
Haringey Safeguarding Children Board

Annual Report
2015 – 2016



CONTENTS

Item	Section	Page
Foreword by the Chair	1	3
Introduction	2	5
Progress on priorities, issues and challenges	3	6
Local context	4	11
Governance and accountability	5	12
Board effectiveness and challenge	6	26
Quality and Performance	7	28
How safe are children and young people here?	8	36
<i>Appendix A – LSCB Role, scope and function</i>		
<i>Appendix B – Section 11, The Children Act 2004</i>		
<i>Appendix C - LSCB Business Plan 2014 – 2016</i>		
<i>Appendix D – LSCB Strategy 2015-18</i>		
<i>Appendix E – Board membership and attendance</i>		
<i>Appendix F – LSCB Budget 2015-16</i>		

1 Foreword by the Chair

- 1.1 Welcome to my second annual report as the Independent Chair of Haringey's Safeguarding Children Board for 2015-16. I am most grateful for the strong support and engagement of partner agencies throughout the year, and the sterling contributions of the Board manager Patricia Durr and Assistant Eliese Gray. The partnership displays a real drive to work purposefully together in the task of keeping children and young people safe within Haringey, and this year has been one of real progress in many areas.
- 1.2 The external challenges have not become any less on all partners; indeed, in many respects the challenges have increased further. Budget pressures continue to ratchet up amongst all agencies, and in particular the financial and workforce pressures have been becoming more apparent amongst health agencies. Demand has continued to increase; the child population in Haringey has increased markedly in recent years, perhaps as a result of Government welfare changes leading many poor families to leave inner London boroughs and move into Haringey. We see evidence daily of families under increasing pressure, and front-line staff in all partner agencies have had to show real courage and determination in the face of increasing referrals. The world of child protection can be an unforgiving one, so it requires real maturity for agencies to find the necessary balance of strong support and strong challenge. I remain proud of the way in which Haringey agencies confront those areas where we know we need to improve, whilst seeking to identify examples of good practice that we see daily from staff on the front line.
- 1.3 Resources available to the Board itself have also been under severe pressure. At times we have been over-ambitious in setting out objectives for ourselves, even when we have known that the central coordinating resources are slimmer, and that each partner is under-staffed. As the report will show, although we have achieved much within the year, we have also left undone some of our ambitions. It is the message of the times that we have to find ways of doing more with less, and we have had to be mature and realistic about what is achievable. For example, we would all like to have strengthened further the direct engagement of the Board with children and young people; and our aspirations to begin to recognise good practice more formally and regularly have had to be put on hold. We have streamlined our ways of operating, to maximise on the valuable time that partners make available and to sharpen our approaches to audit, review and decision-making.
- 1.4 In the previous year we had been inspected by Ofsted, so part of the story of 2015-16 has been one of ensuring that we have responded fully to the recommendations that they produced. Other partners in turn have been inspected by the various regulators; as a Board we consider all external inspection reports, and satisfy ourselves that partners are addressing any issues that relate to child protection.
- 1.5 As is common within London, we have seen many changes of personnel in key positions across all agencies, and some real challenges for partners to fill some vacant posts. I am pleased that overall the proportions of agency and temporary staff have been reducing, but in the process we have been getting to know many new faces in a multitude of roles. I believe there has been insufficient attention paid by Government Departments to the needs of workforce development across many key sectors; our

Haringey Safeguarding Children Board Annual Report 2015-16

challenges in recruiting and retaining health visitors, experienced social workers and senior managers in all agencies is mirrored across London.

- 1.6 We have initiated some major changes across the partnership in our approaches to working with children and families. The introduction of the “Signs of Safety” approach signals our commitment to strengthening our commitment to “appreciative enquiry”, engaging more positively with children and families, and placing trust in front-line professionals to reach conclusions about the families with whom they are working.
- 1.7 During the year we have focussed closely on Missing Children (with a task group led by the Borough Commander), and on ensuring that our strategy for Child Sexual Exploitation is robust. The calendar year ended with an independent diagnostic assessment of this area of work, a process which engaged all partners in intensive joint work. We were pleased with the endorsements that emerged, whilst also clear on the importance of the further improvements which we have committed to implementing.
- 1.8 I reported last year on our successful application to the Department for Education for an Innovation Grant to strengthen the quality and range of our joint working to support vulnerable young people across the borough boundaries with our neighbours in Enfield. The project has been highly successful, and provides us with some strong evidence of the importance of finding ways of working flexibly in response to the flexible lives of so many young people.
- 1.9 In January 2016 the Government commissioned Alan Wood to review the future of LSCBs, and our Board submitted thoughts to this process. The report, and the Government’s response, came out this Spring, and we are engaged in thinking about how we can respond as a partnership to the challenges it sets out. Most of the themes identified chime with proposals we had put forward, so I expect our Board to be well positioned for the legislation that is currently working its way through Parliament.
- 1.10 Safeguarding arrangements within Haringey remain broadly robust and effective, and the partnership continues to demonstrate its willingness to confront and respond to issues which arise. The year ahead looks ever more challenging in relation to resources, and we need to be ready to consider radical different ways of undertaking our key roles. We still need to improve our sharing and analysis of data, so that we can become better at identifying any changes and emerging threats to the safety of children within Haringey. We still need to improve our engagement of children and young people in our work. But as a partnership we are ready for the next set of challenges.

2 Introduction

- 2.1 This annual report is for the period 1st April 2015 to 31st March 2016 and is produced as part of the Board's statutory duty under section 14A of *The Children Act 2004* and Chapter 3 of *Working Together to Safeguard Children 2015*. The Chair of the Board is required to publish an annual report in relation to the preceding financial year, on the effectiveness of child safeguarding and promoting the welfare of children in the local area.
- 2.2 The report will be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner¹ and the Health and Wellbeing Board. The report provides an overview of LSCB activities and achievements during 2015 – 2016; it summarises the effectiveness of safeguarding activity in Haringey; provides an overview of how well children in Haringey are protected, and fulfils the Board's statutory duty to:
- provide an assessment of the performance and effectiveness of local services
 - identify areas of weakness, the causes of those weaknesses and action being taken to address them as well as other proposals for action
 - include lessons from reviews undertaken within the reporting period
 - include assessment of Board partners' responses to child sexual exploitation
 - include information on children missing from care, and how the LSCB is addressing the issue
 - include contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training
- 2.3 More information about the statutory role and function of the LSCB can be found at ***Appendix A***.

¹ In London this is the Mayor's Office for Policing and Crime

3 Progress on priorities, issues and challenges

- 3.1 The *LSCB Business Plan 2014 – 2016 (Appendix C)* has continued to provide the framework of priorities for our work whilst allowing us to be responsive to emerging themes and challenges: it enables us to monitor and track progress on identified actions.
- 3.2 We review our priorities annually and in 2015-16 we laid the groundwork for a longer term five year Strategy 2016-21 which is outlined at Appendix D. A new Business Plan is being developed to take us forward in 2016-17 to address priorities outlined in the strategy, which are:
- Priority One: Overhaul the ways in which agencies tackle chronic neglect
 - Priority Two: Improve outcomes for children with particular vulnerabilities and those subject to particular risks
 - Priority Three: Strengthen cross-borough partnership
 - Priority Four: Develop high quality partnership working at all levels between our agencies
- The strategy also identifies a couple of enabling priorities:
- Enabling Priority One: Meaningfully engage children and young people in our work
 - Enabling Priority Two: Promote and develop the children's workforce to better safeguard children and promote their welfare
- 3.3 In May 2016, the Wood Review of LSCBs was published with recommendations for changing the statutory arrangements for local safeguarding arrangements. The recommendations have been accepted by Government and are currently being taken forward in the Adoption and Social Work Bill. The Board is therefore reviewing its priorities in light of this. In this section we set out progress achieved in 2015-16.
- 3.3. *PRIORITY ONE Gangs, Child Sexual Exploitation (CSE) and Missing***
Strengthening the connections between work around a) missing children, CSE and gangs, b) supporting and monitoring the development of a multi-agency response, and c) assessing the effectiveness of early intervention in reducing gang membership
- 3.3.1 We have made good progress in this area underpinned by the following:
- Bi-borough CSE & Vulnerable Children Project funded by the DfE LSCB Innovation Fund in partnership with our neighbouring borough Enfield;
 - a multi-agency diagnostic on CSE, recommendations and partnership action plan;
 - review of progress against CSE strategy and development of an integrated refreshed action plan with clear accountability;
 - developed our reporting cycle to ensure that we received regular reports on CSE, gangs and missing children;
 - developed our performance monitoring with a focus on these issues;
 - commissioned a Serious Case Review which considered gang association and harmful sexual behaviour to be published in 2016 with learning about approach;
 - completed engagement in the MsUnderstood Project looking at CSE, serious youth violence and harmful sexual behaviour;

Haringey Safeguarding Children Board
Annual Report 2015-16

- Represented on the London Safeguarding Children Board CSE Task & Finish Group
- Strengthened representation of Violence Against Women & Girls (Lead in Public Health) and Gangs and Offender Management (Lead in Community Safety)
- Developed both CSE and Children who run away or go missing from home, care or education pathways and local protocols. Missing Children and Young People protocols
- Developed integrated approaches to considering the links between gangs, missing children and young people and CSE through the Multi-agency Child Sexual Exploitation (MASE) meetings co-chaired by the Borough Police and Children's Social Care.

3.3.2 The sub-group has responded to developments with clear governance and accountability structure and agreed strategy and action plan, which includes connections and routes into the Violence Against Women and Girls Board, Gang Action Group Strategy and oversight of our work on Missing Children & Young People. It has embedded learning about the wider connections to additional vulnerabilities through revision of its remit and role for 2016-17. There is an integrated action plan, with agreed accountabilities and reporting into the Board, which encompasses the recommendations and learning from the multi-agency CSE Diagnostic Report.

3.3.3 The CSE Bi-borough CSE & Vulnerable Children Project enabled us to build on the priority both Boards had committed to the issue. The Project led to the development of a number of joint initiatives including:

- A communication pilot project via North Middlesex University Hospital to provide information to our hardest to reach young people that includes information on a range of vulnerabilities and includes links to our respective youth websites.
- Bi-borough MASH to MASH checks for cases where there is a concern of CSE/ Gang activity
- Aligning the CSE Central Logs across Haringey and Enfield and to introduce a system for gathering intelligence on persons of concern
- Periodic Bi-borough Peer Networking Seminars sharing information about alliances, sexual relationships, tensions places of education and any known gang links to better safeguard children at risk.
- Sharing learning about models of best practice across the bi-borough partnership and to align resources to improve information sharing and safeguarding responses to vulnerable children and young people which included aligning arrangements for Single Points of Contact for CSE across both boroughs in Children's Social Care, Health and the Police and improving MASE arrangements
- Joint CSE and harmful sexual behaviour training targeted at particular professional groups including foster carers, pupil referral units and MASH teams, semi-independent accommodation providers and children's homes

3.3.4 This project demonstrates that where there is an appetite to collaborate in the best interest of our most vulnerable children and young people, much can be achieved

both in terms of best practice and cost efficiencies through sharing resources. A number of recommendations are being taken forward by the Boards to embed the work and continue the collaboration.

3.4 PRIORITY TWO - Early Help

Scrutinise the move towards strengthening the early help offer across Haringey, seeking assurance on the common understanding of definitions, on the impact on child protection services, and on appropriate multi-agency engagement.

3.4.1 A new strategic approach to enabling early help and intervention for children, young people and their families was launched this year focussed on delivery of integrated, flexible and responsive services with a greater emphasis on prevention and early intervention with the aim of reducing, in the longer term, the need for specialist and more expensive provision. The approach seeks to empower parents, families and children to be resilient and effective in developing a supportive environment for their children. The Strategy seeks to deliver the following three outcomes:

- Improved family and community resilience
- Thriving children, young people and families
- Strong partnerships making effective use of all resources

3.4.2 The Strategy is delivered through the Haringey's Early Help Partnership Board and monitored and reviewed through the Board's governance arrangements. This Board identified that the key risk contained within the strategy is the immediate impact on safeguarding as resources shift to Early Help.

3.5 PRIORITY THREE – Neglect

Improving effectiveness of all agencies in recognising and responding to neglect

3.5.1 The Board is reviewing the development of a Neglect Strategy and has taken this forward in its developing 5 year strategy 2016-21 as a key priority.

3.5.2 Our audit cycle for this year included a multi-agency audit focused on neglect which took place in two stages over Q2 and Q4. Compliance rate was 100% collectively although not all of the children were known to all services within the timescale. A common challenge in multi-agency auditing is the differences in the way in which the audit was undertaken and moderated and an acknowledgement of the different skills levels and approaches within and between agencies. Some good practice showed evidence of a real commitment to hearing the child's wishes and feelings but overall there is work to do to improve engagement with children. Some good evidence of partnership working but some concerns around reporting and recording. All cases evidenced that CP case conferences, initial and reviews, are held in a timely manner and that core groups are regularly being held.

5.2.3 A number of recommendations are being taken forward including the development of documents, training and tools to support and deepen understanding of neglect; improve the use of hypothesis and analysis in neglect cases; embed Signs of Safety

to enable a more robust multi-agency approach to identify risk and expressing and owning the level of concern; review the suitability and availability of direct work tools and resources to improve and support direct work with children and young people; and increase understanding of the impact of neglect and attachment theory and neuroscience through the multi-agency training programme.

5.2.4 Additionally our new Board Strategy commits us to:

- develop a LSCB neglect strategy ensuring that prevention and Early Help is at the centre of response
- develop understanding across the partnership of attachment theory
- develop and roll out a training programme to ensure thresholds are correctly applied
- get messages out into communities through information and other campaigns
- support early intervention and parenting programmes such as Family Nurse Partnership and Parent-Infant Programme.

3.6 Progressing Priority Four *Promoting good practice* and Priority Five, *Engaging the voices of children and young people* has proven to be a real challenge this year. Capacity and resources have not allowed for the necessary development time for the Board Manager to build the infrastructure needed. The number of Serious Case Reviews has diverted attention away from appreciative inquiry. We have continued to improve engagement with schools through representative Primary and Secondary HTs now members of the Board. The Board Manager now works with the School Improvement Safeguarding Lead to develop the Designated Safeguarding Lead Forum.

3.6.1 Engaging children and young people remains a firm enabling priority in our new strategy which commits us to:

- Establish a robust, proportionate system for securing the views of children and young people on key issues concerning the Board, including CYP who are themselves at risk.
- Build on the extensive existing mechanisms for capturing CYP's views, to allow for key issues to surface for consideration by the Board.
- Establish a system for CYP to present periodically to the Board on key issues.
- Ensure annual audit cycle and performance framework consistently includes attention to children's lived experiences and journeys

3.7 Signs of Safety (SoS)

3.7.1 In Q1 the Board took the formal partnership decision to support the adoption of the SoS model of approach to working with children and families and confirmed funding for an accredited training programme across the partnership. SoS puts children, parents and everyone connected to the children at the heart of assessments and decision-making and gives them every opportunity to come up with their own ideas on how to make their children safe before we offer/impose our own solutions. Clear leadership provides workers with the confidence to make the right decisions at the right time to support families to stay together.

3.7.2 The three main principles of the SoS model are:

Haringey Safeguarding Children Board
Annual Report 2015-16

- Developing positive and constructive working relationships with families, children and between professionals.
- Working with families from a stance of appreciative inquiry and being professionally curious, applying a questioning approach.
- Promoting the direct involvement of practitioners and service users in the research and development of SoS so that the model is informed by what complex case work and child practice actually looks and feels like.

3.7.3 An implementation plan has been agreed by the Executive running through four phases and involving training and strategic development. Phases 1 and 2 were completed this year. Phase 1 was about leadership and the development of the plan and the alignment with practice across the partnership. A workshop was held on 29th July and involved the Executive membership and other key partnership representatives. Phase 2 was about rollout across the partnership and includes introductory training. Phases 3 and 4 involve further practice development and practice leadership.

4 Local Context

4.1 Haringey is an exceptionally diverse and fast-changing borough. We have a population of 267,540 according to 2014 Office for National Statistics Mid Year Estimates. Almost half of our population and three-quarters of our young people are from ethnic minority backgrounds, and around 200 languages are spoken. Our population is the fifth most ethnically diverse in the country.

4.2 The borough still ranks among the most deprived in the country but has seen improvement in its ranking over the past six years - with the exception of Education and Living Environment, Haringey has seen an improvement in rankings for all domains in the English Indices of Deprivation 2015. Haringey is the 30th most deprived borough in England and the 6th most deprived in London with the 10th highest level of child poverty in London. 7 of Haringey's 19 wards are within the most deprived 10% nationally. All of these wards are in the east of the borough where Northumberland Park remains the most deprived.

In terms of crime, Haringey is ranked 8th most deprived in England out of 326 local authorities and 8th in London out of 33 local authorities.

4.5 There are approximately 63,400 children and young people under 20 living in Haringey (approximately one third of the total population). The wards with the largest number of people aged under 20 in Haringey are: Seven Sisters, Northumberland Park, White Hart Lane and Tottenham Hale. There are more children in the east of Haringey, which has higher levels of deprivation than the west.

4.7 1 in 3 children live in poverty, 1 in 4 children live in household with no working adult (23% compared to 18% in London). Over 10, 000 households are with lone parents (34% compared to 28% in London). It is estimated that over 11, 000 children in Haringey live with some form of long-standing disability.

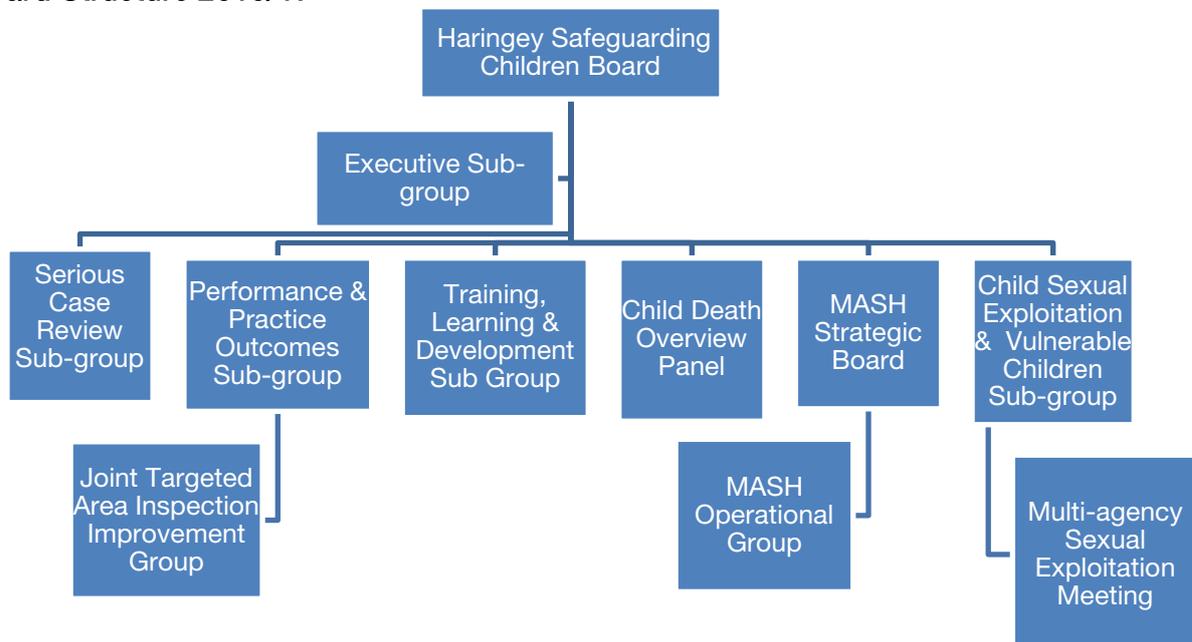
4.8 Over 9,000 children and young people have Special Educational Needs (SEN) in primary and secondary schools. Approximately 1,200 children have a Statement of SEN; of those, 35% had autism followed by moderate learning difficulties (21%) and emotional, behavioural and social difficulties (12%)

4.9 [Haringey's Joint Strategic Needs Assessment \(JSNA\) 2014/2015](#) describes the health, care and wellbeing needs of the local population. This helps the CCG and Haringey Council commission the best services to meet those needs

5 Governance and accountability

- 5.1 The LSCB has an independent chair and a number of subgroups chaired by a senior member from across the partner agencies. The Chair is accountable to the Chief Executive of the local authority in chairing the LSCB and overseeing its work programme. However, he is accountable only to the Board for the decisions he takes in that role. The role of Vice-Chair is undertaken by the Designated Nurse from the CCG.
- 5.2 The Board is attended by representatives from the partner agencies with a high level of engagement. Information about Board attendance can be found at *Appendix E*.
- 5.3 Governance continues to be strengthened with regular reporting from sub-groups through to the Executive and the Board; a range of task and finish group activity with clear reporting lines the continuation of our member appraisal process, and the introduction of 360degree appraisal of the Chair..
- 5.4 During the year the structure of the Board changed to reflect priorities and efficiencies. We report on the business of each of the sub-groups operating during 2015-16 in this report and the structure below reflects the shape of the Board from April 2016.

Board Structure 2016/17



5.5 Relationship between the LSCB and other strategic boards

- 5.5.1 The Chair of the LSCB attends the Health and Well-Being Board. He meets regularly with the Chief Executive and Deputy Chief Executive, the Director of Children's Services, the lead member for children, the Council Leader, and the Chair of the Adult Safeguarding Board. He meets annually with the Chief Executives of the key

Haringey Safeguarding Children Board Annual Report 2015-16

partner agencies. He meets annually with the Council's Scrutiny Committee. Links are maintained through representation on key strategic partnerships:

- Community Safety Partnership
- The Health & Wellbeing Board
- The Safeguarding Adults Board
- The Violence Against Women & Girls Strategy Group
- The Preventing Radicalisation & Violent Extremism (Prevent) Delivery Group

This year, the Board has developed a Prevent Action Plan and the Board Manager sits on the borough Prevent Delivery Group.

5.6 **The Local Authority**

5.6.1 Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear, and statutory guidance Working Together to Safeguard Children sets these out in detail. This includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

5.6.2 The Local Authority - lead by the Director of Children's Services and the Deputy CEO - is represented at all levels of the LSCB and plays a lead role in the partnership.

5.5.7 **The Partnership**

5.7.1 Safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

5.7.2 A range of local agencies, including the council, the police and health services, have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery

More information about these statutory duties can be found at Appendix B. In addition to these section 11 duties, which apply to a number of named organisations, further safeguarding duties are also placed on individual organisations through other statutes.

5.8 Health

5.8.1 Haringey CCG is the major commissioner of local health services across the borough and is responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. All health providers in Haringey are required to have effective arrangements in place to safeguard vulnerable children and to assure the CCG, as commissioners, that these are working. Designated Professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England, the Local Authority and the Haringey Local Safeguarding Children Board (HSCB). They also provide advice and support to multi-agency health professionals.

5.8.2 *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)* defines the safeguarding responsibility and duty of Clinical Commissioning Groups (CCGs). CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding children.

5.8.3 Haringey CCG fulfils and is compliant with these safeguarding children responsibilities and duties during the period of 01/04/15 to 31/03/16 as outlined in its [Safeguarding Children Annual Report 2015-16](#) within its own organisation and across the organisations from which it commissions. Additionally NHS England conducted a series of deep-dive exercises across CCGs' arrangements and in 2015, one of the areas of focus was safeguarding. The results of this process were reported in February 2015 and they acknowledged the extent of focus and commitment to safeguarding within Haringey CCG.

5.8.4 The Assistant Director Safeguarding/Designated Nurse Safeguarding Children, Designated Doctor, and Named GP were full and active members of the HSCB in 2015/16; regularly attending and contributing to the bi-monthly meetings. The Assistant Director Safeguarding / Designated Nurse Safeguarding Children and Designated Doctor were also full and active members of the HSCB Executive. The Assistant Director Safeguarding / Designated Nurse for Safeguarding Children continued in the capacity of Vice Chair of the HSCB throughout this period, as well as chairing the CSE Subgroup (which developed the borough's CSE Strategy and Action Plan) and Vice Chairing the Violence Against Women and Girls (VAWG) Strategic Group; with the Interim Assistant Designated Nurse and latterly the Deputy Designated Nurse attending the VAWG Commissioning and Harmful Practices Groups.

5.8.5 The three main Provider Trusts are all also represented on the Board and hold internal bi-monthly safeguarding children committees attended by the Designated Doctor, Assistant Director Safeguarding / Designated Nurse Child Protection or

Haringey Safeguarding Children Board Annual Report 2015-16

Deputy Designated Nurse. The meetings provide an opportunity for information sharing and challenge regarding all aspects of safeguarding children. Any issues arising are discussed with the Executive Nurse/ Director of Quality and Integrated Governance and within the Haringey CCG Safeguarding Children Assurance meeting as appropriate. All Named Safeguarding Professionals in the Provider Trusts were up-to-date with safeguarding children training during 2015/16. More information is contained in the [CCG Annual Safeguarding Report](#)²

5.9 **The Metropolitan Police**

5.9.1 The Metropolitan Police is represented on the Board across a number of different commands and teams including the Haringey Borough Command and its Public Protection Unit; the Sexual Offences, Exploitation and Child Abuse Investigation Command (Specialist Crime and Operations 17) and the local Child Abuse Investigation Team and regional Sexual Exploitation Team. Additionally Serious Case Reviews are supported by the Specialist Crime Review Group.

5.9.2 SC&O17 teams investigate allegations of abuse against children, under 18 years of age, involving family members, carers or people in a position of trust. This includes allegations of physical abuse, sexual abuse, emotional abuse and neglect. They also investigate historical allegations where the offence took place when the person was under 18 but is now an adult. All children are considered vulnerable to crime and abuse by adults and other children and young people. All offences against the child are governed by legislation which determines differing ages for specific offences.

5.10 **Financial arrangements**

5.10.1 The work of the Board is financed by contributions from partner agencies, of which currently over 80% comes from the council. In addition to financial contributions, partner agencies contribute significant amounts of staff time to support the delivery of the board's work programme, and to support training delivery. Full budget information is contained within *Appendix D*.

5.10.2 The guidelines which we adhere to (*Working Together 2015*) make it clear that funding arrangements for Safeguarding should not fall disproportionately and unfairly on one or more partner to the benefit of others. In London this burden does fall unfairly on Local Authorities because the Metropolitan Police continues to choose to fund partnership safeguarding in London at a level 45% below all the other large urban Metropolitan Police Forces in England. This is not negotiable at a local borough level.

5.10.3 The safeguarding structures in London are changing but there will still be a need to resource whatever arrangements are put in place.

² Safeguarding Children Annual Report 2015/16, can be found on the [Haringey Clinical Commissioning Group website](#)

5.11 Reports from Sub-groups

5.11.1 Serious Case Review (SCR) Sub-group

Chair: Independent Board Chair

Remit: To consider when to undertake a review on the death of a child where abuse or neglect are factors, or where there are serious concerns regarding inter-agency working where a child suffers potentially life threatening concerns, serious impairment of health or development, and to monitor implementation of action plans.

5.11.2 The group met 5 times during the course of 2015-16. Attendance was good at all these events, although the Chair missed one meeting through illness (chaired by the LSCB Vice-Chair).

5.11.3 During the course of the year the following issues were discussed and actions taken:

- a. Monitoring of Action plan in respect of Child T
- b. Agreeing publication of SCR on CH, in partnership with LB Enfield, agreeing communications strategy and monitoring Action Plan
- c. Agreeing publication of Child O, and agreeing dissemination
- d. Commissioning, and monitoring production of, SCR on Child R (due for publication in June 16)
- e. Commissioning SCR on Child S
- f. Considering the learning from SCRs published in Haringey over recent years, identifying common themes and agreeing a communications strategy
- g. Considering – but not completing – production of a Haringey protocol on undertaking SCRs

5.11.4 The **SCR on CH** concerned a troubled young man who, at the age of 15, murdered another young man in a knife attack. The report highlighted the depth of CH's experiences with violence throughout his life, the complexity of the his mother's actions to hinder effective agency engagement, the problems encountered in transferring the case from Haringey to Enfield, and some clear occasions where more effective and direct involvement could have been expected by agencies. From the publication of CH, the key areas of learning arose from the need to address the following issues, all of which have been addressed in the action plan:

- The failure of Children's Social Care to respond to the requests by a social worker and others for intervention with CH and his family
- The failure of Children's Social Care to follow safeguarding procedures and to ensure the safety of CH's nephew, after he was found to have suffered a large number of non- accidental injuries
- The need to ensure Social Work assessments are used effectively to inform decisive action
- The apparent normalisation and toleration by agencies of high levels of violence in CH's household, and failure to act on opportunities to remove CH from the household some time prior to Mr Z's death
- The weaknesses in the processes of transferring case responsibility between the neighbouring boroughs

- 5.11.5 The **SCR on Child O** concerned a deeply troubled young woman with long-standing mental health problems who took her own life at the age of 16. She had received intensive input from several agencies over a prolonged period, but no one had succeeded in building a sufficiently trusting relationship to understand the cause of her distress or find a way of helping her. The report highlighted some failures to respond appropriately to regular unspecific allegations from O regarding sexual offences against her; recent changes in policy and practice in all agencies would hopefully have produced a more appropriate response today. The report found some failings in the formal child protection arrangements undertaken by several of the agencies. The process of agreeing the joint funding of place at the residential therapeutic placement from where O took her own life was prolonged and not well managed. When Ofsted rated the placement inadequate on safeguarding, whilst the council was right to review the placement, the review judged it to have done so insensitively and in too much haste. All these issues have been addressed within the action plan.
- 5.11.6 **Protocol** – whilst the plan to produce a protocol setting out Haringey’s processes for SCRs has not been completed, the two new SCRs which have been commissioned are testing out different approaches to engagement with staff, and use of a Panel. Creation of a protocol has been deferred whilst the Government itself reviews its arrangements for SCRs.
- 5.11.7 **The review of key learning from previous Haringey SCRs** threw up a series of recurring themes, and focus groups are being established to discuss each of these issues with staff:
- Weaknesses in professional challenge
 - Failures to assess the wider family, environment and case history
 - Poor inter-agency communication
 - The need to intervene earlier
 - Lack of professional awareness over emotional harm inflicted on the child
 - Organisational, planning and process failures.
- 5.11.8 We held three learning events across the year, including a joint event with Enfield Board to disseminate learning from the SCR on Child CH, and two SCR workshops looking at the SCRs for Child CH and Child O as part of the Board Training Programme.
- 5.12 **QA & Best Practice Sub-group – now *Practice and Performance Outcomes (PPO) Sub-group***
Chair: LB Haringey Assistant Director, Quality Assurance, Early Help & Prevention
Remit: To monitor the effectiveness of multi-agency child protection and safeguarding work through data analysis and audit processes. To monitor and scrutinise the effectiveness of local arrangements to safeguard children and, through this, to ensure a demonstrable impact on services.
- 5.12.1 The PPO sub group met in May and September 2015 and January 2016. There has been good attendance from CYPS, Schools and Learning, LA Performance, CAIT, Commissioning, Legal and Health - Haringey Clinical Commissioning Group (HCCG), Whittington Hospital NHS Trust (Whittington), North Middlesex University

Hospital Trust (NNUH) and Barnet Enfield and Haringey Mental Health Trust (BEH-MHT). The Group is chaired by the Assistant Director Safeguarding and Social Care.

5.12.2 Activity, Progress and Achievements 2015/16

- Audit cycle has continued with Voice of the Child in Q1, Neglect in Q2/Q4 and the CSE Evaluation carried out independently in Q3. All these audit reports have been presented to the LSCB board along with action plans.
- Development of a model data set has been much more challenging and time consuming. As a number of agencies found it difficult to provide data requested in the initial data set model, and it was revised to overcome these difficulties.
- Submission of data has been quite variable in that some agencies have submitted comprehensive data on time whereas others have had to be chased and even then submitted only incomplete data. Efforts are continuing to bring about improvements both in the timeliness and quality of data.
- Work has taken place to develop a Performance Framework with an appropriate score card.
- Threshold guidance was updated to incorporate the latest government guidance in relation to CSE, Prevent and LADO along with the associated indicators.
- “Learning from SCRs” seminars have continued. A cross border joint seminar in relation to CH SCR was held with Enfield LSCB.

5.12.3 Planned Next Steps:

- A Joint Targeted Area Inspection (JTAI) Improvement Group has been established reporting to the Board via the PPO Sub-group.
- An independent multi agency evaluation on the theme of Domestic Violence has taken place recently, reflecting the criteria established for us by the JTAI process. Recommendations will be considered to decide what improvements need to be made both in terms of data and practice.
- Consideration has been given to amalgamating the JTAI and PPO subgroups; however, this matter needs to be examined further to ensure that important aspects of PPO’s work are not overlooked.
- Monitor the consistent use of the Performance framework by all agencies.
- Improve communication about performance across the partnership including the outcomes and learning from audits and reviews.

5.13 Child Death Overview Panel (CDOP)

Chair: AD Public Health

Remit: To provide a review of all deaths of children who are under 18 and resident in the borough. and use the information gathered to develop interventions and recommendations to improve the health and safety of children in order to prevent future deaths

- 5.13.1 As the year in question has only just closed, this is a preliminary report and, as such, subject to change. The system was piloted in 2007/8 and has been fully functional from 2008/9. A full report on the scheme from 2008/9 will be prepared later in the year. In 2015/16, there were 24 deaths of children normally resident in Haringey. For many of these, final post mortem reports, inquests or other proceedings are still in

Haringey Safeguarding Children Board
Annual Report 2015-16

progress. The table below describes the children who died by their age and provisional diagnosis. These have not yet been confirmed by the CDOP.

Age	<28 days	28 days <1 year	1 year <5 years	5 years <18 years
Cause of Death				
Deliberately inflicted injury, abuse or neglect				1 ¹
Malignancy		1		2
Acute medical or surgical condition				
Chronic medical condition		1 ²		1 ³
Chromosomal, genetic and congenital anomalies	1	2		1
Perinatal/neonatal event ⁴	6	2		
Sudden Unexplained Infant Death		2 ⁴		
As yet unascertained	1	2		1
TOTAL	8	10		6

1. This youth was fatally stabbed just short of his 18th birthday. He was known to social services and the youth justice system. A serious case review is being undertaken.
2. This infant died from cardiac disease secondary to unrecognised vitamin D deficiency. His older sister had already been treated for this condition. His mother misunderstood information given about vitamin D deficiency and only took supplements herself. The importance of vitamin D deficiency and the availability of free supplements, to those who need them, is being emphasised to healthcare professionals and the leaflet for parents has been revised. Coincidentally, national information is being put in all red books (Personal Child health Records). The Public Health Department of the Local Authority will organise a symposium.
3. A young person ingested a constituent of food to which she was known to be allergic and subsequently died. The exact circumstances are yet to be made clear.
4. In one instance the mother was known to have taken up smoking after delivery, having ceased during the pregnancy.

5.13.2 During the year, there were eight rapid response meetings in relation to unexpected deaths, as well as three meetings of the CDOP panel itself. The work of the CDOP was significantly hampered by the absence on long term sick leave of the Health Services Single Point of Contact, demonstrating the great value of her contribution.

5.14 Child Sexual Exploitation (CSE) & Vulnerable Children Sub-group

Chair: Designated Nurse, CCG

Remit: To monitor and evaluate the effectiveness of the multi-agency approach to the identification and response to Child Sexual Exploitation in Haringey.

Haringey Safeguarding Children Board
Annual Report 2015-16

5.14.1 The CSE sub-group is made up of a wide range of relevant partners. During 2015/16 the group met five times and has largely been working on monitoring the implementation of the Haringey CSE strategy. The CSE Strategy was ratified by Haringey LSCB in January 2015. The action plan was developed by the CSE sub-group and ratified by the board in March 2015.

5.11.2 The CSE Action Plan consists of five objectives, beneath which a number of actions have been taken and a number are planned:

- Prevention and Early Identification
- Data Collection and Analysis
- Providing effective services and support
- Prosecution and disruption
- Governance and Scrutiny

5.11.3 Activity and progress during 2015/16:

- All agencies had access to e-learning on CSE and face-to-face courses via the LSCB and via internal organisational training. Safer London delivered training sessions to a variety of staff within schools and health agencies.
- Haringey had a CSE Single Point of Contact (SPOC) in place within Whittington Health, CYPS and the Metropolitan Police. These people were the conduit for information flow into and out from the Multi-Agency Planning (MAP) and Multi-Agency Sexual Exploitation (MASE) meetings.
- All the care and support provision used by Haringey for looked-after-children located both in and out of the borough was mapped. Requirements with regard to CSE including expectations of staff working with children and young people has been included as part of the contract specification for the planned procurement of semi-independent provision.
- Haringey Public Health team undertook a review of Haringey schools Sex and Relationships Education (SRE) policies during the spring and summer term of 2015 and found that specific information about CSE and Female Genital Mutilation (FGM) was not included in the SRE policies but was sometimes mentioned in the Child Protection, or safeguarding policy. Advice was offered and suggestions made for improvement.
- A key aspect of the CSE strategy was to collect and analyse a range of data to inform the response to the CSE within Haringey. The work of the MASE meetings informs the borough's CSE profile and a first report for quarter 1 was presented to the LSCB in September 2015. The CSE profile was discussed at each CSE Sub-group meeting. The Profile is compliant with the London CSE Operating Protocol identifying needs of children and young people, details of offenders; details of problem locations and themes arising.
- Haringey was successful in a joint bid with Enfield LSCB for Department for Education Innovation funding which enabled a project lead to be commissioned to develop closer joint working across Haringey and Enfield to meet the needs of young people at risk of or experiencing CSE.
- During 2015 the London CSE Operating Protocol was adopted for all MAP and MASE meetings within Haringey with the aim of facilitating the use of standardised criteria, agreed risk assessment tools and ensuring young people received a consistent and appropriate response.

Haringey Safeguarding Children Board Annual Report 2015-16

- In November 2015 the HLSCB Child Sexual Exploitation Pathway & Governance was published. It had been developed in consultation with safeguarding partners in Haringey to ensure that staff from all services are well informed about local CSE arrangements. The guidance aimed to ensure that professionals are able to understand how to identify and assess risk, share information, work well together, form professional judgements and make informed decisions to help vulnerable children and young people and safeguard and protect those in need of support, protection and care.
- Also in November a multi-agency diagnostic of services for Children and Young people at risk of CSE was commenced which considered a number of key themes and made a number of recommendations to further improve the partnership response to CSE. These recommendations have been added to the CSE action plan for consideration and implementation during 2016/17.
- Two data bases – an offender/suspect profile and a victim profile - were created to inform and populate a CSE profile in a standardised way, whilst enabling professionals to identify the most vulnerable children and track themes locations and trends.
- In early January 2016 The London Safeguarding Children Board issued revised guidance on CSE with significant changes which the partnership responded to.

5.11.4 Planned next steps for 2016/17:

Much progress had been made since March 2015. However there remains much to do to ensure that the work already achieved has a positive impact on children and young people. The frequency of the meetings will be reviewed with a view to using task and finish groups to drive the implementation of the strategy forward. Actions planned include:

- Revision of the HLSCB Child Sexual Exploitation Pathway & Governance in light of the London SCB revised guidance
- Development and dissemination of Local CSE publicity materials
- Consideration of the CSE Champions model within a broad range of agencies and providers.
- Develop a high level, targeted disruption and prosecution strategy.
- Development of the group into scrutiny and accountability for a range of vulnerabilities.

5.12 MASH Strategic Board

Chair: Assistant Director Safeguarding and Social Care. LB Haringey

Remit: To improve safeguarding arrangements and promote the welfare of children through the successful implementation of a Multi Agency Safeguarding Hub in Haringey.

5.12.1 The MASH Strategic Board (MSB) was revived this year and has met regularly every two months since the first meeting in May 2015. The group has enjoyed good attendance from partners, namely, CYPS, police, health (CCG, North Mids, Whittington, CAMHS and MH Trust), probation, education, Mosaic support staff and performance.

5.12.2 Activity and Progress 2015/16

The main focus of the MSB has been:

- to oversee the development and launch of Single Point of Access (SPA) and Multi Agency Safeguarding Hub.
- to ensure there is an appropriate level of presence of staff from key MASH partner agencies.
- holding the MASH Operational Group to account and that the operational protocol is being implemented effectively.
- to agree MASH IT solutions and the data set to measure the activity and the effectiveness of the MASH.
- development and implementation of Information Sharing Protocol.
- oversee the implementation of the MASH Improvement Action Plan focusing on information sharing, governance, staffing, I.T., premises, operational protocol, training, performance reporting and PR/Comms.

5.12.3 Achievements to Date

- Four well attended multi agency briefing sessions held to launch SPA and MASH with positive feedback from partner agencies.
- MASH Improvement Action Plan has been implemented and signed off.
- Issues of staffing levels have been discussed and resolved although clarity is still being sought about the level of health staffing commissioned for the MASH by CCG.
- Presence of Early Help personnel in the SPA taking work directly from SPA to Early Help.
- Clear separation of contacts and referrals and the respective pathways for both.
- The Operational MASH Group operating effectively to drive the business of MASH and also interrogating data to develop a better understanding of performance.

5.12.4 Planned Next Steps

- Embedding the consistent use of thresholds across all partner agencies as well as in SPA and MASH.
- Interrogation of the MASH data set more systematically to explore why so many contacts and S47s lead to no further action.
- Responding to the recommendations from the SCR Child R to review the MASH

5.13 Training, Learning & Development Sub-group

Chair: LSCB Training Co-ordinator (until July 2015)

Named Nurse for Safeguarding, Whittington Health (July 2015- Feb 2016)

Vacant (since Feb 2016)

Remit: To monitor and evaluate the effectiveness of safeguarding children training, learning and development across the partnership.

5.13.1 The Training, Learning and Development Sub-group is tasked with addressing the training needs of the partnership and is generally well-attended by most members, who are motivated and reflective partners and are deemed at the appropriate level of responsibility within their organisations to make the decisions required.

Unfortunately the group has struggled in 2015-16 to be as effective as it might due

Haringey Safeguarding Children Board
Annual Report 2015-16

to problems with chairing the group and a vacancy within the Board Business Unit for the training lead. This has meant that plans around quality assuring training across the partnership, adopting a new approach to single agency training oversight and communication with children and young people and the wider community and partnership have not been progressed.

- 5.13.2 The group oversaw the 2015-16 LSCB multi agency training programme which delivered 19 training courses over 36 sessions; approximately 700 training places were offered to workers across the agencies, similar to the previous year and covering a full range of levels 1-4, skills and knowledge areas. Learning lunches on CSE and Preventing Radicalisation were also offered.
- 5.13.3 The largest take up of the multi-agency LSCB training offer was from CYPS staff and schools, followed closely by early years settings. There has been a drop in attendance from other agencies over previous years. Training for Designated Safeguarding Leads has been the most popular course and as a result of increased demand from schools across the borough and anticipated further increase following the review of the statutory guidance Keeping Children Safe in Education, Schools and Learning Traded Services are now providing this course for schools as part of their wider training offer in addition to the LSCB multi-agency offer.
- 5.13.4 New this year was Signs of Safety training and briefings following agreement by the Board in May 2015 to adopt and implement this approach to safeguarding and child protection. Phase 1 implementation involved five 2 day training session for social workers and Early Help staff and six half day partnership briefings to introduce the model. Also this year, the DfE funded bi-borough CSE & Vulnerable Children Project allowed us to explore and develop greater collaboration and a joint training offer with our Enfield neighbours around CSE and harmful sexual behaviour. A number of targeted courses were offered in the last quarter of the year and through in to Q1 2016-17. The Board Managers are continuing to develop this collaborative approach to training.
- 5.13.5 The group had plans to explore ways of reaching more staff across the partnership and ensuring that the learning is effectively and usefully disseminated by diversifying the training offer. This is in part prompted by some concern about dips in applications and attendances for full day training courses which is thought to be at least in part due to diminishing capacities of the multi-agency workforce to engage in whole day training. Further consultation with the workforce was planned and will be carried forward through 2016-17 as the Board also considers the potential impact of the Government's new proposals for safeguarding arrangements through the Adoption and Social Work Bill.
- 5.13.6 In December 2015 FUSE - a new learning platform - was launched which enables participants to access all available training and book themselves onto courses. There were some problems for partners to access and register with the service – some of which are ongoing and we are keeping it under review. The Business Unit has worked hard to ensure that this was not a barrier to people accessing the training courses.

5.14 Local Authority Designated Officer (LADO)

5.14.1 The Local Authority Designated Officer is a statutory role; the role and its remit are clearly defined in Chapter 7 of the London Child Protection Procedures as well as in the Government guidance “Keeping Children Safe in Education”. Contact is made with the LADO when there are concerns that a professional or volunteer working with children has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against a child
- Behaved towards a child/children in a way that would indicate they may pose a risk of harm to children.

This concern includes behaviour or an incident in the home life of a professional or volunteer where the procedures may apply.

5.14.2 Following the appointment of a permanent LADO in April 2015, it has been possible to develop a more consistent approach to data collection and analysis regarding contacts and referrals made to the LADO. This year there were a total of 276 consultations with the LADO, an average of 5.3 per week. The first quarter showed 59 contacts with the LADO; the last quarter had 76, showing a steady increase over the year. This can be explained in part by the consistency of having a permanent LADO who has been building links with partner agencies and staff within Children’s Services, and partly by a greater understanding of the role within the borough. Comparable data obtained from neighbouring boroughs would suggest the current levels of activity are about what would be expected.

5.14.3 In 2015-16 out of a total 276 contacts for advice, consultation or referral from various partner agencies:

- 69 were from the education sector (25%) - usually from Head Teachers or Designated Safeguarding Leads;
- 94 contacts from social workers either within the London Borough of Haringey, or in other neighbouring authorities (34%);
- 15 from the Early Years Service (5%);
- 17 formal contacts from Ofsted (6%); and one from the Department for Education;
- 23 from the police, either the Child Abuse Team or from other parts of the police service (8%);
- the remainder of contacts were from a number of partners both statutory agencies and within the community.

5.14.4 The largest number of consultations were about, rather than from, those working in the education sector. These amounted to 122 of all the 276 contacts; this is 44%. 73 (26%) of consultations with the LADO were about qualified teachers.

5.14.5 55 of the referrals were sufficiently serious to require a formal investigation. Of these, 10 cases were found to be substantiated. This figure remains broadly constant, and is consistent with figures in neighbouring authorities.

Haringey Safeguarding Children Board
Annual Report 2015-16

5.14.6 It is expected that work will continue to embed and promote understanding of the LADO role across partner agencies. It is hoped that by raising the profile of the role within the borough concerns and allegations about staff who work with children and young people can be dealt with firmly, fairly and consistently. Actions should be agreed with understanding of the implications for both the children involved and the professional or volunteer.

6 Board effectiveness and challenge

- 6.1 During the year all Board members were appraised by the Chair or Vice-Chair, reviewing the contribution they had made to the work of the board and securing their views on the board's strengths and weaknesses, and the conclusions from the appraisals were considered by the Executive and the full Board. Board members are largely positive about the efficiency and effectiveness of the Board – the quality of its reports, its minutes, and its decision-making - whilst noting the need for further strengthening of the Board's direct engagement with children and young people. Those agencies which operate across more than one authority boundary are supportive of identifying ways in which the number of meetings can be reduced, and supportive of increasing further collaboration with the Safeguarding Adults Board and with neighbouring LSCBs.
- 6.2 In response, the Board has agreed to streamline its work into quarterly meetings, with consequent reductions in the frequency of some sub-committees. Links with the Safeguarding Adults Board has been further strengthened, with joint work planned and collaboration in particular with the Enfield LSCB has become significant and influential.
- 6.3 The Board continues to provide an opportunity for rigorous challenge of the work of partners. Much of the necessary challenge rightly occurs outside the public setting of a full Board meeting, and the Chair's regular challenges to partners reflect the Board's commitment to avoiding the "naming and shaming" which has characterised much child protection practice nationally. The Serious Case Reviews provided many opportunities for challenge – summarised in Section 5.11. The Board has also focussed in some detail on the work of the front door and the MASH, seeking assurance on the engagement by all partners, the delivery of objectives, and the understanding of thresholds. The board has also provided consistent challenge to improve the practice of Strategy Meetings, in particular to ensure appropriate invitations to and engagement of health professionals, to ensure that meetings always take place when required, and to increase the capability of carrying out some such meetings "virtually".
- 6.4 During the year there has been a significant improvement in the frequency and quality of strategic joint working across the agencies regarding high risk young people. A pattern of monthly breakfast meetings has been established, which in turn spawned the creation of a new strategic group (reporting to the LSCB) to review practice in areas covered by Joint targeted Area Inspections. These processes have injected some vigour and pace to the processes of joint working.
- 6.2 Board members continue to report positively upon the impact of the work of the Board on the practice and policies within their own agencies, citing numerous examples within the appraisal process of where policies have been changed and improved as a result of Board discussions. Feedback on the quality and range of the training offered by the Board continues to remain high.
- 6.4 Overall, the Board considers itself to be broadly effective, providing rigorous challenge and scrutiny across partners, combined with increased levels of support. The Board still has more to do to engage the voices of children and young people,

Haringey Safeguarding Children Board Annual Report 2015-16

and lay members, effectively within its work. Whilst the quality of its performance data has improved, and the regular interrogation of the data has become regular, in line with neighbouring authorities there remains a real challenge to securing relevant multi-agency data in a timely manner.

- 6.5 The shortage of resources available to the Board has become more apparent. Appropriate levels of funding have been hard to secure from some partners, in particular from the Metropolitan Police, and the budgets are increasingly dependent upon the council's contributions, at a time when council budgets are under severe pressure. The Board has had to be realistic in tempering some of its aspirations, in the light of inadequate resources available to the board itself or to partners.
- 6.6 In the coming year, as the Board responds to the recommendations of the Wood Report, there will be many further changes. Many of the Government's proposed changes chime with the views of the Board – processes of simplifying arrangements, streamlining meetings and membership, reviewing the coordination of Child death Reviews, simplifying processes of Serious Case Reviews, and looking imaginatively at cross-borough arrangements, are all consistent with Board thinking. But times of change bring risks of disruption and further resource pressures. The year ahead will be one of high risk for the strength and sustainability of LSCBs. As a partnership I want us to remain faithful to our vision for all children to be safe and healthy, to enjoy life and to fulfil their social and educational potential.

Quality and Performance

7.1 Our Performance and Practice Outcomes Sub-group takes the lead on our performance, audit and quality assurance work to monitor and scrutinise the effectiveness of multi-agency child protection and safeguarding work across the borough. Our Training, Learning and Development Sub-group works to support practice development and improvement.

7.2 Audits

Our agreed audit cycle this year included four agreed priority areas to establish a genuine multi-agency approach to audits in 2015/2016:

- Q1 – Children’s wishes, feelings and experiences
- Q2 – Neglect
- Q3 – CSE and other additional vulnerabilities
- Q4 - Child’s journey – pathway from identified need

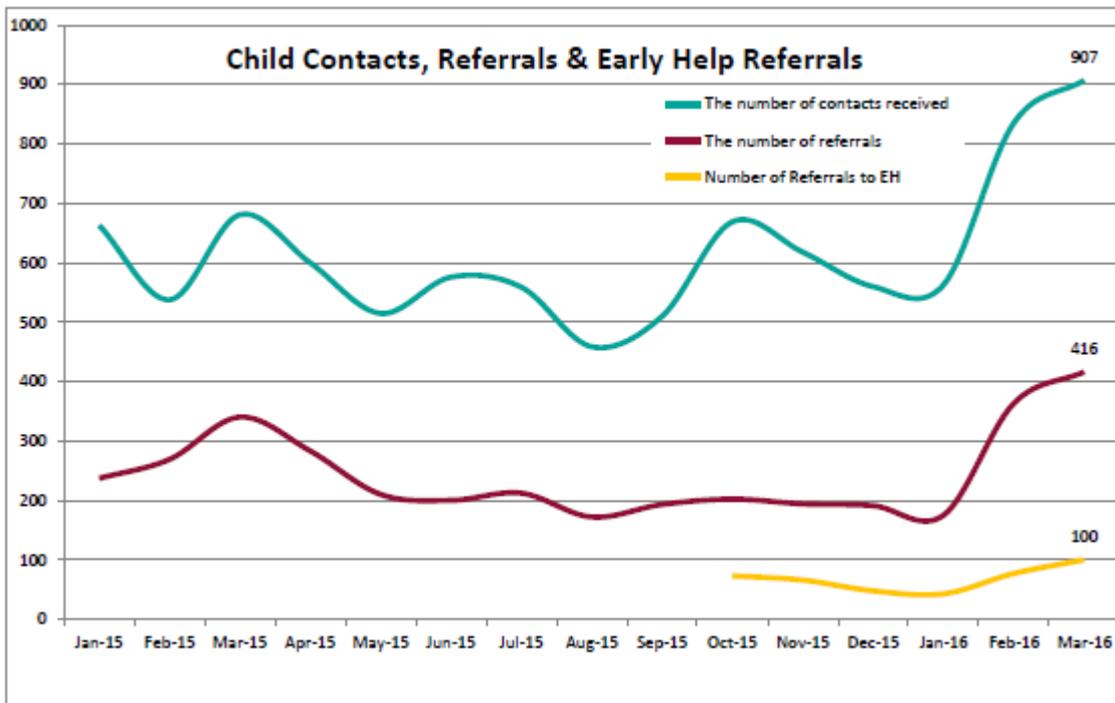
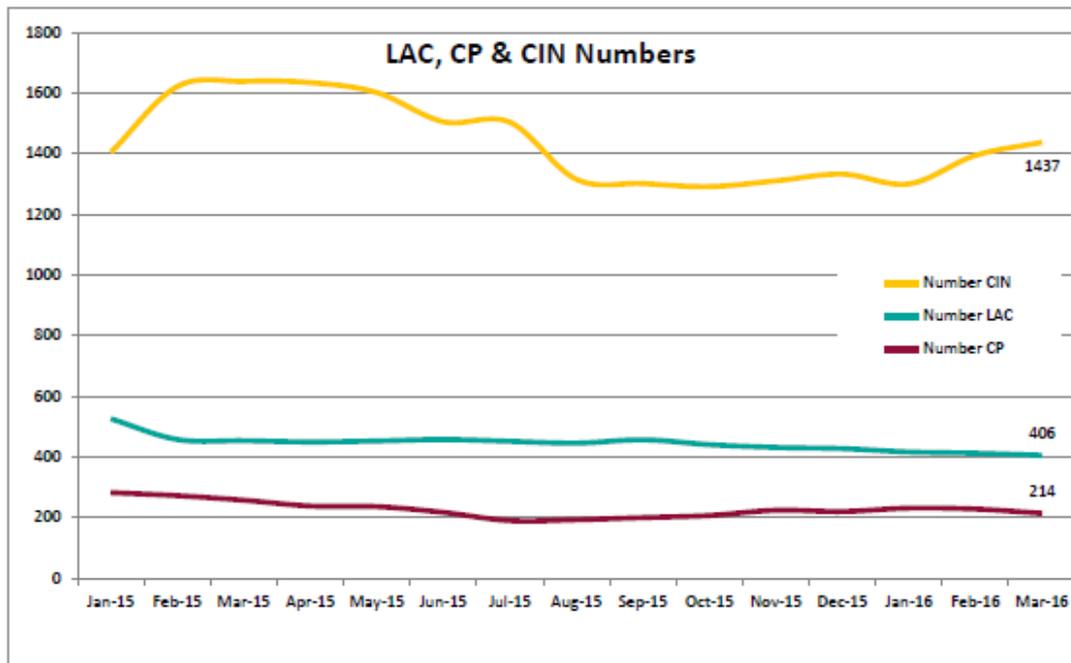
7.2.1 As a partnership we were able to complete three audits this year, instead of the planned four, partly due to the intensity of the Q3 CSE evaluation which involved an external evaluator in a process which was akin to a mock inspection and provided a rich feedback tool for the partnership.

7.2.2 Outcomes of the audits on Children’s wishes, feelings and experiences, CSE and neglect are discussed elsewhere in this report. Moving forward into 2016-17 we have established a Joint Targeted Area Inspection Improvement Group which will provide the framework and expertise to undertake multi-agency audits and improve our approach.

7.3 Children in Need of Safeguarding and Support

This year saw significant changes to the management of the multi-agency front door in Haringey with the full launch of Single Point of Access and Multi-agency Safeguarding Hub arrangements from 1st February 2016. The new process for recording each individual child’s contact and referral episodes has meant some settling in.

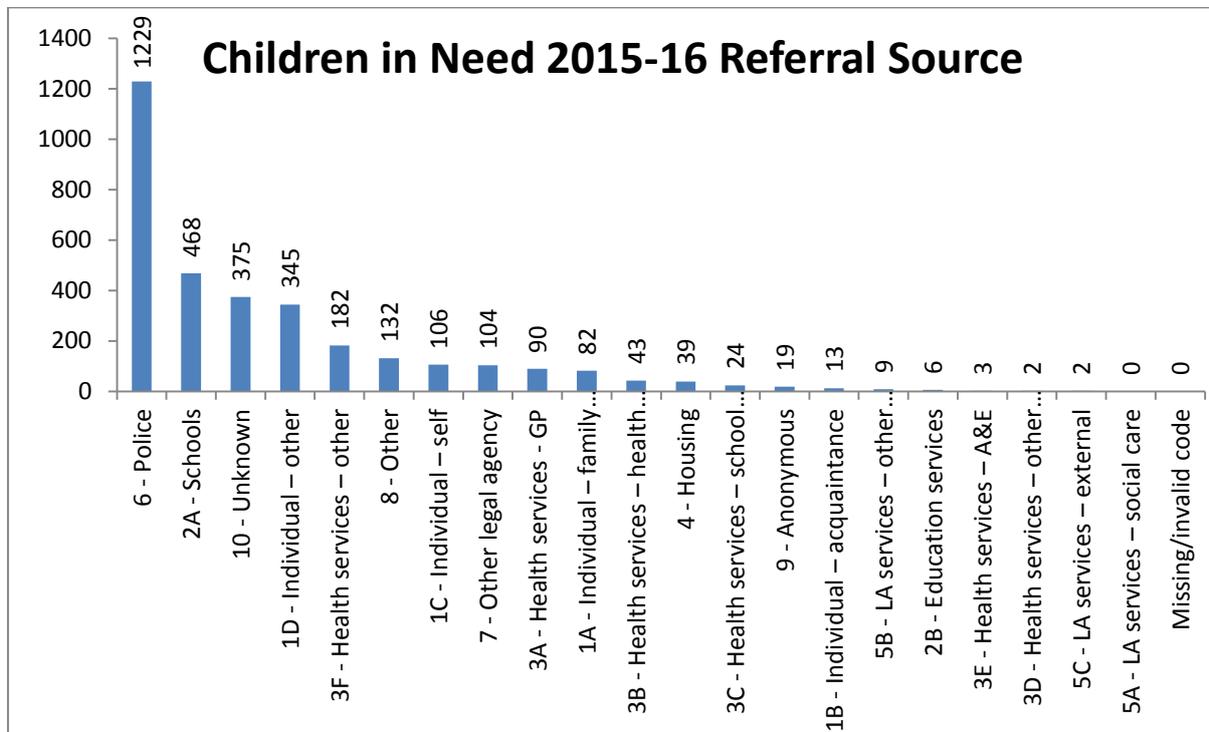
There has been a 6.2% increase in contacts compared with 2014-15, most notably in the last 2 months of the year. The number of recorded contacts in March at 907 is 60% higher than the number received in December and January. Referrals and assessments have also increased substantially in the same period. It is thought that this change may well be related to implementation of new SPA arrangements



Haringey Safeguarding Children Board Annual Report 2015-16

	2014/15			2015/16								YTD	Target	Traffic Light
	Haringey	England 2013/14	SNS 2014/15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	H or L				
1 The number of contacts received	6,941			669	618	560	563	835	907	L	↓	7,371	-	Data Only
2 Referrals	2,262	657,800	3,804	202	194	191	175	363	416	L	↓	2,811	2,403	Red
3 The rate of referrals to children's social care per 10,000 pop	383	470	506	34	33	32	30	62	71	L	↓	476	407	Red
3 Re-referrals within 12 months of the previous referral	12%	23%	14%	16%	10%	13%	15%	8%	8%	L	↑	15%	14%	Amber
3 Percentage of referrals with outcome NFA	5%	14%	4%	N/A	N/A	N/A	N/A	16%	18%	L	↓	9%	-	Data Only

Concern was raised through the latter part of the year that the increase in contacts appears to be due to the number received that do not meet thresholds but there is also identified real need within the increase. The picture is being looked at within the partnership taking note of referral routes to the multi-agency front door. As the chart below shows most referrals come from the police, schools and health services as expected.

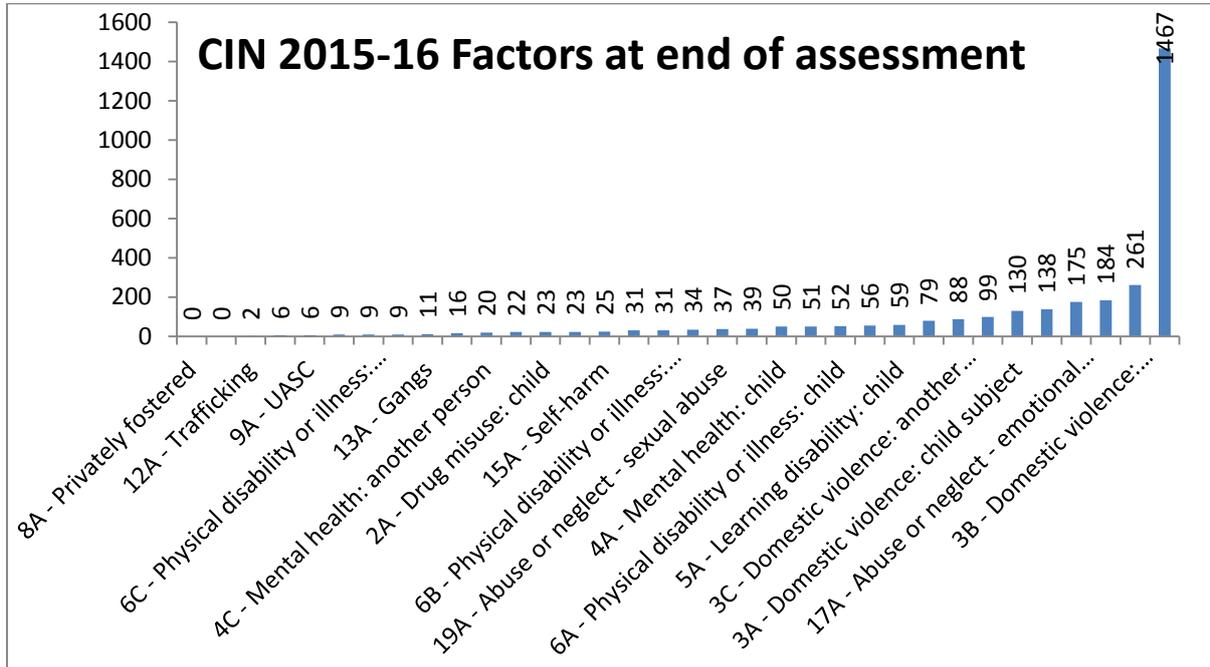


Haringey Safeguarding Children Board Annual Report 2015-16

	2014/15			2015/16										YTD	Target	Traffic Light
	Haringey	England 2013/14	SNS 2013/14	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16							
OP388	Children subject to a child protection plan	257	48300	257	207	224	220	231	228	214	V	↓	214	-	Data Only	
	Month on month net change (No. CP)	-	-	-	-	+17	-4	+11	-3	-14	V	↓	-43 (-17%)	-	Data Only	
OP388a	The rate of Children Subject to a child protection plan per 10,000 pop	44		40	35	38	37	39	39	36	L	↓	36	42	Amber	
OP 411	Children Becoming Subject to a child protection plan in the period	391	-	272	33	52	27	22	27	16	V	↓	335	-	Data Only	
OP 413	Children Ceasing Subject to a child protection plan in the period	335	-	248	27	37	15	27	31	28	V	↓	373	-	Data Only	
HY64	Child Protection Plans ceasing after two years or more	1%	5%	6%	0%	0%	0%	0%	0%	0%	L	→	1.5%	7%	Green	
Op64a	CP Plans lasting over 2 years at period end (snap shot)	2.7%	3%	0%	1%	1%	1%	3%	3%	3%	L	↑	3%	2.6%	Amber	
Op 365	Subject of Child Protection Plan for a second or subsequent time	22%	16%	14%	6%	14%	7%	5%	22%	38%	L	↑	14%	13%	Green	
Op613	The number of ICPCs initiated	372	-	-	42	59	32	26	32	17	V	↓	403	-	Data Only	
Op615a	ICPCs in 15 working days	65%	-	-	76%	95%	78%	46%	75%	82%	H	↑	82%	78%	Green	
OP380	Child Protection Visits	84%		0%	94%	93%	97%	94%	97%	93%	H	↓	93%	90%	Green	
OP381	Children in Need Visits	73%		0%	90%	93%	89%	91%	90%	89.5%	H	↓	89.5%	90%	Amber	

The percentage of assessments completed within 45 working days declined to 75% in comparison to 93% in January and February; the Board received assurance regarding actions taken to improve performance, which are reflected in later data. The 2015-16 position (80%) remains below the expected target (90%). The proportion of children seen in 10 days as part of an assessment has continued to increase over the last 3 months.

In terms of factors at assessment, domestic violence and abuse remain the biggest single safeguarding risk to children and young people in Haringey.



7.4 Looked After Children (LAC)

The number of children looked after has continued to decrease. The percentage of LAC with up to date care plans, pathway plans and personal education plans has increased significantly; 92% of care plans were up to date (above target), 85% of pathway plans and 87% of PEPs were up to date.

The percentage of LAC reviewed within timescale has remained in line/above the expected target in the last 4 months. 93% were in timescale in February.

7.5 Private Fostering

During 2015-16 there were 12³ new referrals to social care for potential private fostering arrangements, consistent with the national average and comparable to 2014-15.

A private fostering arrangement is one that is made privately for the care of a child under the age of 16 (or under 18 if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt; a friend of the family, the parent of a friend of the child, or someone previously unknown to the family who is willing to privately foster a child.

³ This figure needs to be checked

7.6 Missing Children and Young People

During the year we have improved our approach to children and young people missing or who run away from home, care or education. We developed our integrated partnership protocol and a new High Risk Missing Panel now meets regularly to look at high risk cases and plan for safety. There is some way to go with ensuring that police and social care data is integrated and to demonstrate performance around welfare checks and return home interviews. During the year the Metropolitan Police produced a dataset as below that broke down the information about missing under 18s. Albeit that the data does not cover the time period accurately for this report, it does give us a good indication of volume across the borough and the intention is that this will continue in the new Safeguarding Children Dataset that the Met is developing.

Under 18s missing persons volumes by month												
Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
50	73	70	79	78	89	79	61	92	80	90	96	937

Under 18s missing persons volumes by age											
	0-5	5-7	8-10	11	12	13	14	15	16	17	Total
	11	16	21	30	31	42	209	171	232	174	937

Under 18s missing persons by length of time missing													
Cancelled before creation	Same day	1 day	2-4 days	5-7 days	8-14 days	15-21 days	22-28 day	29-39 days	40-49 days	50-90 days	90+ days	Open investigation	Total
23	535	167	109	33	19	10	3	2	2	3	1	30	937

Under 18s missing persons by gender					
	Male	Female	Trans	Unknown	Total
	395	542			937

Number of children missing from care at any one point in the month												
2014/15	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Total to date
31	2	3	5	7	5	10	4	6	9	12		63

Through the year we became more aware of the growing numbers of children educated otherwise or home educated, which at the end of the year stood at 143. There were 43 children open to the children missing education team, who assist parents whose children are not in education to apply for school places. 9 permanent exclusions and 172 fixed term exclusions from Haringey schools.

Haringey Safeguarding Children Board Annual Report 2015-16

Missing and Stability	2014/15			2015/16										
	Haringey	England 2013/14	SNS 2013/14	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16			YTD	Target	Traffic Light
00 Number of children missing from care at any point in the month	31	-	-	4	6	9	16	13	11	L		60	-	Data only
01 Number of children away from Placement without Authorisation	19	-	-	4	9	7	6	3	6	L		23	-	Data only
62 Stability of placements of looked after children: number of moves	7.5%	11%	13%	8%	9%	8%	7%	9%	8.6%	L	↓	8.6%	8%	Amber
63 Stability of placements of looked after children: length of placement	74%	67%	70%	75%	75%	75%	77%	75%	79%	H	↑	79%	-	Data only
1b Percentage of children placed outside of the Borough	73%	38%	65%	77%	75%	77%	75%	77%	78%	L	↓	78%	-	Data only
53 Percentage of children placed 20 miles or more	18.0%	13%	18%	19%	19%	21%	19%	21%	23%	L	↓	23%	16%	Red

7.7 Child Sexual Exploitation (CSE)

7.7.1 Between March 2015 and November 2015, 76 young people were identified as being at risk of or victims of CSE. The system of recording changed after this time so we don't have full year data but the MASE reviews the CSE list regularly and has identified some key actions moving forward to address the problem. The most common ages at referrals are 14, 15 and 16 with very similar numbers identified across that cohort. There is a small number of single young adult men (between 18 and 21 years) identified as potential perpetrators.

7.7.2 The majority of victims are female, consistent with the London CSE Profile. The ethnic breakdown of the young people included in the most recent CSE Profile is broadly representative of the borough population and ethnic breakdown of the looked after child population.

7.7.3 There is an emerging trend of peer on peer abuse being linked to episodes of being missing and/ or association with gangs. The Haringey and Enfield CSE profile is reflective of the London profile in that, to date, there have been no organised adult exploitative networks identified (but this does not mean that they do not exist, rather that we have yet to identify them) with most concerns centred around peer-on-peer exploitation. Scoping through the Bi-borough CSE and Vulnerable Children Project identified the following:

- Young people do not recognise borough boundaries. Our young people are very mobile and their peer group networks extend across and outside of their home authorities.
- Cross border peer networks are common.
- Cross borough allegiances are being formed by gangs.
- Many young men, including those affected by gangs, are reluctant to use condoms during sexual activity.

Haringey Safeguarding Children Board Annual Report 2015-16

- Young people do not always understand issues of consent in relation to sexual activity.
- 35% of young people discussed at the Enfield MASE in November 2015 had a connection to the borough of Haringey. Likewise, 25% of young people discussed in Haringey MASE in the same month had a connection to Enfield.
- Haringey and Enfield share significant numbers of children on a daily basis. Scrutiny of School's Census data for 2015 identifies that 4224 children cross the Enfield/Haringey borough boundary to attend school in their neighbouring borough.
- These numbers are roughly evenly split, with 2063 children travelling from Haringey into Enfield to attend school daily and 2161 children from Enfield travelling into Haringey.
- North Middlesex University is a further significant area of bi-borough activity through the Accident and Emergency (A&E) Department of the Hospital. The hospital is located in Enfield, but sits on the borough boundaries between Edmonton and Tottenham; both areas of high gang activity. This cohort includes some of the most vulnerable and hard to reach young people and includes young people attending with gang related injuries; presentations resulting from substance misuse; those exhibiting poor mental health and self-harm; injuries resulting from domestic abuse; young people who are missing; presentations with injuries, sexually transmitted infections, pregnancy and poor mental health that are indicative of CSE.

7.8 Female Genital Mutilation (FGM)

FGM is also known as female genital cutting and female circumcision: is the ritual removal of some or all of the external female genitalia. An estimated 3,500 women and girls are affected by FGM in Haringey, with 115 victim/survivors reported between April 2015 and March 2016. We also know that there are high, but hidden, levels of forced marriage and crimes committed in the name of 'honour'.

A new mandatory reporting duty for FGM came into force in October 2015 via the Serious Crime Act 2015, following a public consultation. The duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. As FGM has been recognised as a safeguarding issue by partners for some time, we do not anticipate that this will affect numbers reported.

8 How safe are children & young people here?

- 8.1 As I stated last year, it is never possible to say categorically that all children are safe. Whilst use of data and external inspections suggest that our services across Haringey are at least as good as in most areas, I have never been more conscious of the impact of austerity on core services, and there is no doubt that vulnerabilities exist across several parts of the public and voluntary sector. Haringey is a complex urban authority, facing reductions in budgets in all its public services, and enduring much higher than average effects of the cuts in welfare benefits. The population within Haringey is under severe pressure.
- 8.2 We can be reassured that the quality of schools and education in Haringey remains largely very high, with very high proportions being rated as good or outstanding, and this provides a significant source of protection to children and young people. Good schools are normally safe schools. However the data suggests we may be seeing an increase in the number of children being educated at home, which in some cases can place them at risk.
- 8.3 Some public health indicators are also showing positive trends – the rates of obesity are better than might be expected, as are the low levels of hospital admissions due to injury, and teenage pregnancy rates have fallen faster than in any other areas. However other data, such as levels of tooth decay, are worrying, and there has been some evidence of the reappearance of some conditions associated with severe poverty, such as rickets.
- 8.4 For most of last year the rates of referrals were steady, with gradual reductions in the numbers of Children in need, children on Child Protection Plans, and numbers of Looked after Children. However the final months of the year produced a significant rise in referrals, the causes and consequences of which are not yet entirely clear and are being closely monitored. This coincided with a relaunch of the MASH and front door arrangements, and follows on from the gradual establishment of the improved Early Help arrangements. Performance in relation to timescales for assessments and visits has been largely positive; occasional drops in performance are rapidly identified in data and responded to. Outcomes for children in care continue to be largely satisfactory,
- 8.5 Our focus on highly vulnerable young people who are at risk of Child Sexual Exploitation, are missing or at risk of trafficking, has been strong.
- 8.6 2015-16 brought many changes in safeguarding in Haringey; changes to the Early Help offer, establishing new Thresholds, relaunching the front door and MASH, introducing, ‘Signs of Safety’. 2016-17 brings the possibility of fundamental review of the organisation of multi-agency safeguarding arrangements, and the creation of new partnerships with neighbouring boroughs within the health service, council and police.
- 8.7 Our partnership is strong, but the weather around us is stormy.

Appendix A: Role, scope and function of the LSCB

The LSCB is the statutory body for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children in the London Borough of Haringey.

The objectives of the Board are:

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

Scope

The scope of the LSCB role falls into three categories:

1. to engage in activities that safeguard all children, aim to identify and prevent abuse, and ensure that children grow up in circumstances consistent with safe care;
2. to lead and co-ordinate pro-active work that aims to target particular groups;
3. to lead and co-ordinate responsive work to protect children who are suffering or likely to suffer significant harm.

Function

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of the LSCB:

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

- the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- training of persons who work with children or in services affecting the safety and welfare of children;
- recruitment and supervision of persons who work with children;
- investigation of allegations concerning persons who work with children;
- safety and welfare of children who are privately fostered;
- cooperation with neighbouring children's services authorities and their Board partners;
- communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- participating in the planning of services for children in the area of the authority; and
- undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned

Appendix B: Section 11 The Children Act 2004

Section 11 places a duty on:

- local authorities and district councils that provide children’s and other types of services, including children’s and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;
- NHS organisations, including the NHS England and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts;
- the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor’s Office for Policing and Crime in London;
- the British Transport Police;
- the National Probation Service and Community Rehabilitation Companies;²²
- Governors/Directors of Prisons and Young Offender Institutions;
- Directors of Secure Training Centres;
- The section 11 duty is conferred on the Community Rehabilitation Companies by virtue of contractual arrangements entered into with the Secretary of State.
- Principals of Secure Colleges; and
- Youth Offending Teams/Services.

These organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for the organisation’s safeguarding arrangements;
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis’s Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;²³
- arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;

Haringey Safeguarding Children Board Annual Report 2015-16

- appropriate supervision and support for staff, including undertaking safeguarding training;
- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
- all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children.

Appendix C: Haringey Local Safeguarding Children Board Priorities and Business Plan 2014– 2016 (needs updating)

Haringey Local Safeguarding Children Board

Priorities and Business Plan 2014– 2016

This business plan outlines the agreed priorities and actions to be undertaken by the Board and its partners to deliver this year’s safeguarding priorities. The actions also take into account areas of improvement as identified in the May 2014 Ofsted review of the LSCB.

Priority High (H) Medium (M) Low (L)

Red (R)Action not started or behind schedule; Amber (A) Action in hand; Green (G) Action completed

❖	❖ PRIORITY ONE Gangs ❖ a) Strengthening the connections between work around missing children, CSE and gangs, b) supporting and monitoring the development of a multi-agency response, and c) assessing the effectiveness of early intervention in reducing gang membership						
P1	Action	Lead group/person	By When	Evidence required	Progress/last updated	priority	RAG
1	Review the current range of multi-agency groups working with highly vulnerable groups of young people (gangs, CSE, missing children, violence against women & girls, etc) & recommend (if appropriate) more functional & proportionate systems	CSE sub group	March 2015	Work plans of existing groups Statistical information from multi-agency partners Risk assessments	The CSE Sub-group is now overseeing this work and has a clear governance and accountability structure and agreed strategy, which includes connections and routes into the VAWG, Gang Action Group Strategy and	H	Green

	<p>OFSTED 2 - Review Haringey's CSE multi-agency guidance and consider whether the involvement or association with gangs by young women should be included as a risk factor to strengthen arrangements to provide a coordinated response to this vulnerable group of young people.</p>		Sep 14		<p>oversight of our work on Missing Children & Young People. The workflow into MASE and MASH is developing. There is a clear action plan and agreed accountabilities and reporting into the Board.</p> <p>Completed.</p>		
2	Complete Missing Children strategy, emphasising the links to gangs	Vulnerable Children's	October 2015 Board	All agency local strategies to inform the multi-agency	Protocol integrated across children and young people missing	H	Green

	<p>OFSTED 4 - Ensure that the Board receives an annual report on children missing from home, missing from care and missing from education to assure itself that appropriate processes and practice are in place to safeguard this vulnerable group of children and young people. Strengthen the existing Board's annual report arrangements to include an evaluation of service responses for</p>	<p>Group</p>	<p>meeting</p> <p>Nov 2014</p>	<p>oversight by the LSCB</p>	<p>from care, home and education has been agreed in principle at October Board and further development via the DfE Innovation Fund Project and CSE Sub-group. High risk senior management group now established led by DCS considering missing cases monthly.</p> <p>Narrative included in LSCB Annual Report 2014 and 2015 agreed October 2015. Reporting and data collection is being developed through a number of routes incl MASE, PPO Sub-group, MASH, high risk meetings and DfE Project.</p>		
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Haringey Safeguarding Children Board
Annual Report 2015-16

	missing children, to support multi-agency actions and reduce risks posed to children							
3	Complete and implement CSE strategy OFSTED 3 - Accelerate plans to formally agree the draft CSE strategy and ensure it is clearly linked to the gang action plan. Make clear how the strategy will link to front-line practice, and what success criteria will be used to measure and evaluate progress.	CSE Group	Sub	December 2014	Clear evidence of multi-agency systems	Strategy approved and being implemented via the CSE Sub-group	H	Green
4	Review engagement of disabled children with gangs	Disabled children policy and review group		March 2015	The LSCB will have the findings of the review presented to the LSCB board and the Chair or representative will discuss findings with appropriate strategic leads to assure that the needs of disabled children affected by gangs is appropriately responded	The Disabled Children's Sub-group undertook the review with the Gang Action Group and reported to the Board in May - the findings to be fed into the Gang Action Group Strategy in June. Five key areas were requested to be	M	Green

Haringey Safeguarding Children Board
Annual Report 2015-16

				to.	looked at in more detail for a further report to the Board in autumn/winter 2015		
5	Review relevant performance data and information-sharing systems	PPO Sub group	November 2015	The LSCB performance management report. This will incorporate the findings of this review.	Performance framework and model dataset has been approved and quarterly performance reports presented to the Board. Still with work to be done with partners to integrate and make consistent.	M	Green
6	Review the impact of the Early Help offer on future gangs engagement	CSE & Vulnerable Children Group	Taken forward into 2016-17 due to embedding of the Early Help service	The findings will be presented to the LSCB and the review to be included within the new strategy Priority Two	This action is being looked at within the process of monitoring the Early Help Strategy and the Board manager is discussing with GaG lead about the best way to take forward.	M	Amber
7	Make this a feature of our Section 11 review	Quality Assurance group	December 2014	The S11 audit will have gangs as a themed area to assess agency's safeguarding arrangements.	S11 Audit was completed and presented to the Board in March 2015 with questions regarding this priority summarised in the		Green

					report. This will be ongoing moving forward. Next audit due end of year 2016		
❖	<ul style="list-style-type: none"> ❖ PRIORITY TWO - Early Help ❖ Scrutinise the move towards strengthening early help offer across Haringey, seeking assurance on the common understanding of definitions, on the impact on child protection services, and on appropriate multi-agency engagement. ❖ The role of the LSCB in relation to the Early Help offer is to seek assurance that the introduction of the Early Help Offer does not inadvertently introduce new safeguarding risks. 						
P2	Action	Lead group/person	By When	Evidence required	Progress/last updated		RAG
1	Consider the draft Early Help Strategy with particular focus on the safeguarding aspects of the strategy	LSCB Chair	November Board meeting	The draft report	Happened at Board in November 2014 and came back to the Board for further consideration in July 2015. Outcome measurements will be agreed with Board Manager and agreed to look at in Q4 audit and report back to Board in march 2016	M	GREEN
2	Request reports to the full Board initially every 6 months from the Early Help Partnership Board, specifically seeking to	LSCB Chair	First report to our May 2015 Board.	report	On track. Report came to July 2015 meeting with above agreements. Specific issue relating to step	L	Green

Haringey Safeguarding Children Board
Annual Report 2015-16

	answer the question as to whether the processes of step up and down are being undertaken safely and appropriately				down processes included within audit programme.		
3	Review the training the LSCB currently undertakes, in order to consider whether any adjustments are required in the light of the changes.	LSCB Training Officer – post vacant currently and Chair is vacant			New Head of Early Help, Gareth Morgan is now a member of Training, Learning & Development Sub-group and work needs to be progressed to ensure our courses reflect the EH offer. One event held for health colleagues in September but need to build on this now EH offer has been launched.	L	Amber
4	Make this a feature of our Section 11 review	Quality Assurance Group	December 2014	The S11 audit will have early help as a themed area to assess agencies safeguarding arrangements.	S11 Audit was completed and presented to the Board in March 2015 with questions regarding this priority summarised in the report. This will be ongoing.	M	Amber

P3	Action	Lead group/person	By When	Evidence		
	❖ PRIORITY THREE – Neglect ❖ Improving effectiveness of all agencies in recognising and responding to neglect					
1	Sign off Neglect Strategy	Performance & Practice Outcomes Sub-group	Moved to Priority One in the new Five Year Strategy	The development and monitoring of the neglect strategy will be included in the work plan of the Performance and Practice Outcomes Sub-group.	This action was amended; the key element of the strategy was agreed to be the revised process of compiling chronologies which has now moved through to the MASH Board. However the Executive agreed November 2015 to review following Neglect audit and mapping of current position to be taken forward by a Task & Finish Group via the PPO Sub-group and it is now included as Priority One moving forward with the new strategy	Amber
2	Finalise delivery of the strategy	Performance & Best Practice Sub-group	Under review as above		As above – now Priority One	M Amber

Haringey Safeguarding Children Board
Annual Report 2015-16

3	Oversee delivery of Neglect Strategy	Performance & Best Practice Sub-group	March 2016		As above – to be taken forward	L	Amber
4	Make this a feature of our Section 11 review	Quality Assurance Group	December 2014	The S11 audit will have neglect as a themed area to assess agencies safeguarding arrangements.	S11 Audit was completed and presented to the Board in March 2015 with questions regarding this priority summarised in the report. This will be ongoing.	M	Green
❖	❖ PRIORITY FOUR - Promoting good practice ❖ Shift the overall balance of our activities more towards identifying and promoting elements of good practice.						
P4	Action	Lead group/person	By When	Evidence			
1	Create an annual Good practice in Safeguarding Award – perhaps as part of a wider Haringey Awards scheme; invite nominations for examples of effective multi-agency practice, create positive publicity around the awards	Chair/Board Manager	On hold due to capacity	The LSCB will include the details of the award winners in their annual report.	Issues reviewed at the September 2014 best practice sub group and some criteria discussed. BM needs to pursue resourcing options	L	Amber
2	Develop a programme for disseminating examples of good practice in safeguarding	Chair/Training Officer	November 2014	Local and national safeguarding news will be	Three examples of good practice went into the Jan/Feb 2015 newsletter and next	L	Amber

Haringey Safeguarding Children Board
Annual Report 2015-16

	through existing agency newsletters. Have regular slots in agency e-bulletins (for example, HAVCO's e-bulletin, CCG newsletter etc).			available to all partners via the LSCB and their internal communications.	steps are to interview teams/individuals and include in the next newsletter. Limited response and Communications strategy needs to be reviewed		
3	Design and deliver at least one specific campaign, in partnership with local agencies. These will include SCR learning, FGM in schools and the community, promoting positive parenting and involving children and young people.	Chair/Board Manager/Training Officer	Some deliver but on hold due to capacity	The LSCB will have agreed a one year campaign programme – first to run Jan/April 15 on learning from SCRs.	SCR poster campaign was welcomed across the partnership. CSE Safeguarding Campaign throughout March and beyond including learning lunches. Full programme not yet agreed but should include the views and ideas of children and young people.	L	Amber
4	Review and update branding of LSCB.	Chair/Board Manager	On hold due to capacity	The LSCB will re-launch its vision for safeguarding children in	Work started on this with website refresh but needs development.	L	Amber

Haringey Safeguarding Children Board
Annual Report 2015-16

				Haringey.			
5	Develop a new vision for LSCB and 3-5 year strategy	Chair/Board	September 2015 - initial work being developed through 2016-17 in light of Government Review of LSCBs	Partners and the public will be clear of the LSCB's ambitions for ensuring safeguarding arrangements in the borough	Will be reviewed at the Board Development Day 2016	L	Green
6	Explore potential for "Community Champions" – a proposal from the voluntary sector to actively engage local people in specific safeguarding activities.	Chair/Board Manager	On hold due to capacity	The children and adults safeguarding boards with the third sector will discuss the viability of this proposal.	Increased synergy between the Boards needs to be progressed	L	Amber
7	OFSTED 1- Ensure that schools are fully involved at Board level so that their representations are known, understood and considered and their contribution fully harnessed to influence the shape of services.	Chair/Board Manager	March 2016	The Board will be able to evidence clear dialogue and influence from schools on the safeguarding agenda which will be outlined in the annual report.	Primary and Secondary HTs now members of the Board and attending. PE has addressed Primary and Secondary HT meetings. Board Manager works with the School Improvement Lead to develop the	M	Green

					Designated Safeguarding Lead Forum.		
❖	❖ PRIORITY FIVE - Engaging the voices of children and young people ❖ Identify an effective and proportionate way of tapping into the already available views of children and young people, to inform the work of the LSCB						
P5	Action	Lead group/person	By When	Evidence			
1	Explore potential for focus groups of young people to discuss particular issues based around our priorities	Chair/Board Manager	Being reviewed into 2016-17 and Enabling Priority One in the new Board Strategy	Engagement of young people and participation team	Work needs to be done to develop this priority and increased focus will be given to this by the Business Manager to make the existing activity more meaningful. There was some progress in relation to the Special School Council communication through the Disabled Children's Sub-group which provides a good model. Now moving forward into the new strategy as an Enabling Priority	H	Amber
2	Explore possible ways of engaging with "Takeover Day" in	Chair/Board Manager	November 2015	The LSCB will have engaged young people in	Delayed due to ongoing staffing issues. Was picked up	M	Amber

Haringey Safeguarding Children Board
Annual Report 2015-16

	November.			new creative ways.	by the Training sub group with a delivery date scheduled for November 2015 but not delivered due to capacity issues.		
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HARINGEY SAFEGUARDING CHILDREN'S BOARD STRATEGY 2016-2021

1. About the Safeguarding Children's Board

- 1.1 The role and responsibilities of the Local Safeguarding Children Board are those stated in chapter three of Working Together to Safeguard Children (2015). This Strategy, along with the Board's Annual Business Plan, seeks to implement those duties and assure the local community that the Board facilitates local stakeholders to work together to ensure that all children and young people are safe and feel safe within their homes, schools and communities. The LSCB is the statutory body for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children in the London Borough of Haringey. The objectives of the Board are:
- to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area⁴;
 - to ensure the effectiveness of what is done by each such person or body for that purpose.
- 1.2 The scope of the LSCB role falls into three categories:
1. to engage in activities that safeguard all children, aim to identify and prevent abuse, and ensure that children grow up in circumstances consistent with safe care;
 2. to lead and co-ordinate pro-active work that aims to target particular groups;
 3. to lead and co-ordinate responsive work to protect children who are suffering or likely to suffer significant harm.
- 1.3 Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of the LSCB:
- 1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

⁴ This includes children looked after by the local authority placed out of borough

Haringey Safeguarding Children Board
Annual Report 2015-16

- the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- training of persons who work with children or in services affecting the safety and welfare of children;
- recruitment and supervision of persons who work with children;
- investigation of allegations concerning persons who work with children;
- safety and welfare of children who are privately fostered;
- cooperation with neighbouring children's services authorities and their Board partners;
- communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- participating in the planning of services for children in the area of the authority; and
- undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned

1.4 Working Together 2015 defines safeguarding and promoting the welfare of children as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

2 Haringey LSCB Strategy: Vision & Mission

2.1 Vision:

We believe that every child should grow up in a loving and secure environment which is free from abuse, neglect and crime, enabling them to be safe and healthy, to enjoy life and to fulfil their social and educational potential.

2.3 Mission:

- Ensure we fulfil our shared responsibilities to safeguard the wellbeing of children and young people
- Demonstrate our commitment to participation of children and young people
- Promote and facilitate effective joint working between front-line staff across all agencies
- Establish a culture of “high support, high challenge” between partner agencies



Haringey Safeguarding Children Board Annual Report 2015-16

- Ensure there are systems for effective shared learning across our partnership
- Celebrate the strengths and positive achievements of partners in keeping children and young people safe.

3 Consultation

3.1 This is the five year strategic plan of the Local Safeguarding Children Board (LSCB). It is written in collaboration with all of the partner agencies that are the key stakeholders of the Board and has been considered in line with other related borough plans and strategies including that of the Health and Well-Being Board, the Safeguarding Adults Board and the Community Safety and Cohesion Partnership, the Violence Against Women and Girls Partnership, Haringey Council Corporate Plan and Haringey CCG 5 year plan.

3.2 We are keen to know what the local community views are and have an online consultation response form here (insert link) or you can send responses to the questions below to the LSCB Business Manager, Patricia Durr patricia.durr@haringey.gov.uk We are also asking community and voluntary sector groups working directly with children and families through our Board partner representatives.

3.2 Consultation Questions:

1. Does the Strategy set out the right strategic priorities, bearing in mind the statutory duties and functions of the Board?
2. Are there any other strategic priorities that you think the Board should address?
3. How can you help the Board to achieve its objectives?
4. How can we improve communication about the role of the Board?
5. Do you have any further comments?

4. Background

4.1 Contrary to what is too often reported, England and Wales have one of the safest child protection systems in the world. The number of children who die as a result of maltreatment has not increased over the last thirty years. Social workers, teachers, health visitors and police officers often successfully intervene to make children's lives better. Safeguarding boards are here to coordinate the multi-agency partnership to keep children safe and ensure its effectiveness: they have a clear mandate to scrutinise and hold local organisations to account for the quality of services. Boards can only ever be the sum of their parts: the strength comes in the joint endeavour to work more effectively and closely together

Haringey Safeguarding Children Board Annual Report 2015-16

- 4.3** At the time of writing the Government is undertaking a national review of LSCBs offering an opportunity to take stock of the local child protection partnership within the current climate of constrained funding and the possibilities afforded through new local bodies such as Health & Wellbeing Boards and consideration of different regional structures to hold local arrangements to account. A key consideration will be the focus of multi agency collaboration – the balance between protecting children and the wider safeguarding issues.
- 4.4** Haringey is an exceptionally diverse and fast-changing borough. We have a population of 267,451 according to the 2014 Office for National Statistics Mid Year Estimates. Almost two-thirds of our population, and over 70% of our young people, are from ethnic minority backgrounds, and over 100 languages are spoken in the borough. Our population is the fifth most ethnically diverse in the country. The borough ranks as one of the most deprived in the country with pockets of extreme deprivation in the east. Haringey is the 13th most deprived borough in England and the 4th most deprived in London with the 4th highest level of child poverty in London. Haringey is the most unequal borough in London, with over half of its wards being either very rich or very poor. Northumberland Park, a ward in the East, is the most widely deprived ward in London.
- 4.5** There are approximately 63,400 children and young people under 20 living in Haringey (approximately one third of the total population). The wards with the largest number of people aged under 20 in Haringey are: Seven Sisters, Northumberland Park, White Hart Lane and Tottenham Hale. 1 in 3 children live in poverty, 1 in 4 children live in household with no working adult (23% compared to 18% in London). Over 10, 000 households are with lone parents (34% compared to 28% in London). It is estimated that over 11, 000 children in Haringey live with some form of long-standing disability. Over 9,000 children and young people have Special Educational Needs (SEN) in primary and secondary schools. Approximately 1,200 children have a Statement of SEN; of those, 35% had autism followed by moderate learning difficulties (21%) and emotional, behavioural and social difficulties (12%).
- 4.6** In recent years there have been a number of significant changes in the context in which agencies must work together to safeguarding children at national, regional and local levels. There has been legislative change including the Children and Families Act 2014 and the Care Act 2014 and new guidance, policy and programmes. Across all, there is a strong emphasis on increasing partnership working, integration, prevention, participation and strengthening communities. There is a strong desire locally to strengthen and integrate both strategic and operational partnership.

5 Principles

- 5.1 This Strategy is underpinned by the two key principles set out in Working Together 2015:**

- **safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part; and
- **a child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children.

6 Our priorities

6.1 Priority One: Overhaul the ways in which agencies tackle chronic neglect

Why is this a priority?

- Neglect is the ongoing failure to meet a child's basic needs.
- It is estimated that one in ten children have suffered from neglect.
- Nationally, neglect remains the most common form of child abuse across the UK as well as the most common cause for being subject to a child protection plan (CPP) or on a child protection register (CPR).
- Numbers of recorded cruelty and neglect offences in England and Northern Ireland are now the highest they have been for a decade.
- In Haringey, neglect is the second most common factor identified following assessment – the most common being physical abuse
- Neglect was an identified priority for our 2014-16 Business Plan and whilst some progress was made, it is acknowledged that there is a need for increased multi-agency focus: all agencies recognise the pervasiveness of neglect, its long-term impact on children's health and wellbeing and its connectedness to other forms of abuse.
- The most common problems identified as serious causes for concern are chaotic family lifestyles with absence of routines and poor home conditions. Poor hygiene and domestic violence are also common factors.
- Consequences can include an array of health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life.

Where do we want to be by 2021?

- Prevention is key. The strategic aim is to ensure there is early recognition of neglect. From early support to statutory intervention there should be appropriate, consistent and timely responses across all agencies working together.

- Work with children and families should be positive and empowering and keep a clear focus on the impact of neglect on the child.
- All those who have contact with children and families have their role to play in the recognition of potential neglect.
- There should be improved awareness and understanding of neglect across all agencies ,using Signs of Safety and Wellbeing methodology so that early identification is achieved and there is effective working between services working with children and adults;
- We should improve the recognition, assessment and support of children and young people and their families where neglect has been identified but before statutory intervention is required; and improve the assessment and intervention with children and young people once statutory intervention has become necessary.
- The safeguarding system should be clearly understood and communicated and the role of communities acknowledged. Haringey should be known for its development of protective communities.
- Multi-agency auditing should consistently demonstrate the impact, supported by data on those children on CPP plans where chronic neglect is a factor.

What are we going to do to get there?

- Develop a LSCB neglect strategy ensuring that prevention and Early Help is at the centre of response
- Develop understanding across the partnership of attachment theory
- Develop and roll out a training programme to ensure thresholds are correctly applied
- Get messages out into communities through information and other campaigns
- Support early intervention and parenting programmes such as Family Nurse Partnership and Parent-Infant Programme.

7.2 Priority Two: Improve outcomes for children with particular vulnerabilities and those subject to particular risks

Why is this a priority?

- It is recognised that there are particular vulnerabilities and risks that require particular attention, some of which are supported by supplementary statutory and regional and local guidance, and for which the Board has particular responsibility and accountability
- Supplementary guidance to Working Together includes:
 - Safeguarding children who may have been trafficked
 - Safeguarding children and young people who may have been affected by gang activity

Haringey Safeguarding Children Board
Annual Report 2015-16

- Safeguarding children from female genital mutilation
- Forced marriage
- Safeguarding children from abuse linked to faith or belief
- Radicalisation - Prevent strategy
- Radicalisation - Channel guidance
- Use of reasonable force in schools
- Safeguarding children and young people from sexual exploitation
- Safeguarding Children in whom illness is fabricated or induced
- CSE was a priority for our 2014-16 Business Plan with the development of our Child Sexual Exploitation (CSE) Strategy and accompanying action plan ratified by the LSCB in January 2015.
- There has been much progress embedding strategic leadership, pathways and practice and a developed understanding of the interconnectedness of vulnerabilities
- The multi-agency CSE diagnostic identified the need to improve outcomes for victims of CSE

Where do we want to be by 2021?

- A safeguarding system informed by increased understanding of the needs and experiences of children and young people at risk and ways to support them and to tackle perpetrators
- Improved outcomes for vulnerable children and young people
- Increased action against perpetrators of CSE
- A responsive, swift and confident pathway for all children and young people at particular risk
- Efficient multi-agency performance monitoring systems in place to enable us to identify emerging trends in vulnerabilities and risks and to be responsive in developing priorities

What are we going to do to get there?

- Capture the opinions and the experiences of those who are at risk of or who have experienced CSE and parents/carers of young people who have been victims of CSE to inform more effective response to reduce risk and harm.
- Consider the CSE + Champions model within a broad range of agencies and providers.
- Develop a system to enable Schools & CYPS to cross reference schools absence information with risk assessments for individual children and young people to vulnerable to or at risk of CSE.

- Data regarding CSE and related activity and response to be regularly included in the LSCB performance framework.
- Map local street gang profiles to identify gang-associated women and girls, and ensure their risk of CSE is considered and responded to appropriately.
- Scope Haringey’s response to young people identified as perpetrators of CSE or harmful sexual behaviour and consider appropriate responses to any gaps identified.
- Utilise a problem profile for intelligence led planning and commissioning so that resources are allocated in response to known risks, themes and trends.
- Develop a high level, targeted disruption and prosecution strategy.
- Screen and risk assess all children and young people for CSE over the age of Ten who are referred for CYPS.
- Ensure that Commissioners include working with vulnerable children and working in partnership to support and protect them in service specifications, monitor through contracts and report to the Board
- Monitor the delivery of the gangs strategy
- Strengthen Haringey’s safeguarding response to tackling extremist radicalisation
- *Add in suitable targets relating to FGM & violence against women and girls, missing children, Home Educated Children, disabled children*

7.3 Priority Three: Strengthen cross-borough partnership

Why is this a priority?

- The lives and experiences of the communities we serve are not determined by borough boundaries in the same way that services are currently configured
- Children and young people cross borough boundaries everyday, particularly through their schools
- We have a number of agencies that currently serve more than one borough including NMUH and BEH-MHT
- We know through profiling and mapping work around gangs, serious youth violence, children missing or running away and CSE that we need to strengthen cross-borough working to better safeguard children
- We know that themed cross-borough working is useful – CSE, gangs
- We know that many statutory agencies are looking at future restructuring and reorganisation that will involve cross borough merger
- At a time of decreasing resources, cross-borough partnership makes economic sense
- Our experience of Serious Case Reviews is that they are rarely restricted to one local authority area

Where do we want to be by 2021?

- Improved outcomes for children and young people as a result of effective and consistent cross-borough partnerships particularly for children with particular vulnerabilities including CSE, gang involvement, serious violence, missing and runaway and trafficking
- Haringey is ready for forthcoming reorganisation of local public services because of confident collaborative senior leadership focused on children's needs
- More effective and efficient use of resources in respect of safeguarding children due to collaboration

What are we going to do to get there?

- Develop consistent approaches to make working together easier (such as what we are doing through DfE Project)
- Provide more joint learning opportunities for sharing good practice and promoting professional relationships
- Develop greater integration and links with London Safeguarding Board, its role and the value it can add to local cross borough and other opportunities
- Scope possibilities for greater synergy and resource pooling between Boards
- Take forward recommendations from our bi-borough 2015/16 DfE Innovation Fund project on CSE and Vulnerable Children
- Scope out opportunities for more themed cross-borough projects with other boroughs
- Resolve and improve Looked After Children notifications as a priority

7.4 Priority Four: Develop high quality partnership working at all levels between our agencies

Why is this a priority?

- The safeguarding system is dependent on professionals working effectively together to put children first and at the centre of the system, and by every individual and agency playing their full part, working
- Working Together 2015 seeks to emphasise that effective safeguarding systems are those where:
 - the child's needs are paramount
 - all professionals who come into contact with children and families are alert to their needs and any risks of harm
 - all professionals share appropriate information in a timely way and discuss any concerns
 - high quality professionals are able to use their expert judgement
 - all professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;

Where do we want to be by 2021?

- Front line practitioners feel confident sharing information in a timely, appropriate way and in line with best practice and the legal framework.
- There is improved sharing, recording and reporting information in the best interests of children across the partnership
- Concerns about the safety and welfare of children are responded to within time and with joint accountability and risk management across the partnership.
- Decisions are made with the whole safeguarding system and how it can better safeguard children.
- Children are better protected by frontline practitioners who feel respected, listened to and confident and their views, knowledge and experience inform decision making in a tangible and/or measurable way.

What are we going to do to get there?

- Significantly improve the quality of information-sharing between front-line workers
- Improve the IT systems which underpin information-sharing
- Improve the effectiveness of the MASH and other multi-agency teams
- Review our systems for sharing learning at the front line
- Actively explore the potential for greater joint planning, joint commissioning and collocation between agencies

7.5 Enabling Priority One: Meaningfully engage children and young people in our work

Why is this priority?

- The United Nations Convention on the Rights of the Child (UNCRC, 1989) enshrines the right of children to be involved in all decisions that affect their lives. In England there is also national legislation and guidance stressing the importance of involving children in decision-making, specifically in child protection cases and for children in need of support. (Children Act 2004; DCSF, 2010).
- However, the evidence, including our own auditing, clearly shows that the child's voice is often not heard and effectively represented and that agencies are less able to safeguard and protect children and young people when their views, wishes and feelings are not ascertained or taken into account.
- The failure to listen to children and to make sure their views are taken into account in child protection cases was highlighted in an Ofsted report of 67 serious case reviews (Ofsted 2010).

- Safeguarding legislation and guidance makes clear that all agencies have a responsibility to safeguard children and to take a child centred approach that does not lose sight of the needs and views of children themselves.
- The Board's role and responsibility to undertake audit exercises as part of its quality assurance function. An overriding consideration is to evaluate how well current practices elicit the child's voice and to identify areas of strength as well as areas for improvement.
- Additionally the Board is committed to improving engagement of children and young people in its work to improve its understanding of children's and young people's experiences of safeguarding and their priorities and how we can better communicate about safeguarding across the borough.

Where do we want to be by 2021?

- Board priorities and decisions are informed by children's views in a tangible and/or measurable way and there is a clear feedback mechanism to communicate this to them.
- The annual Board business plan clearly sets out where the Board will hear directly from CYP. Issues raised are driven by CYP themselves.
- Safeguarding practice and outcomes for children are improved because of consistent application of a child centred approach

What are we going to do to get there?

- Establish a robust, proportionate system for securing the views of children and young people on key issues concerning the Board, including CYP who are themselves at risk.
- Build on the extensive existing mechanisms for capturing CYP's views, to allow for key issues to surface for consideration by the Board.
- Establish a system for CYP to present periodically to the Board on key issues.
- Ensure annual audit cycle and performance framework consistently includes attention to children's lived experiences and journeys

7.6 Enabling Priority Two: Promote and develop the children's workforce to better safeguard children and promote their welfare
Why is this priority?

-

Where do we want to be by 2021?

- Haringey is an attractive proposition for the multi-agency children's workforce, with a clear vision for children and practice and a strong and stable workforce.

Haringey Safeguarding Children Board
Annual Report 2015-16

- The children's safeguarding workforce in Haringey is:
 - child centred
 - excellent
 - committed to partnership and integrated working
 - respected and valued as professionals
- All working with children and families understand safeguarding and promoting children's welfare

What are we going to do to get there?

- Support and develop strong and innovative safeguarding leadership across the partnership
- Support significant reductions in use of agency and interim staff across all partners
- Identify joint opportunities to recruit and retain key staff
- Develop a programme for delivering and expanded range of multi-agency training opportunities, as a means of improving the quality and range of multi-agency working



Appendix E: Haringey LSCB Members attendance 2015-16

- representative attended on behalf of the member
- *post name changed

Attendance LSCB Board - 2015 – 2016

- * Denotes representative attended on behalf of the member
- × Denotes membership ceased
- Post name changed

Organisation	Job Title	Meeting Dates						No of Meetings attended
		May 2015	July 2015	September 2015	October 2015	November 2015	January 2016	
Independent	Chair	✓	✓	✓	✓	✓	✓	6/6
Independent	Lay Member	-	-	-	-	-	-	0/6
CAFCASS	Service Manager	✓	✓	-	-	✓	-	3/6
Local Authority	Deputy CEO	-	✓	-	-	-	-	1/6
	Director of Children’s Services	✓	-	✓	✓	✓	✓	5/6
	Assistant Director, Safeguarding & Social Care	✓	✓	✓	✓	✓	✓	6/6
	Deputy Head of Service, Additional Needs & Disabilities	✓	✓	-	✓	×	×	3/4
	Strategic Lead - Joint Governance and	✓				✓	✓	3/6

Haringey Safeguarding Children Board
Annual Report 2015-16

	Improvement Service for Adult Services							
Health	• AD of Quality & Nursing (Haringey CCG)	*	✓	✓	✓	✓	✓	6/6
	• Assistant Designated Nurse for Safeguarding (Haringey CCG)	✓	*	*	*	✓	✓	6/6
	Consultant Paediatrician, Designated Doctor (Haringey CCG)	✓	✓	-	✓	✓	✓	5/6
	Named GP (Haringey CCG)	-	-	-	✓	✓	✓	3/6
	Director of Nursing (NMUH)	✓	✓	-	✓	-	*	4/6
	Director of Nursing Whittington	*	-	✓	-	*	*	4/6
	Head of Safeguarding (Whittington)	✓	✓	✓	✓	✓	✓	6/6
	NHS England	-	-	-	-	-	-	0/6
	Consultant Psychiatrist (CAMHS/BEH-MHS)	*	*	-	-	-	*	3/6
	Executive Director of Nursing Quality & Governance (CAMHS/BEH-MHS)	✓	✓	-	-	-	*	3/6
Assistant Director (Public Health)		✓	-	-	✓	✓	✓	4/6
		✓	-	✓	✓	✓	-	4/6
Legal	Assistant Head of Legal	✓	-	✓	✓	✓	-	4/6
Police	Borough Commander	✓	-	✓	✓	✓	*	5/6
	DI, CAIT	✓	*	-	✓	✓	✓	5/6
	DCI, CAIT	-	-	✓	-	✓	✓	3/6
Probation	ACO (Haringey Probation Service)	✓	✓	✓	-	-	-	3/6

Haringey Safeguarding Children Board
Annual Report 2015-16

	ACO (Probation Community Rehabilitation Company)	✓	✓	✓	-	*	-	4/6
Voluntary	HAVCO	-	✓	✓	-	✓	-	3/6
Lead Member	Councillor	✓	✓	✓	✓	✓	-	5/6
Primary School	Head Teacher	✓	✓	✓	✓	✓	✓	6/6
Secondary School	Head Teacher	✓	✓	✓	✓	✓	✓	6/6
London Ambulance Service	Ambulance Operations Manager	-	-	-	✓	*	-	2/6
Housing	Deputy Director	✓	-	-	-	✓	-	2/6
	• Head of Targeted Response & Youth Justice							1/6
YJS		-	-	✓	-	-	-	
LSCB	Business Manager	✓	✓	✓	✓	✓	✓	6/6

Appendix D: Haringey Safeguarding Children Board Budget 2015-16

HARINGEY LSCB BUDGET 2015 - 16			
Income		Expenditure	
Contribution	Amount	Item	Amount
Metropolitan Police	£5,000	Salaries	146,800
Haringey Council, CYPS	£190,400	Consultant Fees	39,900
Cafcass	£550	Project Management	20,800
Probation	£2,046	Training Programme	20,800
Tottenham Hotspur FC	£2,046	Hire of premises	8,600
North Middlesex Hospital	£5,115	Stationary	9,200
Whittington Health	£5,115	Catering	2,200
Barnet, Enfield & Haringey MHT	£5,115	Travel	1,400
Haringey CCG	£5,115	Subsistence	800
Sub Total	£220,502		250,500
DfE Innovation Fund	£56,800	DfE Project costs	56,800
Grand Total	£277,302		£307,300