions either to commission or not to commission a serious case

review must be reported. If the Chair decides not to commission a serious case review, the Panel can challenge that decision.

During 2015/16, the Chair considered in depth five incidents, concerning seven children, against the criteria for a serious case review. In each case, he decided that it was not appropriate to initiate a serious case review. In each case the National Panel agreed with this decision. He decided however that in one case there would potentially lessons to be learned, about the complexities of multi-agency working in relation to a child with a severe disability and a high level of parental conflict with professionals, from carrying out a multi-agency learning review. This review will be concluded in 2016/17.

MULTI-AGENCY AND SINGLE AGENCY AUDITS

The LSCB continued to develop a programme of multi-agency audits in 2015/16. In October 2015, the Board considered the final report on an audit of cases in which children had been subject to child protection plans on the grounds of neglect, and these had subsequently been closed. A significant number of learning points emerged from this audit. Many of the child protection plans only lasted six months. However, it was not always clear that things had substantially changed for the child in that time, and a significant proportion of the cases became subject to a further child protection plan within a fairly short time. In a number of cases there were long family histories of neglect, involving either the children who were the subject of the sample years before, or their siblings, or their parents, aunts or uncles. Family relationships were sometimes very confused. Workers did not always appear confident in enquiring into family history, patterns of risk and abuse, and cycles of poor parenting. The audit demonstrated how important it is that child protection plans are very 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. The LSCB has identified action to ensure that this is securely embedded in professional practice, with a reduction

in the number of children who have experienced neglect being subject to repeat child protection plans, as a priority in its 2016/17 Business Plan.

In January 2016 the Board received a report on a multi-agency audit of six cases of young people who had experienced sexual exploitation. There was evidence in all cases of early recognition of the signs of exploitation, and effective sharing of information between professionals. Two of the young people had been difficult to engage, and this reinforced the need to continue to develop more accessible and user-friendly avenues for help and support. Ongoing engagement with education was a significant protective and stabilising factor for young people. The audit also highlighted the need to improve signposting to specialist sexual health services. The Board welcomed the findings of this initial audit, and agreed to carry out further in depth auditing of the quality of multi-agency practice with and outcomes for young people experiencing CSE in 2016/17.

Practice in children's social care is subject to ongoing auditing by the 'offline' Quality Assurance Team. The key findings are reported to the Board. Work undertaken in 2015/16 which is of particular relevance to this report included audits of casework and management oversight in community social work teams and the Child Protection and Assessment teams, and an audit of return home interviews with children who have gone missing from home or from care. The audits identified a very large number of strengths in practice, as well as a number of areas for improvement. The latter included the need to improve the consistency of case chronologies and summaries, to ensure that all plans were SMART and robust, and for more consistency in direct work with children and how it is recorded.

There are also ongoing programmes of single agency audit in Health partner agencies and the Board will be receiving reports on this work, the findings and the areas for learning and improvement identified, in 2016/17.

SECTION 11 AUDITS

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, Section 11 audits are completed every two years. Section 11 audits were completed in 2014/15, and the outcomes and findings were reported in last year's LSCB Annual Report. In July 2015, the Board received a report on progress against the action plans drawn up by individual agencies to address areas for improvement identified in the 2014/15 audits. The majority of agencies were able to evidence completion of or significant progress against their Action Plans. However, there were a number of actions outstanding for the Connexions Service, primarily related to the need for assurance on staff's knowledge and training needs in relation to safeguarding and some related policy issues. The service had been brought back in house from the independent sector in April 2015, and was at the time of the July 2015 report not fully re-established. The Board were assured that all the actions would be progressed as soon as the new structure was fully established. This is an outstanding matter for assurance in 2016/17.

7.

Learning and Improvement: Learning from children and young people

In the concluding paragraph of the **LSCB Annual Report for 2014/15**, we noted:

“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.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”.

Throughout 2015/16 the Board worked hard to meet that challenge.

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 LSCB Chair meets with the Forum twice a year, to learn about their work and their priorities, and to discuss how the LSCB can support them more effectively in that work. The Forum also make an annual presentation to the Board.

The Forum organised or participated in a number of events during the year to raise awareness of



safeguarding issues among children and young people. In July 2015 they ran an interactive theatre event for younger children engaging with issues and concerns such as the transition from primary to secondary school and safety on public transport and in the playground. Young people were given opportunities to explore different scenarios in which they were feeling vulnerable or threatened and how they might manage them and support one another.

At the Schools’ Councils Conference in July 2015, which was attended by two students and a teacher from each school in the borough, Forum members carried out a ‘base line survey’ with young people to identify their “top safeguarding issues”. The issues highlighted in responses were:

- Peer pressure around behaviour
- Bullying in school and cyber-bullying
- Transport and street safety
- Exam stress & pressure
- Low self esteem
- Lack of support for people with special educational needs
- Anti-semitism and islamophobia
- Child sexual exploitation
- Sexual harassment
- Domestic violence

- Stigma around benefits, free school meals, etc.

Following another Youth Forum event in December 2015 on the theme of sexual harassment with young people, the Forum worked on a video project on young people's everyday experience of sexual harassment.

Following the Forum's presentation on their work to the LSCB in October 2015, the Board agreed that the annual LSCB conference should be an event which would bring young people and professionals together to ensure that young people's concerns were heard and to explore together ways in which professionals and adults could support young people in addressing these concerns. The conference took place in April 2016. It was led by over 30 young people and attended by 80 professionals, from across a wide range of agencies working with children, young people and their families or carers in Redbridge. The young people's group chose as the theme of the conference peer on peer sexual harassment, and premiered the video they had made 'In your face, in your space', which made a powerful impact on everybody who saw it. It is not possible to adequately summarise a rich and stimulating discussion, but some key points that were made very clearly were:

- Young people do not all feel able to speak freely at home about the issues of sex and relationships that concern them. Some young people want and need an adult outside of their family circle that they can trust to speak to about relationships. They want boundaries put in place and upheld to protect them from unwanted sexual behaviour. The ability to report sexual harassment anonymously was advocated and the need for very clear messages from school leaders that sexual harassment will not be tolerated was stressed.
- Young people want information and support around keeping their bodies safe, developing resilience to peer pressure, and signposting to helplines. Whilst social media is appreciated as an enormously powerful and effective mode of communication, some of the young people shared concerns about making "mistakes" that could compromise their safety and also stay with them for a long time – such as 'sharing' explicit photos on-line.

They know that things like this can quickly go viral.

- Professionals must avoid stereotyping – for example, by assuming that boys do not experience sexual harassment as well as girls. A very specific message was a call for sex education to be less focused on biology and contraception, and more focused on positive relationships and consent.
- Some young people advocated a 'curriculum for life' through PHSE lessons in school which can include various topics that young people need to consider as they are becoming adult. It was suggested that schools consider using external facilitators who have specialist knowledge and skills for these sessions, as young people may be more open with people that they don't have to face every day.
- The group emphasised that young people whose behaviour has been sexually inappropriate need to be set clear boundaries so that they understand at what point sexual harassment starts to happen, and that this needs to be backed up by clear policies and procedures. They said that society and the media promote the idea that sexualised behaviour is acceptable and the 'norm', but it can be damaging for young people. The message needs to be reinforced by adults that they have the right to say 'No' to things that impact on them, including sex, and to accept that if another young person says no, they mean it and should be respected.

One young person summed it up by saying, "On sex and relationships, the only people I can talk to are my friends and really is another 15 year old going to be the best person to give me advice!" The message they gave their audience, as adults working with children and young people on the issue of sex and relationships, was that they need to be available, listen, inform, be pro-active, set clear boundaries, and ultimately protect.

A conference delivered by, owned by, driven by young people was a challenging, inspiring and hugely appropriate end to a year in which the Local Safeguarding Board had committed itself, as part of its revised Terms of Reference, to the centrality of the experience and voice of children and young people to all its work.

8.

CONCLUSIONS

It is important, in coming to the end of a report of this kind, to step back from the detail and remind oneself of the purpose of the Local Safeguarding Children Board Annual Report. It is, as set out in statutory guidance, 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. This report has sought to meet these requirements.

In any review of the safeguarding of children in Redbridge, there is no doubt about the headline. Children in Redbridge are effectively protected by a robust multi-agency system, with very strong joint working and a great deal of excellent practice. The operational and strategic arrangements to tackle child sexual exploitation have further strengthened during the year under review, and robust measures have been put into place to better support and intervene with children who go missing from care or from home. The steep rise in referrals to children’s social care that has been seen in previous years appears to have plateaued. However, a slight fall in referrals has generated a substantial increase in child protection activity, with more social work assessments undertaken, more Section 47 inquiries, more children subject to child protection plans, and more children being made subject to plans. It is probable that this reflects continuing improvements in the identification and management of risk, and from a point at the end of 2013/14 where Redbridge was undertaking far fewer Section 47 inquiries and had far fewer children on child protection plans than its statistical neighbours, the data cited earlier in this report shows that Redbridge, on these indicators, has ‘caught up’ and now has slightly higher figures for these areas of activity than its comparator authorities.

It will be important to continue to scrutinise trends in child protection activity, to make sure that a system which is very rigorous in identifying and assessing risk does not start to draw children into the formal child protection system unnecessarily, as a result of understandable but unhelpful professional caution. This report does not suggest that there is any evidence that this is happening in Redbridge; but it is important to continue to be alert to the risk.

This continued increase in child protection activity undoubtedly places a strain on the resources and capacity of all agencies, including, but not limited to, the local authority, NHS services, the police, schools, the courts and CAF/CASS. In spite of this, good performance has been maintained or improved on most of the available indicators. However, there was an increase in 2015/16 in both the rate of repeat referrals (referrals which had come in, been dealt with and closed, only to come back weeks or months later) and the percentage of ‘repeat’ child protection plans. From the multi-agency audit work that was undertaken during the year, this latter point seemed to particularly apply to children who had been made subject to plans on the grounds of neglect. Too often, plans had been ended at the first review (i.e. within six months) without real change having been achieved and evidenced, only for the need for a further child protection plan to be recognised within in some cases a few months. More generally, the increase in repeat referrals and repeat child protection plans may, very tentatively, indicate that pressure is sometimes being managed by closing down work or reducing the intensity of intervention too soon. This will be the subject of ongoing scrutiny by the LSCB.

All agencies face huge challenges in dealing effectively with the range of need and demand that is presented day after day. Inevitably, these pressures can impact on performance. Of the two hospital trusts who are members of the LSCB, one, BHRUT, was judged in 2015/16 by the Care Quality Commission to 'require improvement', and one, Barts Health, was judged to be 'inadequate'. Both providers have worked hard throughout the year to make and embed the necessary improvements. The Child and Adolescent Mental Health Service (CAMHS) has been destabilised by uncertainty about the implications of the Council's decision to cut its contribution to the service by £550k from April 2017, and work on the Transformation Strategy that was agreed between the Council and the Clinical Commissioning Group in December 2015 needs to be accelerated.

The LSCB itself is and must be independent of any individual agency. Its role is to challenge, scrutinise and hold individual partner agencies to account. It has continued to develop this role in 2015/16. However, what we said in the conclusion to the **2014/15 Annual Report** is as true a year on as it was the:

"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."

| Action | Lead Officer | Timescale and milestones | How we will measure success and impact |
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| PRIORITY 1: To improve the protection and support of children who are at risk of, or who have been, sexually exploited, and to strengthen our work in identifying, disrupting and prosecuting child sexual exploitation (CSE). | | | |
| 1.1 | Operational Director, Civic Pride, LBR | Complete profile by 31.8.16 Report to LSCB January 2017 on success and impact measure | <ul style="list-style-type: none"> • Actions and interventions, including disruption activity, effectively targeted |
| 1.2 | Head of Research and Data, LBR Head of Child Protection and Early Intervention Service, LBR Integrated Care Director, NELFT | New Met Police CSE Data Report Scorecard integrated into LSCB performance scorecard for July 2016 Board Implementation of the CSE risk 'flag' and CSE workspace on ICS Protocol completed by 30.6.16 Implementation of CSE flag on RIO completed by 31.12.16 | <ul style="list-style-type: none"> • MASE and CSE Sub Group report improvements in quality and value of data and can identify impact on outcomes for children |
| 1.3 | Chair of LSCB Learning and Improvement Sub-Group | Timescales to be determined in 2016/17 audit programme – see 6.2 | <ul style="list-style-type: none"> • Learning from audit clearly identified and disseminated across all partners • Audit follow up identifies action taken and improvement in outcomes for children as result of audit |
| 1.4 | Chair of LSCB Training Sub-Group | Multi-agency training needs analysis completed by 31.7.16 Revised training programme to meet identified training needs commissioned and delivered by 31.3.17 Impact evaluated and reported by 31.3.17 Revised definition of CSE implemented within 3 months of publication by the DfE | <ul style="list-style-type: none"> • Demonstrated impact of training on practice and outcomes for children • Reflection of any new definition of CSE published by the DfE as part of Working Together to Safeguard Children embedded in policies, procedures and training |

| Action | | Lead Officer | Timescale and milestones | How we will measure success and impact |
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| 1.5 | Extend programme of disruption activity including implementation of Operation MakeSafe 2. | Operational Director, Civic Pride, LBR | Visits to local businesses in accordance with programme, to include taxi firms, hotels & care homes, completed by 31.7.16 | <ul style="list-style-type: none"> • Increase in number of businesses signing up to Redbridge pledge • Increased number of local businesses engaged through CSE themed Redbridge Action Days (RADs) |
| 1.6 | Strengthen action to reduce number of young people going missing from home and care | Head of Child Protection and Early Intervention Service, LBR | Multi-agency Missing Children's Panel (MCP) established by 30.6.16 Recruit CSE & Missing Children Co-ordinator by 30.6.17 | <ul style="list-style-type: none"> • Reduction from 15/16 baseline in number of missing episodes and numbers of young people going missing recorded by children's social care |
| 1.7 | Raise awareness of CSE in the community to improve safeguarding, through community engagement, ensuring that comprehensive information and guidance relating to CSE on the LSCB website is available and regularly updated, regular circulation of information on CSE via Twitter, promotion of CSE National Awareness Day 2017, and specific targeting of information informed by CSE dataset | LSCB Business Manager | Minimum of four awareness raising meetings held with community groups by 31.3.17. | <ul style="list-style-type: none"> • Feedback from community engagement programme • Increase in traffic on website and Twitter |

| Action | Lead Officer | Timescale and milestones | How we will measure success and impact |
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| PRIORITY 2: | | | |
| To improve the protection and support of children at risk of Female Genital Mutilation (FGM) and those 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 Integrated Care Director, NELFT | Policy and procedure to support improved outcomes for children living in households with multiple needs (domestic violence, substance misuse and adult mental health) completed by multi-agency task and finish group by 31.5.16 KPIs on identification of children in households with vulnerable adults included in all NHS provider contracts by 30.9.16 | <ul style="list-style-type: none"> All relevant LSCB agencies have procedures in place for information sharing which are understood and implemented by staff which is evident in case files Improved identification and recording of the presence of children within households Increase in referral rate from 2015/16 baseline by health agencies to Social Care or Early Intervention and Family Support Services Increased attendance on targeted LSCB training by staff working in services for vulnerable adults |
| 2.2 | To strengthen joint working between adult and children's services to safeguard and promote the welfare of children LSCB Business Manager | Joint protocol agreed between Adult Safeguarding Board, Children's Services and Violence against Women and Girls Strategic Group to ensure consistency of risk assessment and information sharing by 30.6.16 | <ul style="list-style-type: none"> Multi-agency audit confirms that children living with families with multiple needs are better protected |
| 2.3 | Linking of relevant databases in health and social care to capture and report on key data on adult mental ill health, domestic violence and substance misuse within families with children Integrated Care Director, NELFT | Complete by 30 09 2016 | <ul style="list-style-type: none"> Multi-agency audit confirms that children living in households affected are better protected |
| 2.4 | Development of an integrated early help pathway for children in families with adults with identified additional needs Head of Child Protection and Early Intervention Service, LBR | Pathway agreed by 31.7.16 | <ul style="list-style-type: none"> Increased referrals to the Early Intervention and Family Support Service and reduced rate of referrals to social care |
| 2.5 | Multi-agency audit of cases referred to Child Protection for issues relating to parental capacity due to mental health, substance misuse or domestic violence issues to measure improvement in outcomes since previous audit. Chair of LSCB Learning and Improvement Sub-Group | Timescales to be determined in 2016/17 audit programme – see 6.2 | <ul style="list-style-type: none"> Learning from audit clearly identified and disseminated across all partners. Audit follow up identifies action taken and improvement in outcomes for children as result of audit |

| Action | | Lead Officer | Timescale and milestones | How we will measure success and impact |
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| 2.6 | Safeguarding of girls and young women in relation to Female Genital Mutilation (FGM). | Strategic Lead – Domestic Abuse and Harmful Practices, NELFT | First report on progress against FGM action to LSCB April 2016 Second report on progress against action plan to LSCB October 2016 | <ul style="list-style-type: none"> • Reports demonstrate continuing progress on awareness, prevention, partnership working and prosecution where applicable • Increased take up across partnership of Home Office FGM learning and development resources, including e-learning module. |

PRIORITY 3:

To improve the protection of young people from involvement with violent extremism.

| Action | | Lead Officer | Timescale and milestones | How we will measure success and impact |
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| 3.1 | Ensure the early identification of and response to children and young people at risk of radicalisation through awareness raising activities, including delivery of training and the provision of information | LSCB Business Manager PREVENT Co-ordinator, LBR | Revised threshold document, giving clear guidance to partners on levels of risk and need and appropriate response, published by 30.6.16 Roll out of WRAP training to the private, independent and voluntary (PVI) sector by 31.12.2016. | <ul style="list-style-type: none"> • Feedback from partner agencies indicating understanding of safeguarding issue and referral route. • Regular safeguarding reporting provided by partner agencies to enable monitoring and scrutiny. • Evaluation of training demonstrates impact.\ • Increase in number of referrals to the Chanel Panel/Prevent Panel. • Provision of information sources for professionals, parents/carers and children and young people. • Feedback from voluntary sector indicating understanding of safeguarding issue and referral route. • Increase in referrals from the voluntary sector to Chanel Panel/Prevent Panel. • Completion of the eLearning Module by 80% of LBR Children's Services staff and Community Safety staff that delivery direct work |
| 3.2 | Monitor the effectiveness of the Chanel Panel and Prevent Case Management Meeting in identifying children and young people who are vulnerable to being drawn into violent extremism and arranging for support to be delivered to those individuals | PREVENT Co-ordinator, LBR | Report to LSCB July 2016, with follow up report January 2017 | <ul style="list-style-type: none"> • Monitoring demonstrates effectiveness of programme in identifying vulnerable young people and reducing risk of violent extremism |

| Action | Lead Officer | Timescale and milestones | How we will measure success and impact |
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| 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 | Dissemination of information relating to safeguarding children with disabilities to front line staff in all partner agencies to ensure staff have the required knowledge and understanding to identify and report concerns | Head of Fostering, Adoption, Placements and Children with Disabilities, LBR Children's Services, LBR | Publication and dissemination of key resources to support awareness raising – dissemination programme completed by 31.03.2017 |
| | | | <ul style="list-style-type: none"> Regular feedback from partner agencies on safeguarding, including CWD Increase in the number of children with disabilities subject to a Child Protection (CP) Plan from 2015/16 baseline Reduction in re-referral rate for children with disabilities from 2015/16 baseline |
| 4.2 | LSCB Threshold document to be reviewed to ensure that children with disabilities at risk are as effectively identified and protected as all children | LSCB Business Manager | Revised threshold document, giving clear guidance to partners on levels and indicators of risk and need and appropriate response, published by 30.6.16 |
| | | | <ul style="list-style-type: none"> Increase in the number of children with disabilities subject to a Child Protection (CP) Plan from 2015/16 baseline. Increase in referrals to LBR Early Intervention and Family Support Service (EI&FSS) Increase in the number of CAFs for children with disabilities |
| 4.3 | Monitor quality of work delivered in relation to children with disabilities by ensuring all multi-agency audit activity includes audit of cases of children with disabilities regardless of the theme of the audit, as appropriate, and undertaking an annual multi-agency themed children with disabilities audit | Chair of LSCB Learning and Improvement Sub-Group | Timescales to be determined in 2016/17 audit programme – see 6.2 |
| | | | Learning from audit clearly identified and disseminated across all partners. Audit follow up identifies action taken and improvement in outcomes for children as result of audit |

| Action | Lead Officer | Timescale and milestones | How we will measure success and impact | |
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| PRIORITY 5: To strengthen our work in preventing, identifying and protecting children from neglect. | | | | |
| 5.1 | Ensure effective targeted multi-agency training for front line professionals on the recognition of neglect, its impact on children, and strategies for effective intervention | Chair, Training Sub Group | Minimum of four training events by 31.3.17 | <ul style="list-style-type: none"> • 100% of places booked and 95% attendance • Feedback from those attending training and managers confirms impact of training |
| Action | Lead Officer | Timescale and milestones | How we will measure success and impact | |
| 5.2 | Implementation of the Neglect Toolkit across partner agencies. | Chair, Learning & Improvement Sub Group | Implementation Plan agreed by 30.6.16 Neglect Toolkit in use by all partner agencies by 31.3.17 | <ul style="list-style-type: none"> • Improved consistent identification of children and young people at risk of neglect and response. • Increase in referrals to Early Intervention and Family Support Service and Children's Centres. • Provision in place of guidance, training and other support to practitioners in using the Toolkit |
| 5.3 | Reduction in re-referral rate and repeat child protection plans for children suffering from neglect | Chair, Learning & Improvement Sub Group | Reduction in re-referral rate and repeat child protection plans for children suffering from neglect achieved in 2016/17 compared to 2015/16 baseline | <ul style="list-style-type: none"> • Re-referral rates and repeat child protection plans for children suffering from neglect are in line with children subject to plans under all categories |
| 5.4 | Evaluate impact of and refresh LSCB Neglect Strategy and Delivery Plan | Chair, Learning & Improvement Sub Group | Review completed and reported to LSCB January 2017 | <ul style="list-style-type: none"> • Evidence and strengthening of impact on outcomes for children of strategy and delivery activity |

| Action | Lead Officer | Timescale and milestones | How we will measure success and impact | |
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| 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 partner agencies' work in relation to safeguarding | LSCB Chair | Complete 2016/17 Section 11 audit programme by 31.3.17 | <ul style="list-style-type: none"> Section 11 audits are subject to peer and lay member challenge and scrutiny, including input from young people. Section 11 audits are transparent and rigorous in their assessment of weaknesses and planned action to address The LSCB monitors and challenges required improvements |
| 6.2 | Deliver a multi-agency audit programme which focuses on the quality of practice rather than process compliance, identifies clear areas for improvement, and makes clear recommendations which are followed up on actions to be taken | Chair, Learning and Improvement Sub Group | Audit programme agreed for year by 30.4.16 Minimum of six multi-agency audits completed and reported by 31.3.17 | All audits make clear judgements on the quality of practice and areas for improvement Follow up demonstrates impact on outcomes for children as result of audit activity |
| 6.3 | Strengthen LSCB scrutiny of performance through revision of multi-agency data set and arrangements for scrutiny. Agreement of review of performance dataset to ensure that it provides the right information to the LSCB to support its monitoring and challenge role | Head of Research and Data, LBR | Revised performance dataset agreed by LSCB July 2016 Full reporting of performance against agreed dataset to LSCB July 2016, and quarterly subsequently | <ul style="list-style-type: none"> Scrutiny of performance leads to evidenced improvement in quality of service and outcomes for children over the year |
| 6.4 | Ensure that training is focused on priority needs, is of high quality, and has evidenced impact on quality of practice and outcomes for children | Chair, Training Sub Group | Multi-agency training needs analysis completed by 31.7.16 Effective arrangements for evaluating the impact of training agreed and implemented by 30.9.16 Effective arrangements for evaluating the impact of training agreed and implemented by 30.9.16 | <ul style="list-style-type: none"> Take up of training confirms that programme is addressing priority needs Quality of training evidenced through effective quality assurance programme, including evidence of corrective action taken where necessary Evidence base on impact of training available for 2016/17 Annual Report |


| Action | | Lead Officer | Timescale and milestones | How we will measure success and impact |
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| 6.5 | Strengthening of LSCB engagement with 'hard to reach' sectors | LSCB Business Manager | <p>Voluntary sector representation on LSCB reviewed by 30.4.16, to include representation from Faith Forum, domestic violence, substance abuse and vulnerable children agencies</p> <p>Effective engagement network with private and independent schools established by 31.7.16</p> | Increased participation in work of LSCB by targeted sectors |

CONTACT INFORMATION

Website: www.redbridgelscb.org.uk

E-mail: LSCB@redbridge.gov.uk

Tel: 020 8708 3289

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