

NOTICE OF MEETING

CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL

Thursday, 23rd March, 2023, 7.00 pm - George Meehan House, 294 High Road, N22 8JZ (watch the live meeting [here](#), watch the recording [here](#))

Councillors: Makbule Gunes (Chair), Anna Abela, Lester Buxton, Lotte Collett, Marsha Isilar-Gosling, Sue Jameson and Mary Mason

Co-optees/Non Voting Members: Yvonne Denny (Church representative), Lourdes Keever (Church representative), Venassa Holt (Parent Governor representative) and Amanda Bernard (Haringey SEND Parent Carer Forum)

Quorum: 3

1. FILMING AT MEETINGS

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

3. ITEMS OF URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with as noted below).

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

6. MINUTES (PAGES 1 - 20)

To approve the minutes of the meetings of 3 January (budget) and 9 February 2023 (joint meeting with Adults and Health Panel).

7. CABINET MEMBER QUESTIONS - CHILDREN, SCHOOLS AND FAMILIES

An opportunity to question Councillor Zena Brabazon, the Cabinet Member for Children, Schools and Families, on developments within her portfolio.

8. HARINGEY CHILDREN'S SAFEGUARDING PARTNERSHIP - ANNUAL REPORT 2021-22 (PAGES 21 - 64)

To receive and comment on the Annual Report of the Haringey Children's Safeguarding Partnership for 2021-22.

9. CHILDREN'S SOCIAL CARE; ANNUAL REPORT 2021-22 (PAGES 65 - 92)

To consider and comment on the Annual Report of Children's Social Care for 2021-22.

10. LOOKED AFTER CHILDREN (LAC) SUFFICIENCY STRATEGY 2022-2026 (PAGES 93 - 126)

To consider the sufficiency strategy for LAC for 2022-2026.

11. WORK PROGRAMME UPDATE (PAGES 127 - 138)

To consider the future work plan for the Panel.

12. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

13. DATES OF FUTURE MEETINGS

- 6th April 2023 (Evidence Session – Physical Activity and Sport review).

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Wednesday, 15 March 2023

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MINUTES OF MEETING CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL HELD ON TUESDAY 3RD JANUARY 2023

PRESENT:

Councillors: Makbule Gunes (Chair), Anna Abela, Lester Buxton, Lotte Collett, Sue Jameson and Mary Mason

Co-opted Members: Yvonne Denny and Lourdes Keever (Church representatives) and Venassa Holt (Parent Governor representative)

38. FILMING AT MEETINGS

The Chair referred Members to item one on the agenda regarding filming at the meeting and Members noted the information contained therein.

39. APOLOGIES FOR ABSENCE

None. The Chair welcomed Venassa Holt who had recently been appointed as a Parent Governor representative on the Panel.

40. ITEMS OF URGENT BUSINESS

None.

41. DECLARATIONS OF INTEREST

None.

42. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None.

43. MINUTES

It was noted that the webcast of the last meeting of the Panel, on 7 November 2022, did not appear to be available on-line. It was agreed that this would be rectified.

AGREED:

That the minutes of the meeting of 7 November 2022 be approved.

44. SCRUTINY OF THE 2023/24 DRAFT BUDGET AND 5 YEAR MEDIUM TERM FINANCIAL STRATEGY 2023/2028

Josephine Lyseight (Head of Finance (People)) introduced the 2023/24 draft budget for 2023/24 and 5 Year Medium Term Financial Strategy in respect of children and young people. She reported that the proposals had been developed before both the government's Autumn Statement and the Local Government Finance Settlement. The implications of these for Haringey were currently being analysed by officers. The proposals included additional growth of £14.8 million, £4.9 million of which was for Children's Services.

The proposals to make revenue savings of £1.5 million were in addition to existing targets. £1 million of this would come from improved commissioning. There was also a growth proposal to add £1 million to the budget in order to mitigate the effects of inflation on commissioning. It was also proposed to save a further £0.5 million through extension of existing savings programmes. This involved continuing to work with young people to support their needs and prepare them for stepping down from high cost placements to placements with families. The Children's Service had so far proven to be exceptionally effective in delivering savings targets.

The Panel noted that the number of children being taken into care nationally had gone up and this was often due to mental health issues. Beverley Hendricks (Assistant Director for Social Care) reported that an increase of people with mental health needs was being seen in Haringey. There was demand modelling and a LAC sufficiency strategy and this had focussed on identifying children who could no longer be cared for in their home and planning with partners regarding early intervention to prevent needs from escalating. The Panel asked whether the proposals to reduce the number of high cost placements by greater use of foster care were realistic. Ms Hendricks reported that not all foster carers lived in the borough. Recruitment of foster carers was being extended to communities that it had not been previously possible to engage with. She was confident that recruitment targets could be met. Targets for had been met through schemes like supporting foster carers to build additional bedrooms.

Ms Lyseight outlined the growth proposals, which amounted to circa £4.9 million. There would be additional funding for:

- The increased cost of social care placements;
- The rising demand and cost of SEND transport;
- 2022/23 base budget pressures;
- Continuation of the extension of free school meals;
- Rising Green Youth Centre; and
- The Social Workers in Schools scheme.

There was one additional proposal for capital funding and this was for the Safety Valve programme, The majority of the scheme would be funded by the High Needs Capital Allocation Fund and an application made to the Department for Education (DfE) Safety Valve Capital Programme that was pending approval would assist in the delivery of associated revenue budget savings. Approval of the Council's bid was still awaited.

In answer to a question regarding Dedicated Schools Grant (DSG), Brian Smith (Schools Finance Manager) stated that it was split into four blocks. These were all calculated differently in a way that was determined by the government. The government for the schools block had provided additional funding of £7 million. However, there had been a reduction of 2.5% in the central schools services block,

which had also been impacted by falling school rolls. The funding helped fund statutory services that were undertaken by the Council, such as school admissions and education welfare. There had been an increase in the early years block due to higher unit numbers. This had arisen due to more children being in early years compared with numbers during the height of the Covid pandemic. There had been an increase of 10% in the high needs block. The additional funding was in recognition of the additional responsibilities for special educational needs given to local authorities since 2014.

Ms Lyseight reported that the current deficit in the DSG was shown separately. All local authorities had been given special dispensation to do this in acknowledgement of the significant pressures that there were arising from the high needs funding block. The Safety Valve programme would allow the Council to bring reduce the deficit and was therefore welcome. In the absence of the special dispensation, the overspend for Children's Services would be approximately £24 million.

The Panel raised the issue of consultation on the budget, which was currently taking place. It was felt that this needed to be a meaningful process and should not be reliant on the use of questionnaires, which often prompted limited returns. It was also felt that greater attention needed to be given to the equalities impact of proposals and that Equalities Impact Assessments should provide a greater level of detail than was currently the case.

In answer to a question regarding funding for early years in the DSG, Nick Hewlett (Acting Assistant Director for Schools and Learning) reported that funding was based on the number of hours provided. Numbers of children in early years settings had been going up. However, the challenge for schools was the inflexibility of what they were able to offer which often did not meet the needs of working parents.

In response to a question on where the greatest levels of risk lay, Ms Lyseight stated that these came from matters that the Council was not in a position to control. These included the cost of living crisis, inflation and high energy costs. In addition, there was also the increasing costs of care, which the service was trying to mitigate through savings. Jackie Difolco (Assistant Director for Early Help, Prevention and SEND) stated that reducing the overspend within SEND transport budget was a significant risk as this was a statutory duty and there were now higher numbers of children and young people eligible for travel assistance. New policies and actions had been agreed to mitigate against budgetary pressures and she was confident that these would be effective over time. Ms Hendricks stated that in social care there was a risk arising from market factors. The Council was very reliant on private sector providers for placements and they had been subject to pressures from inflation and the cost of living. They had raised their charges in response to this without negotiation. Work was taking place to develop closer relationships with providers in response, particularly those providing high quality placements for niche or acute needs. There were also risks arising from the volume of unaccompanied asylum seekers, which was an issue across Europe. The Home Office had indicated that it wished to work with local authorities in a different way and was increasing the levy that was provided. However, the levy did not take fully into account the acuity of needs. The Panel requested access to the regular quarterly updates of the risk register for the service.

In answer to a question regarding the level of inflation, Ms Lyseight stated that the budget proposals had assumed a level of 5%. However, the current level was higher than this although it was estimated that it would reduce to 7.4% in due course. The budget proposals would be reviewed in the light of this and decisions may be needed to address the increased level to balance the budget. In response to a question regarding whether the proposed growth funding of £1 million for SEND transport would be sufficient, she stated that any increase to this would need to be balanced by savings of the same amount unless additional funding could be found from elsewhere.

Ms Difolco reported that the main pressure on SEND transport arose from increased fuel costs, which had increased from 11% to 42% within one year. Mitigating actions included moving from a one year contract to three year contracts with providers to ensure stability, continuity and best value. Quarterly reviews had also been built into the contract monitoring cycle to enable a flexible response to accommodate increasing and decreasing costs. Fuel costs were expected to decrease.

In response to a question regarding the affordability of the capital programme, Ms Lyseight reported that it constituted a significant investment. Some of it was externally funded and efforts were being made to maximise the amount from these sources. Some was self-financed and involved borrowing. It was hoped that at least some of the investments would lead to revenue savings and these would be sought to help pay back borrowing. The capital programme would be reviewed annually and closely monitored for its impact on revenue costs.

The Panel made the following comments regarding the draft budget proposals:

- Consultation with residents and stakeholders on budget proposals in future years should aim to be more meaningful, reach a wider range of people and provide an enhanced opportunity for them to influence proposals;
- In view of the changeable external environment, external risks and measures to mitigate them needed to be monitored rigorously so that any changes could be responded to in a timely manner. In particular, the budgetary impact of the Safety Valve programme needed to be closely monitored. The Panel requested that this be included in the regular quarterly finance updates to the Overview and Scrutiny Committee; and
- The equalities impact of specific budget proposals should be outlined in greater depth in future years in order to provide Members with a clearer understanding of them and copies of Equalities Impact Assessments (EIAs) provided for information.

AGREED:

1. That the Panel recommend:

- (a) That consultation with residents and stakeholders on budget proposals aims to be more meaningful, reach a wider range of people and provide a greater opportunity for them to influence proposals;
- (b) That in view of the changeable external environment, external risks and measures to mitigate them be monitored rigorously so that any changes can be responded to quickly;

- (c) That the impact of the Safety Valve programme be closely monitored and that this be included in the regular quarterly finance updates reported to the Overview and Scrutiny Committee; and
 - (d) That the equalities impact of specific budget proposals should be outlined in greater depth in future years in order to provide Members with a clearer understanding of them and copies of Equalities Impact Assessments (EIAs) provided for information.
2. That the regular quarterly updates of the risk register for the service be shared with the Panel.

45. HARINGEY SAFETY VALVE UPDATE

Jackie Difolco, Assistant Director for Early Help, Prevention and SEND, reported that the High Needs Block recovery plan had evolved into the Safety Valve programme. Updates had previously been received on the plan, which aimed to reduce the overspend and improve outcomes for children and young people with SEND. A report had been made to the September Cabinet meeting on proposals to enter the Safety Valve programme and these had been endorsed. If no action was taken, there would be a deficit of £78 million by 2027/28.

There was strong support from Cabinet for the proposed programme, which included strong oversight and scrutiny. It would be the biggest current savings programme by the Council. There were three work streams associated with the programme - Demand Management, Effective Commissioning and Leadership and Governance. If successful, the programme would lead to a surplus of £1.6 million in 2027/28 and a reduction of the high needs deficit to £30 million. The savings made would be £48 million over five years. The Demand Management programme would lead to a reduction of Education, Health and Care (EHC) plans of 611, putting Haringey in line with the average for other London boroughs.

Capital proposals had been developed that would reduce unit costs through the development of in borough provision for an additional 118 places for children and young people within mainstream education settings. A review of bandings and top ups would also be undertaken and action would be taken ensure that there were effective commissioning arrangements. A large number of projects were now taking an early intervention approach, supporting schools and developing a graduated response to meet demand and reduce the need for specialist support. There would be strong partnership arrangements to create shared ownership and change the culture of the SEND system in Haringey. Ms Difolco provided examples of some of the projects with the three workstreams as well as details of the savings that would accrue from all of them in each year.

The proposals had been submitted to the Department for Education (DfE) in October. Feedback had now been received that the proposals might need to be revisited in the light of the announcement of the new budget settlement. They were being reviewed with finance colleagues but it was likely that the overall proposals would still remain the same and a request that the £30 million deficit be written off following successful delivery of the programme would still be made. Work with partners to implement the

proposals had already begun. Once approval from the DfE had been obtained, communication and engagement plans would be developed further. Robust governance processes had been developed and the Schools Forum had agreed to the transfer of 0.5% from the Schools Block to the High Needs block to reduce the overspend. Schools were very supportive of the programme as they knew that it would improve outcomes. There was a Safety Valve Steering Group that had oversight of the programme including relevant Cabinet Members.

In answer to a question regarding what success would look like, she stated that primarily savings would need to be achieved and there would be quarterly finance targets that would need to be achieved. The work being undertaken was work that the Council should, in any case, be looking to undertake. The aim was that when the projects started to deliver, there would be an increase in in-borough provision, more early intervention and a more confident and competent multi agency work force. There would be both soft and finance outcomes. There was a plan on a page for each project that provided detail of the savings as well as outcomes and it was agreed that a summary of these be shared with the Panel in the next stage of engagement.

Panel Members expressed concern at the lack of school governors on the Steering Group. Many schools were struggling at the moment and some were in serious financial deficit. The proposed programme could have a negative impact. In particular, schools needed EHC plans in order obtain intervention. Parents and carers in the more deprived areas of the borough were less able to exert pressure bring about action.

Ms Difolco stated that the programme had been informed by the SEND strategy, the Written Statement of Action and responses to consultation. In addition, a detailed report had been made to the Schools Forum. Headteachers on the Forum had raised similar concerns to the Panel but also recognised the need to act. A similar report had also been made to chairs of school governing bodies, where the proposals had been well received. The programme was not just concerned with finance issues but also the need to improve outcomes. It would have been necessary to undertake the work irrespective of the programme and it had already begun as part of the High Needs Block recovery plan. As an example, it should not be the case that children have to wait until they have an EHC plan to obtain help with speech and language and one of the projects would involve training the multi-disciplinary work force to be able to assist at an earlier stage. Good feedback had been received from the DfE on all of the projects and they were not dissimilar to ones being undertaken by other local authorities.

Councillor Brabazon, Cabinet Member for Children, Schools and Families, stated that local authorities had been made an offer that they were unable to refuse by the government. If school governors did not feel that they had been sufficiently well briefed on the programme, she was happy to meet with them again. There was a systemic problem that there was insufficient money for SEND and the government was incentivising local authorities to make changes and offering to write off deficits in return. Irrespective of this, it should not be necessary for children to wait for EHC plans for interventions and the changes necessary were overdue. For example, there needed to be a lot more universal provision for speech and language therapy. The direction was consistent with work that was already begin done in response to the

written statement of action. The programme represented a big cultural change and a real opportunity to bring about change. She understood concerns regarding less articulate or assertive parents not getting as much support and this was shared by those across the partnership. It was essential for the interests of children and schools that the programme worked though.

Ms Difulco agreed to refer the suggestion that the chair of a school governing body be added to the Safety Valve Steering Group to the group for consideration. There were over 2600 children with an EHC plan in Haringey, which was higher than the average for other London boroughs and there was an overspend of £24 million. She reassured Panel Members that if children needed a plan, they would receive one as this was a statutory duty. All of the relevant background papers and reports regarding the transformation of SEND were available on the Councils SEND Local Offer website and a link to these would be shared with members.

In answer to a question regarding the lack of speech and language therapists, Ms Difulco stated that she was aware that there was a shortage and the time frame for targets involving them had been extended in response. In addition, one project involved the recruitment of speech and language assistants which would reduce reliance on specialist therapists. The target of 611 for reductions in the number of EHC plans did not only relate to early intervention and would also be met by revising plans, with some being ceased where they were no longer deemed necessary. In answer to another question regarding personal transport budgets, she reported that very few parents currently had these and this was an area that needed further development. She recognised that the SV programme was very ambitious but it was nevertheless the right thing to do.

AGREED:

1. That the one page summaries of each project to be undertaken as part of the Safety Valve be shared with the Panel in the next stage of engagement; and
2. That it be recommended that school governing bodies be represented on the Safety Valve Steering Group.

46. HARINGEY EDUCATIONAL ATTAINMENT 2022

James Page, the Chief Executive of Haringey Education Partnership, provided an update on test and exam attainment. The current data was the first nationally validated data that there had been since 2019. There had been an overall reduction in attainment. There were gaps in early years and primary, where there had not been any changes to grading or assessment. In secondary schools, higher grades had been obtained but was reflective of a change in the baseline and performance had actually declined. There had been an impact from Covid and the lost learning arising from it.

Haringey's relative performance had been very positive with improved standings compared to other London boroughs and nationally. In early years, the percentage achieving Good Learning and Development had declined by 4% but the decline elsewhere had been higher and this had allowed Haringey to improve its position in

the top quartile in London. There was a similar picture in the percentage of children passing their Phonics test. In Key Stage 1, the percentage reaching the expected standard for Reading, Writing and Maths was also down but not as much as elsewhere and this had enabled Haringey to almost reach the London average. In Key Stage 2, the percentage reaching the expected level in Reading, Writing and Maths had only declined very slightly whilst elsewhere the decline was 5% in London and 6.5% nationally. This had enabled Haringey to reach the London average for the very first time. In the Attainment 8 measure of GCSE, Haringey had risen higher above the national average, which was especially welcome with the return of exam based assessment. The borough had slipped below the average during the period when assessment was by teacher assessment. In addition, the attainment gap for Black Caribbean and Turkish young people for GCSE had also reduced. Finally, A Level results continued to be above the London average. There had therefore been strong performance all the way from early years to post 16. Top priorities for development were closing further the attainment gaps for Black Caribbean young people at GCSE, for Turkish and Kurdish young people at Key Stage 2 and for EAL students at both points.

In answer to a question regarding the comparatively low levels of attainment for applied general qualifications at Key Stage 5, Mr Page stated that this was probably due to a range of factors. At post 16, more than half of young people went to providers who were out of borough and this was particularly true of those in the east of the borough. There was also strong A Level provision in the west of the borough. It was likely that it was a selection issue and that a comparatively large proportion those that remained came from the lower attaining cohort. He would nevertheless check with the data. In answer to a question regarding the impact of Covid, he reported that HEP and the Council had worked with schools to bring them together during the pandemic. This enabled them to focus on remote learning and share best practice, as well as maintain a focus on school improvement. In addition, schools had been inclusive and had provided tutoring and support. Support had been provided to them on a range of issues by HEP.

The Panel noted that there had been an influx of children with EAL and, at the moment, many were struggling to make progress and asked about the support that was provided for them. Mr Page stated that there were a number of things in place but acknowledged that more needed to be done to enable them to achieve as much as elsewhere. Schools had been working with providers such as the Flash Academy, who assisted them with teaching and learning support and a lot of good work was done on vocabulary at Key Stage 2. Work was being taking place to support schools to further develop parental involvement and, in particular, build a better understanding of different communities. Consideration was being given to how support could be improved further though although it was not always easy to determine what would make a difference.

In answer to a question, Mr Page stated that the different communities that came under the "other white" category were separately tracked. However, the DfE set the overall categories and these were not necessarily those that would be chosen locally. The performance of traveller groups was tracked but the numbers of them were very small, as was the case nationally. He was not aware of any specific work that schools were undertaking with them, other than general inclusion work. Data was kept on the

performance of children from eastern European countries. There were a range of outcomes but Bulgarians were not performing as well as other groups. It was important to note that it was not possible to dictate to schools how they addressed these issues and they had developed their own systems and methods. A large proportion of children with EAL were nevertheless highly proficient in English. Support could be provided by parents in many ways. In particular, listening to children reading was particularly effective and this did not necessarily need to be in English.

The Panel felt that there were a lot of demands on schools. A lot of parents of children from EAL communities struggled initially and there needed to be programmes to support them, including induction. It was important to engage and involve them. Children from EAL communities were particularly disadvantaged if they joined schools late in the year, especially if they were required to sit formal exams. It was felt that more could be done to provide support for parents. It was noted that some schools had successfully employed bilingual staff who were able to speak to children and parents in their mother tongue. However, many children were eager to speak more English at home and schools were engaging with parents regarding this.

Mr Page emphasised that many EAL children made excellent progress. The racial equity work that had taken place between the Council and schools in the borough had contributed to an understanding of inclusive culture and the development of systems to respond to needs.

47. SCHOOL PLACE PLANNING

Nick Hewlett, Interim Assistant Director of Schools and Learning, reported that the Panel's review on the Haringey Family of Schools had made specific reference to the impact of the reduction in demand for school places. This was having a large impact on the sustainability of schools and their ability to respond to the range of demands that were placed upon them.

Nick Shasha, School Place Planning Lead, reported that the Annual School Place Planning report was behind much of the action that was taking place to address this issue. The peak years for demand for primary school places were 2012-14, when there were over 3,000 first place reception preferences made. There had been a gradual decline since then and this figure had gone down to around 2,500. There had already been a number of temporary and permanent reductions in the number of entry forms in several schools but more still needed to be done to reduce the number of surplus places. Discussions and consultation was taking place regarding reductions in the Planned Admission Number (PAN) at a number of schools. There were two key guidelines behind these:

- Parental preference would not be undermined; and
- Schools could immediately revert back to their previous PAN should local demand warrant it.

The latest school place planning report stated that the projected annual demand for reception places would be 2,600 by the end of the decade so there was unlikely to be any change in the near future. It was felt that the current decisions were well based on the information available currently. Recent National Office for Statistics data had also continued to show a reduction in the birth rate. In respect of secondary schools,

there had been an upward trend in demand for places but this had now tapered off. Whilst there was likely to be surplus places in future, this was not anticipated to be as large as for primaries and the need to address the issue was therefore not as pressing.

In answer to a question, Mr Shasha stated that the reductions in demand for places were due to a number of factors including the high cost of housing, Covid, Brexit and a long term decline in the birth rate. The reductions had occurred over a number of years. Mr Hewlett stated that the impact on schools would be considerable, particularly on their finances. There would be a need to have some challenging conversations with a number of them regarding this, including the diocesan authorities. The issues were particularly challenging for smaller schools and there now a lot more schools that were one form entry.

In answer to a question, Mr Shasha stated that the trends were not unique to Haringey and were also being experienced in neighbouring boroughs. Mr Hewlett stated that, although there were significant housing developments taking place in the borough, these would probably not make much difference. Some schools would benefit but not all.

The Panel noted that schools within geographical clusters met together from time-to-time. These were felt to be useful and more were requested. It was also noted that Catholic schools in the borough were currently undertaking due diligence regarding conversion to academies. Mr Hewlett responded that it was important that schools met together to collaborate on addressing the drop in demand for places. It would provide an opportunity to explore what might make them more sustainable. Some smaller schools were performing very well and good practice could be shared. Staff in many schools were staying in post for longer, which meant that they were more expensive to employ and this was proving a challenge for schools. A number had made proposals to restructure in response. He was aware of what was occurring with Catholic schools in the borough and had spoken to the Diocese regarding it.

The Panel noted that one school had responded to the drop in admissions by setting up a class purely for SEND children, who had thrived by being in a smaller class. Mr Hewlett commented that he was aware of the arrangements being made for SEND children at the school in question. However, inclusivity needed to be maintained and the process managed carefully. One of the aims of the Safety Valve programme was to keep more SEND children in Haringey schools. More SEND children staying in the borough meant more money for schools and therefore benefitted all children.

48. LOCAL GOVERNMENT ASSOCIATION (LGA) PEER CHALLENGE - OUTCOME

Ms Hendricks reported on the outcome of the recent Peer Challenge that had been undertaken on children's social care within the borough by a team from the Local Government Association (LGA). This had been undertaken in November 2022 and its final report was now awaited. Peer challenges were undertaken by invitation from local authorities and this had been done in preparation for Ofsted inspection. The challenge had been an extensive process, including reviews of documents, data and case files, interviews and focus groups. In addition, there had been observation of practice. The scope of the challenge had been wide ranging.

A number of strengths had been identified by the team. In particular, the Early Help Panel had been found to be well attended and the social workers in school scheme had been shown to have an impact. There was also a greater range of services that were available now to the Multi Agency Safeguarding Hub (MASH), which was found to be well resourced and structured. There were a number of areas in respect of the MASH and the Front Door that were identified for further consideration. These included reviewing the contribution of partners to the MASH and governance arrangements and developing live data reports. In respect of permanency planning, senior leaders were found to be committed to this. The Foster to Adopt approach also promoted early permanency. They were also impressed by the quality of special guardianship assessments that were undertaken. Amongst areas identified for further consideration were the additional capacity in permanency planning so that it was considered across the spectrum. The workforce was identified as a strength and they were seen as passionate and committed. Consideration was recommended to responding to areas where there was higher staff turnover and reflecting the reasons for this in the workforce strategy action plan. The voice of the child was seen as an area of particular strength. Evidence was found that children were listened to and that their input shaped services. It was felt though that consideration should be given to strengthening the evidence that of the child's voice being used to influence plans. Leadership was seen as a strength, with a permanent, stable and committed leadership team.

Ms Hendricks reported that a 'Getting to Excellence Board', was to be established and there would be a range of activities developed in response to this, many of which would require the involvement of a wide range of stakeholders. This would include developing further the political engagement and there would be a range of activities in support of this, such as training for Members. Panel Members would be requested to be involved as part of this.

In answer to a question, Ms Hendricks reported that one area of concern that was identified was infrastructure. It was felt that the environment needed to be created where practice would thrive. The Cabinet Member stated that the challenge had confirmed that children's social care was not just the responsibility of the Children and Young People's Service. The infrastructure and external issues that could impact on care services were also significant. There was a very important role for the Panel and the Corporate Parenting Advisory Committee in asking challenging questions.

49. WORK PROGRAMME UPDATE

It was noted that it was unlikely that the proposed review on physical activity and sport could be completed by the end of the current municipal year. Panel Members stated that they wished to look in detail at the issue of children and housing. There was an overarching review of housing taking place and a scrutiny review on this matter would be able to feed into it.

It was noted that it would take time to develop a scope and terms of reference for this and that it would also unlikely to be possible to complete a review on this by the end of the year. Physical activity and sport had also been identified as an area for review in response to feedback from young people who had attended the Scrutiny Café. It was

therefore agreed that the review on physical activity and sport would proceed as planned and that a scope and terms of reference for a review on children and housing be developed for discussion at the next meeting of the Panel. An informal meeting between the Chair and relevant officers would be arranged to facilitate the development of this.

AGREED:

1. That the draft scope and terms of reference for the proposed review on physical activity and sport be agreed and recommended to the Overview and Scrutiny Committee; and
2. That the scope and terms of reference for the proposed review on housing and children be developed and submitted to the next meeting of the Panel.

CHAIR: Councillor Makbule Gunes

Signed by Chair

Date

MINUTES OF JOINT MEETING OF ADULTS & HEALTH AND CHILDREN & YOUNG PEOPLE'S SCRUTINY PANELS HELD ON THURSDAY 9TH FEBRUARY, 2023

PRESENT:

Children & Young People's Scrutiny Panel Councillors: Makbule Gunes (Chair), Anna Abela, Lester Buxton, Lotte Collett, Marsha Isilar-Gosling, Sue Jameson and Mary Mason

Children & Young People's Co-optees/Non Voting Members: Yvonne Denny (Church representative) and Amanda Bernard (Haringey SEND Parent Carer Forum)

Adults & Health Scrutiny Panel Councillors: Pippa Connor (Chair), Anna Abela, Cathy Brennan, Thayahlan Iyngkaran, Felicia Opoku and Sheila Peacock

Adults & Health Scrutiny Panel Co-optees: Helena Kania

1. FILMING AT MEETINGS

The Chair referred Members present to agenda item 1 in respect of filming at this meeting. Members noted the information contained therein.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Lourdes Keever, Venassa Holt and Ali Amasyali.

3. ITEMS OF URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

Councillor Iyngkaran reported that his wife worked for Barnet, Enfield and Haringey (BEH) Mental Health Trust.

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None.

6. MENTAL HEALTH SUPPORT AND TRANSITIONS FOR 14-25 YEAR OLDS IN HARINGEY

Tina Read (Head of Child and Adolescent Mental Health Services (CAMHS) Transformation at BEH (Barnet, Enfield and Haringey) Mental Health Trust (MHT)) outlined the range of services that were currently available to children and young people under the age of 18.

Trailblazer was based in schools and was part of NHS England's early intervention. Choices was community based and could be accessed by self-referral. Other CAMHS services were accessed through CAMHS Access, which triaged services according to need. There were Core CAMHS teams, which provided support through multi-disciplinary teams. There was also a Health and Well-Being service that was delivered through schools and GPs. In addition, there was also specialist learning disability team and an adolescent outreach team that worked with young people at the higher end of needs.

Partners delivered some services. Open Door provided services to young people up to the age of 25 whilst the Tavistock and Portman provided outreach and assessments for neuro-disability. There was also new provision for crisis response:

- A 24/7 Crisis Line;
- Crisis hubs; and
- North central London out-of-hours nurse led service.

In answer to a question, Tim Miller (Joint Assistant Director of Commissioning (Adults and Children)) stated that the vast majority of funding for mental health came from the NHS. The local authority provided some funding for the Learning Disability service, Open Door and the Tavistock and Portman for their First Step service for looked after children. In answer to another question, Ms Read stated that there was a four week waiting time target for a first appointment but it had been difficult to meet this during the pandemic. In an emergency, the 24/7 helpline could be contacted and the Crisis Hub could see young people in one to four hours. Some parents and young people chose to attend Accident and Emergency instead though. She was aware that waiting times could be long and work was taking place to bring them down.

In answer to a question regarding neuro-developmental assessments, Mr Miller acknowledged that there were long waiting times, particularly in respect of autism, and this had been highlighted in the recent local Special Educational Need and Disability (SEND) inspection. Action to remedy this was a key part of the SEND Improvement Plan, which was currently being implemented. Progress was being monitored by both the Department for Education and NHS England.

In answer to another question, Mr Miller stated that there had been considerable investment in autism assessment capacity for the under 11's. Prioritisation was based on level of need and how long that they had been waiting. More support was also being provided to those who were waiting for assessments, through the Markfield Project or Open Door.

In answer to a question regarding how young people accessed mental health services, Ms Read stated that there were a number of ways. There was mental health support available in schools and schools themselves could make referrals. There was also Choices, which was a self-referral service. In addition, there was the Crisis Line.

Once people had made contact, it was the responsibility of services to assist young people in navigating their way around the system. Vicky Murphy, Service Director for Adults, Health and Communities, reported that joint work was taking place to re-launch the service directory, which provided shared information on what services were available locally. Work to map out mental health services for adults was also planned and this would include identifying any gaps. She would be happy to report on the outcome of this.

Gary Passaway, Managing Director for Haringey for BEH MHT, reported that the current workforce was considered sufficient to meet current levels of activity but an increase in demand was anticipated. There was to be a particular focus on hard to recruit roles. Workforce capacity was being addressed across the north central London area and was a continuous process. He was confident that there would be sufficient capacity to meet future challenges.

In answer to another question, Mr Passaway stated that no one on the waiting list was forgotten. There was a rigorous review process and a range of initiatives to support it. Ms Read commented that reducing the waiting list was difficult. It had begun to reduce though but not as quickly as desired. Mr Miller stated that not everyone wished to use NHS or Council services and there was now a digital offer called Kooth that people could access instead and this had proven to be very successful. It could be used while people were waiting for other mental health services or as an alternative to them. In addition, MIND in Haringey provided a wide range of services in the community. Ms Murphy reported that, in adult mental health services, there were currently no young adults waiting for a Care Act assessment. There currently two young adults awaiting Care Act assessments by the learning disability team.

In answer to a question regarding diversity, Mr Miller reported that Kooth had been successful in engaging with BAME communities and take up was greater amongst them than for mainstream CAMHS services. In addition, MIND had formed partnerships with a range of community organisations. The NHS talking therapies for anxiety and depression service had also accessed a wide range of communities, had a diverse workforce and could deliver services in community settings and languages.

In response to a question from Councillor Iyngkaran, it was agreed that waiting list data, including the trajectory as well as historical performance, would be shared with the Panels. In response to a question regarding Trailblazer, Ms Read stated that it was part of the NHS's long term plan for CAMHS and involved special teams being based in schools and supporting the whole school community. It aimed to provide a well-developed programme of early intervention. It was not in all schools in Haringey yet but it was planned to extend it in due course.

Ms Read reported on plans for the future. There was recognition that the support system needed to be reconsidered and the THRIVE model had been developed in response to this. It was a needs based model that had been co-created with young people and was based on the principle of them being able to access support at the point of need. It was a system wide response and was crucial to reducing the waiting list. The transformation required had begun to be implemented. The Panels noted that it was not a new service but a different way of working and an overarching

approach. It did not require new funding but all new investment would be directed towards the new model of support.

In answer to a question regarding stigma, Ms Passaway stated that he felt that it was diminishing. Covid had changed circumstances and helped to raise awareness. Services were now trying to help young people at an earlier stage and develop a preventative model. Mark Pritchard (Senior Service Lead (BEH-MHT) felt that there was still a stigma attached to St Ann's Hospital though and efforts were being made to provide services away from the site where possible.

In answer to a question regarding support for those in the Gypsy and Roma communities, Mr Miller stated that some work had recently been undertaken to look at inclusion and support for adults in marginalised groups. He was not aware of any specific work involving the Gypsy and Roma communities though and would report back on this. He also agreed to provide further information on referrals to the London Survivors Gateway. In answer to another question, Ms Read stated that services tried to obtain as much feedback as possible from those using them on their experience and there were a range of outcome measures linked to this. She agreed to come back regarding whether this information could be shared.

In respect of looked after children, Mr Miller stated that the Tavistock and Portman provided an assessment and screening service call First Step and worked alongside the Council's social work team. Support for those placed outside of the borough was provided through First Step Plus. There were also services commissioned from MIND and Hope for the Young. There was more that could be done though and consideration of improvements was taking place.

In answer to a question regarding relationships between partners, Ms Murphy stated that these were much better now. There was daily contact between staff in Adults and the Children and Young People's service. The transitions service had just been redesigned and additional investment put in. There were also good relationships with other partners. Services received feedback on services in multiple ways. Care Act assessments were subject of review and there were also various forums that could provide feedback. Culture was also important as well as ensuring that the right services were being commissioned.

In answer to a question, Ms Murphy stated that the transitions service worked with new adults receiving local authority support and could support them up to the age of 24. Providers of Care Quality Commission (CQC) registered statutory services could only provide support up to the age of 18 though.

Mr Miller reported that the vast majority of 18-25 years olds requiring mental health support received it. There were ways to access support without referral though. It was also possible to access talking therapies for anxiety and depression directly. Mr Pritchard reported that it was known that some people were reluctant to go to their GP regarding mental health concerns and research had been commissioned from the Bridge to find out where such people sought help so that any gaps could be addressed.

Mr Pritchard reported on how adult community mental health services had developed. There were now three Core Teams in the borough, which were aligned with Primary Care networks. The teams included a range of professionals and services. In addition, there was also an Early Intervention in Psychosis team and a Complex Emotional Needs service. However, the bulk of referrals went to the Core Teams. A key aim was to link support to primary care and allocation to teams was based on the location the person's GP. There was also provision for people whose GP was outside of the borough. It was intended that any change of Core Team would be seamless.

In answer to a question, Mr Pritchard stated many young people needed no further help after being supported by CAMHS. However, work was taking place to better identify those who were likely to need to receive ongoing care at an early stage so that a clear transition plan could be put in place. The experiences of those transitioning was being tracked with the intention of ensuring that the process was as smooth as possible. It was noted that there was now a regular meeting that took place with all of the professionals and partners to discuss transition plans. It was acknowledged that transition had not always been undertaken smoothly and the intention was to ensure that no young person fell off the pathway.

Mr Pritchard reported that it had been anticipated that demand for services would increase in the forthcoming years and the additional numbers had been factored in, with clear targets set. Mr Miller stated that there had been a growth in funding to recruit staff to support transition and the needs of 18 to 25 year olds. There would be a 5% year on year growth in the number of beneficiaries. The increased funding would take into account former CAMHS service users who might later need to be re-referred.

In answer to a question regarding support for families, Mr Pritchard stated that there were mental health social workers who could undertake carers assessments and work with families where there were challenges. Support could be provided through a range of services, including those provided by partners, such as housing. Family therapy could be provided by core teams, if required. Ms Murphy stated that there could also be a role for adult social care and Care Act assessments or carers assessments could be undertaken if need be.

The Chair of the Adults and Health Panel reported that Councillors often undertook complex casework and it could be unclear who to refer matters to. Mr Pritchard reported that he met regularly with colleagues in Adult Services to discuss individual cases, including Councillors enquiries. However, it was sometimes difficult to identify who the individuals referred to were as just the name was often not sufficient. Any additional information, such as date of birth, helped with identification. Members stated that action taken in response to their enquiries was not always reported back to them. Mr Passaway agreed to consider further how enquires from Members could be best addressed and feedback from services provided on cases referred by them.

In answer to a question, Mr Miller stated that there was now a Council Preparing for Adulthood strategy and a transitions team to smooth the move to adult social care. There were also closer connections between CAMHS and adults mental health services. There was a Transitions Panel led by the Council, which the Mental Health

Trust also attended. Systems were now in place to ensure better and earlier planning that were not previously in place.

In answer to a question regarding preparation for transition, Ms Murphy reported that the transfer from children's to adults social care was facilitated by the Transitions Team. Dennis Scotland, the Head of Children in Care and Placements, reported that parents and carers were very much involved in plans. The process could go well but it could be less smooth when the pathway was not begun early enough. Co-production was a high priority and would help reduce the level of stress and anxiety. Ms Read reported that there had been co-production with parents and carers on the transfer process from CAMHS to Adult mental health services and they would be happy to discuss this further. It was recognised that it was a period of anxiety and they were striving to do better.

Mr Miller reported that universities were beyond the sphere of influence of local services. Student mental health support was now more focussed and a higher priority though and this had been included in the NHS long-term plan for mental health. However, consideration could be given locally to what more could be done to support young people going into higher education, such as sign posting and providing information on what they might expect at university. Ms Read stated that there was a programme of improvements and this included support for transition from CAMHS to adult mental health services wherever young people might be or were moving to. It was difficult to have influence if a young person was not in the local area but they could, with the young person's consent, liaise with universities ahead of them starting.

Ms Read outlined the young adults' programme that was part of NHS England's long-term plan for mental health services, which focussed on investment and improvement. There were three core areas that had been identified for improvement in the next year:

- Young people transitioning to adult services;
- Delivering care in new and different ways, including community based ones; and
- Supporting young adults coming into services for the first time.

All young people would be tracked from the age of 17 upwards. A number of priorities for future years had been identified. This included support for vulnerable young people including those not accessing services. Work was taking place to gain an understanding of areas where needs were not being met and where support could be improved.

In answer to a question, Mr Pritchard stated that they already received referrals regarding young people who were moving into Haringey to attend university. Where young people moved from Haringey to other areas, mental health services would work with the mental health team in the area that they had moved to as local services were based placed to provide responsive care.

Mr Miller reported that there was a range of additional support available in the community outside of statutory services. Of particular note was the Autism Hub, which had been set up by the Council, was open access and had a young adults offer. There were also several support services that could assist young adults on a variety of matters, including employment and housing support, as part of their wider work, including Connected Communities.

Panel Members felt that all young people with Education, Health and Care (EHC) plans leaving schools should have a clear plan for their ongoing support. This was particularly relevant to those who were not receiving support from CAMHS. Jackie Difolco, Assistant Director for Early Help, Prevention and SEND, stated that this should be covered as part of an annual review of every child and young person's plan. Enhancing the quality and timeliness of annual reviews had been recognised as an area requiring improvement and was part of the SEND Service's current improvement plan and written statement of action. Whilst progress had been made, including increased active involvement of young people in their annual reviews, this was an ongoing area of development.

Ms Read outlined a journey that could typically be undertaken by a young person receiving support for mental health. Mr Passaway reported that the impact of plans would be monitored through both quantitative and qualitative means. It was particularly important to hear directly from young people about their impact.

The Panel acknowledged that the THRIVE model was based on providing support in a different way and that finances had already taken into account an anticipated increase in activity. However, they wished to receive further details of how services would be financed in the next five years as part of further scrutiny of transition. In addition, they requested details of:

- Additional funding there would be for Council services to ensure that necessary support was in place for transition and details of how new initiatives would be monitored so that it could be known whether the changes were working as anticipated;
- Early intervention programmes and how they were being rolled out;
- Action to move adult mental health services provided at St Ann's Hospital into the community, including staffing and funding; and
- The proportions of people who were supported via the telephone compared to those seen in person.

In answer to a question regarding access to services and how this was communicated, Ms Murphy stated that first point of contact for mental health services was through primary care and, in particular, GPs. Other services could be accessed by contacting the Council and there was now a digital offer. Mr Passaway stated that NHS 111 could also be contacted. Communicating what was available was a big priority for NHS services and more work was needed though. The Panel were of the view that access should not be over reliant on IT. Not everyone had access and other were not computer literate or had language difficulties.

In answer to a question on the effectiveness of Trailblazer and how mental health was taught in schools, Ms Read stated that it incorporated a whole school approach and aimed to raise awareness of mental health issues. The THRIVE model also aimed to incorporate a "no wrong door approach" so that people were not expected to be able to navigate their way around services themselves.

AGREED:

1. That waiting list data for CAMHS and adult mental health services, including the current trajectory as well as historical performance, be shared with the Panels;

2. That further information be provided to the Panels on:
 - (a). Specific work to improve the mental health of people in the Gypsy and Roma communities;
 - (b). Referrals to the London Survivors Gateway; and
 - (c). Feedback from service users on their experience of services.

3. That further consideration be given by mental health partners on how enquires from Members could be best addressed and feedback from services provided on cases referred by them;

4. That, as part of the future scrutiny by the Panels of transition from children to adult services, the following information be provided:
 - (a). Details of how mental health services for young people will be financed in the next five years;
 - (b). What additional funding there will be for Council services to ensure that necessary support was in place for transition and details of how new initiatives will be monitored so that it is known whether the changes are working as anticipated;
 - (c). Information on early intervention programmes and how they were being rolled out;
 - (d). Action to move adult mental health services provided at St Ann's Hospital into the community, including staffing and funding; and
 - (e). The proportions of young people who were supported via the telephone compared to those seen in person.

CHAIR: Councillor Makbule Gunes

Signed by Chair

Date



Haringey Safeguarding Children Partnership Annual Report 2021-22



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Foreword

Welcome to the Annual Report produced on behalf of the Haringey Safeguarding Children Partnership (HSCP). The report covers the period from April 2021 to March 2022. In line with the Multi-Agency Safeguarding Arrangements outlined within the statutory guidance, Working Together to Safeguard Children 2018, the HSCP operates within these requirements.

The HSCP provides the safeguarding arrangements under which the statutory partners and relevant agencies work together. We coordinate the safeguarding services, identify and respond to the needs of children and young people in Haringey, commission and publish Local Safeguarding Practice Reviews, implement local and national learning, listen to the views of service users and staff and provide scrutiny to ensure the effectiveness of our safeguarding arrangements.

At the core of these arrangements is a commitment from us, as safeguarding partners, to work together effectively, encourage constructive challenge where needed, identify what is working well and foster a culture of continual learning to drive improvement.

Helping and protecting children through a coordinated approach to safeguarding children is everyone's responsibility. Through collaborative action across organisations and agencies that work with children, young people and their families, our aim is that everyone can recognise the significant role they play and respond and fulfil their responsibilities to ensure that children, young people and families are effectively safeguarded and supported.

Helping and protecting children through a coordinated approach to safeguarding children is everyone's responsibility.

This report recognises the continued progress made by the HSCP amidst the unprecedented challenges and impact of COVID-19 and exemplifies not only

the Haringey community spirit but highlights the benefits we can draw on from proactive, collaborative partnership working.

As we now move forward, we recognise the vital role the HSCP will play in coordinating a robust safeguarding response through efficient multi-agency working, ensuring the best outcomes for all our children, young people and families in Haringey are achieved.

During the forthcoming year we will be focusing on how we can involve children, young people, and staff to provide scrutiny and feedback in the work that partners undertake. In addition, it is our intention to set up a Young People's Board: this specific piece of work was unfortunately put on hold owing to the pandemic. Along with other local authorities, we will consider how to introduce additional independent scrutiny and challenge to further evidence the impact of our partnership's collective decisions and actions.

We continue to be extremely grateful for the work of our Independent Chair and Scrutineer, David Archibald, and value the challenge, accountability, and expertise he continues to bring to the partnership.

The Haringey Safeguarding Children Partnership Executive



Welcome

I am delighted to introduce the Annual Report for 2021-22 of Haringey Safeguarding Children Partnership, which covers the second full year of the new Multi-Agency Safeguarding Arrangements, which were implemented on 29 September 2019. In preparation for these new arrangements, the three Statutory Safeguarding Partners (Clinical Commissioning Group, Metropolitan Police Service and Haringey Children's Services) worked extremely closely together to plan the detail of the new arrangements and express their joint commitment to further develop and improve multi-agency safeguarding.

One important aspect of the new national arrangements was to give the three Statutory Safeguarding Partners joint and equal accountability for safeguarding children and young people in Haringey. This change was implemented rigorously and effectively and there is clear joint and equal accountability embraced and displayed by the three agencies. This joint and equal accountability has been maintained and further developed, and is a crucial foundation of the partnership.

Over the last year, these strong partnerships have continued to respond effectively to the challenge of dealing with the COVID-19 pandemic. They responded rapidly and effectively, increasing the frequency of the Executive Group and Leadership Group meetings in order to work even more effectively together, sharing the details of responses to the pandemic, pressures on the system and temporary service models in order to ensure that the safeguarding of children and young people continues to be as effective as it could be under complex and challenging circumstances for organisations, front-line staff, families and children and young people themselves. This strong joint response has in turn further strengthened the partnership, laying strong foundations for future joint working.

The partnership has continued to develop its alliance with Haringey's Safeguarding Adults Board and has agreed several areas for joint work, with good progress being made on Transitional Safeguarding and Think Family, where there is good scope for further improvements in services and outcomes.

I write this section of the Annual Report as Independent Chair and Scrutineer. In common with many MASAs, Haringey is developing its approach to independent

scrutiny over time and intends to take account of current national work on this over the next year. As Independent Chair and Scrutineer, I continue to work closely with the three Statutory Partners in the decisions they make concerning Rapid Reviews and Safeguarding Practice Reviews, providing both independent challenge and scrutiny.

The HSCP and the safeguarding system across Haringey have performed well during this period and are in a strong position to continue to do so.

David Archibald
Independent Chair And Scrutineer

Introduction

The Haringey Safeguarding Partnership (HSCP) publishes an Annual Report as part of its statutory responsibilities under Working Together to Safeguard Children 2018.

The report outlines the effectiveness of multi-agency safeguarding arrangements, focusing on the impact and the difference made to children, young people and families. Evidence is from the activity of the sub-groups, training evaluations and the voice of children and families. Learning is from Local Safeguarding Practice Reviews, multi-agency and single-agency audits, local data, scrutiny, assurance and monitoring activities. Additionally, the report brings transparency for children, young people, families and practitioners and will set out how effective our safeguarding arrangements have been in practice. The report will also include:

- Evidence of the impact of safeguarding partners and relevant agencies' work, including training, on outcomes for children and families ranging from Early Help to looked after children and care leavers.
- An overview of any areas yet to demonstrate progress on agreed priorities.
- Decisions and actions by partner agencies to implement the recommendations of any local or national Child Safeguarding Practice Reviews
- Ways in which partners have obtained and used feedback from children, young people and families to inform their work and improve service provision.

The Annual Report reaffirms the HSCP's work and commitment to focus on continuous learning and development as well as fulfilling its strategic leadership vision:

- At every opportunity, the lived experience of children and young people is integral to how we safeguard and protect .
- There are improved outcomes through strengthening partnership workforce and community resilience .
- Our relationship-based practice is strengthened, demonstrating continuous improvement.

The Haringey Safeguarding Children Partnership Executive

The Executive Group

The Executive Group consists of three equal and joint partners:

- Haringey Children's Services
- Clinical Commissioning Group
- Haringey Police

The Executive Group is established, robust and effective, with a clear commitment from partners to review and improve working methods, building on strengths and innovation within the strong partnership relationships that exist.

As a strategic leadership group, the three lead safeguarding partners oversee the Haringey Safeguarding Children Partnership (HSCP). The HSCP Executive Group is the high-level, over-arching local governance partnership that primarily focuses on safeguarding systems, performance and resourcing. The Executive Group has statutory accountability for children's safeguarding arrangements in Haringey.

Members of the partnership must hold a strategic role within their organisations and be able to speak with authority, commit to policy matters and hold their organisation to account. All three lead safeguarding partners have equal and joint responsibility for local safeguarding arrangements. Part of the group's plan includes scrutiny, assurance and challenge sessions where senior officers from partner agencies are invited to provide evidence regarding the effectiveness of their safeguarding arrangements for children and young people within their agency.

The Executive Group met once a month and focused upon the rapid and decisive partnership action required to safeguard Haringey's children, young people and families who are at risk of harm and abuse. As COVID-19 restrictions were relaxed, the Executive Group continued to lead the HSCP to a focus on recovery plans where necessary.

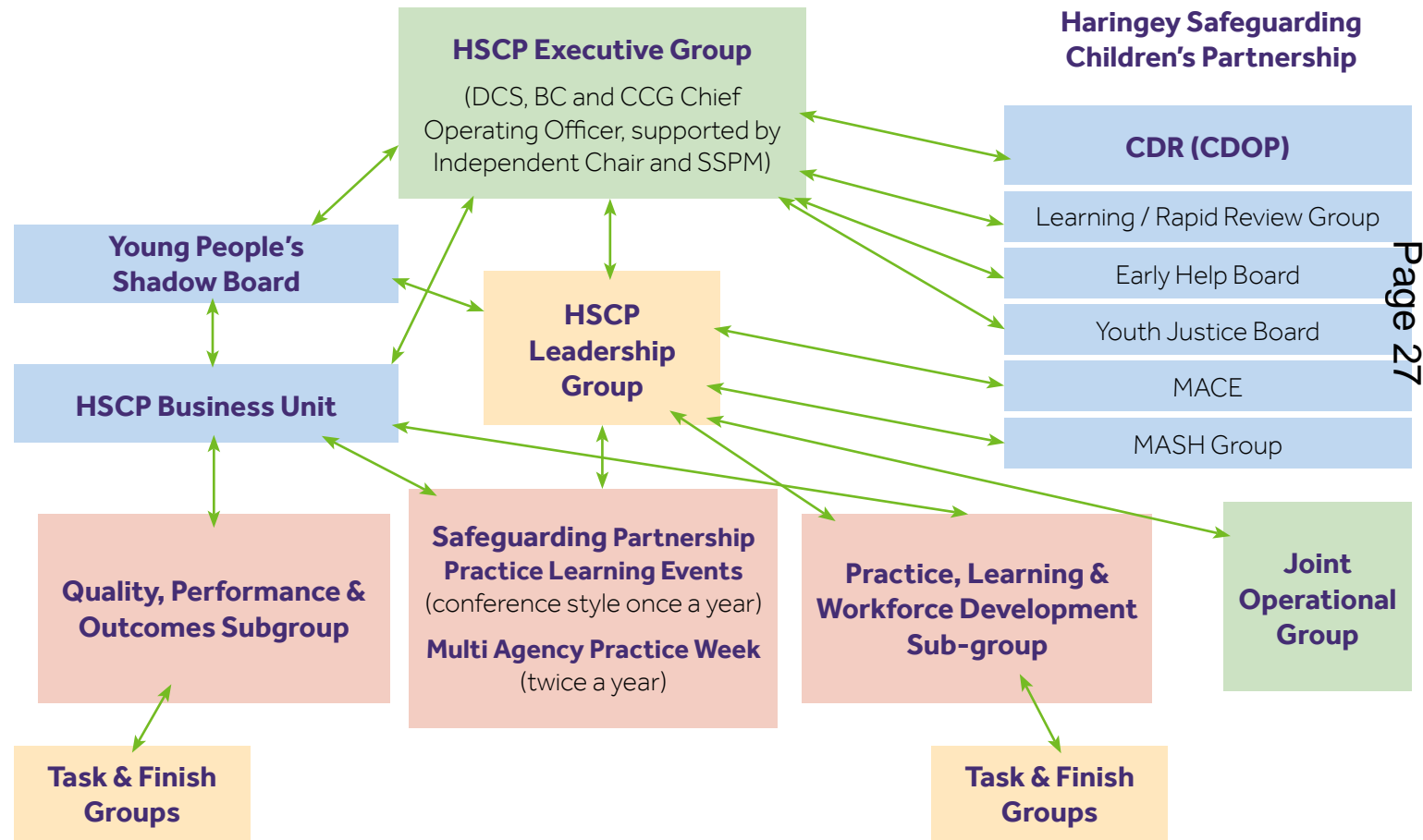
This Annual Report's findings will provide the reader with evidence that safeguarding remained a priority for all partner agencies, demonstrated by consistently high levels of attendance, engagement in new sub-groups and a strong culture of innovation, challenge and debate keeping children and local communities at the heart of the work.

To achieve the best possible outcomes, a key focus has been on the lived experiences of children and young people. The emphasis continues to be how, as a partnership we can work together to help keep them safe in their local communities, securing their physical and emotional wellbeing, engagement in learning in-person and online and ensuring they have access to the highest-quality, evidence-based support.

The Leadership Group

Executive Group and Leadership Group

The Haringey Safeguarding Children Partnership's Leadership Group consists of the lead safeguarding partners across Haringey plus the Independent Chair and Scrutineer. The group acts as the 'engine room' of the partnership. Senior officers from the statutory partners and the relevant agencies authorise the policy, process, strategy and guidance required to support partnership priorities and effective safeguarding. There were 11 meetings for the period 2021-22 which focused on agreed local and national safeguarding priorities, identified through data, audits and performance, focusing on outcomes. The Group is accountable to the HSCP Executive Group and the work taken forward through the three sub-groups and relevant task and finish groups.



Strategic Partnerships

Safeguarding Adults Board

Community Safety Partnership

Health and Wellbeing Board

Early Help Strategic Partnership Board

Violence Against Women and Girls Partnership (VAWG)

Joint Haringey Safeguarding Adult Board (HSAB) and Haringey Safeguarding Children Partnership (HSCP)

The Joint Haringey Safeguarding Adult Board (HSAB) and the Haringey Safeguarding Children Partnership (HSCP) meet biannually to ensure joint collaborative working across both agencies. The main objective is to ensure that all agencies work together for the purpose of improving local safeguarding and promoting welfare of children and adults in care and support needs at risk in Haringey. It is worth noting that each Board has its own existing lines of accountability for safeguarding and promoting the welfare of children and adults by its services.

Local Background And Context

Local Context:

Following the COVID-19 pandemic, the partnership continues to support high levels of need and complexity in families for the following reasons:

- Children living in (relative) low-income families show an increase of 10%, from 10,920 families in 2015-16 to 11,894 in 2020-21, according to the latest provisional data from the Department for Work and Pensions (DWP). Haringey had 1,150 hospital admissions for alcohol specific conditions (2020-21, 17th highest in London, which is a significant improvement from our previous position of being the eighth highest in the London region).
- 2.2% of Haringey's 16-64-years-olds claim Employment Support Allowance for mental health and behavioural disorders, which is the third-highest rate of all London boroughs and above the London average - however, this is largely due to the number of claimants overall. Of all ESA claimants in Haringey, 50.8% are for mental health and behavioural disorders - the same as the London average (May 2021).
- Haringey has the sixth-highest rate of domestic abuse with violence out of all London boroughs and is above the London average (two year rolling average from May 20-Apr 2022).
- Haringey has the third-highest rate of households in temporary accommodation in London and the population outnumbers the availability of housing by approximately 12,000 (average per Quarter 2021/22).

Alongside these challenges, Haringey has many positives for children growing up in the area. It is a place that has a rich history, strong and vibrant communities, great transport links and excellent facilities with a range of cultural events. Key strengths include:

- 97% of schools are judged as 'good' or 'outstanding' by Ofsted.
- 99% of Early Years settings are judged as 'good' or 'outstanding' by Ofsted.
- Our children's centres have significantly improved over the past year, with all eight now judged 'good' or 'outstanding' (8 out of 8)
- Diverse communities where more than 180 languages are spoken.
- Over a quarter of the borough is green space – with 25 Green Flag Parks and 120 venues where cultural activities take place.
- Residents report that they have good friendships and associations in their local area and good relations between different ethnic and religious communities.

Outcomes for children and young people include:

- Looked After Children in Haringey have above average educational outcomes. Looked After Children KS4 and Looked After Children achieving 9-4 pass in English and Maths GCSEs are performing in the top quartile in England (2020-21).
- Children with Special Educational Needs (SEN) have higher educational outcomes, with many featuring in the top quartile in England. Key Stage 4 achieving 9-4 in English and Maths for pupils with SEN Support is ranked 26th in England and KS4 SEN Pupils with EHCP going to, or remaining in, education & employment-training overall (including special schools) is ranked 19th in England (2020-21).

- Percentage of babies with low birth weight in Haringey rose to 2.97% (2020), lower than both London (which rose to 3.29%) but now higher than England (which fell to 2.86%).
- Lower percentage of asthma-related hospital admissions among children under 19-years-old compared to the London average (64.2 per 100,000 vs 72.9 per 100,000, 2020-21), a significant improvement upon last year's figure (120 per 1000,000 and 167 per 100,000).
- 20.9% of all Reception year pupils and 36.7% of all Year 6 pupils were recorded as overweight or obese in 2020-21. This is an increase on the previous year, though 19-20 results should be taken with caution due to reduced measurements taken because of COVID-19. 20-21 results are still lower than 2016-2019.

Our children and young people population:

In Haringey, there are 59,458 children aged 0-17 years, representing 22% of the overall population (ONS 2020 mid-year estimates), largely in line with statistical neighbours and London where 21% and 22% of people are aged 0-17 respectively. Notably, the ward with the highest proportion of 0-17-year-olds is Seven Sisters (31%), while the ward with the lowest is Harringay (17%). The number of under 18s is not expected to change significantly in future years and will remain most concentrated in the east of the borough.

Almost half of the pupils in Haringey schools do not have English as a first language (47.4%). After English, Turkish, Spanish, Polish, Bulgarian, and Somalian are the most commonly spoken languages (May 2022 Census)

One of the most significant challenges is inequality in outcomes. Poverty is a crucial determinant of poor outcomes. Childhood deprivation is unequally distributed across the borough, mainly affecting the east. In 2020-21, nearly one in five Haringey children lived in poverty (19.9%) - a higher rate than in London (18.5%), meaning we are working with increasing levels of need in Haringey. Haringey's eastern wards also have more children living in poverty in workless households. DWP data shows the percentage of children in absolute poverty in workless households as 7.1% in Tottenham Green and 6.9% in White Hart Lane, while at the same time just 1.8% in Alexandra, Crouch End and Muswell Hill.

Ukrainian families: Contacts to MASH from Families of Ukrainian Origin up to January 2022

- Five were for children with disabilities and one for a Family in acute stress (relating to a total of four children)
- February and March - of the 13 children with contacts, three were referred for social care assessment, seven to Early Help and three signposted to Universal Services.

Children's Social Care In Numbers 2021-22

<p>We received 13,079 contacts compared to 10,757 contacts received in 2020/21. The highest proportion of contacts come from the police (37%), followed by health services (18%) and schools (16%).</p>	<p>3,378 referrals were received in the last 12 months compared to 2,851 referrals received in 2020/21.</p> <p>Of the referrals received, 9% were re-referrals. Lower in comparison to 2020/21 when the re-referral rate was 16%</p>	<p>2,919 assessments were completed in 2021/22 compared to 2,563 in 2020/21.</p> <p>92% of assessments were completed within 45 working days; down on 2020/21 when 94% were completed within 45 working days.</p>	<p>There were 4,168 Children in Need who had received a service at any point within 2021/22 compared with 3,744 CIN in 2020/21. On 31/03/2022 2,151 children had an open of Children in Need episode.</p>	<p>At 31 March 2022 there were 387 Looked After Children.</p> <p>As at March 2022 the rate of LAC was 65 per 10,000 children in Haringey, the same rate as 2020/21.</p>
<p>13,079 CONTACTS</p>	<p>3,378 REFERRALS</p>	<p>2,919 ASSESSMENTS</p>	<p>4,168 CHILDREN IN NEED</p>	<p>387 LOOKED AFTER CHILDREN</p>
<p>178 children were the subject of a Child Protection Plan at the end of 2022. A 33% decrease from the number of children at the end of 2021 (264).</p> <p>231 children started and 307 ceased a CP plan in 2021/22.</p>	<p>1,199 Early Help cases were closed with a successful outcome compared to 1,194 cases in 2020/21.</p> <p>49% of the families engaging with Early Help were closed with a successful and sustained outcome, slightly higher than last year (48%).</p>	<p>1,164 children were the subject of a Section 47 enquiry in 2021/22.</p> <p>This equates to a rate of 196 children with a S47 enquiry per 10,000 children in 2021/22, a slight decrease on the rate last year (184) as 7% increase.</p>	<p>There were 230 Initial Child Protection Conferences in 2021/22, a 37% decrease on 2020/21 when 364 ICPCs were completed.</p> <p>93% of these resulted in a child protection plan. ICPC rate has decreased from 61 to 39.</p>	<p>1,610 assessments were identified to have a Domestic Violence, Mental Health or Substance misuse factors at the end of the assessment in 2021/22. 50% of these had at least two factors of these groups identified.</p>
<p>178 CP</p>	<p>1,199 EARLY HELP</p>	<p>1,164 S47</p>	<p>230 ICPCS</p>	<p>1,610 TOXIC TRIO</p>
<p>At the end of March 2022, the number of people open to the Youth Offending Service with their Asset Plus Plans up to date was 71% down from 82% a year ago. The number of active young people on case load has dropped to 66 from 77 the year before.</p>	<p>65% of 19-21 year old care leavers are in education, employment or training compared with 57% in 2020/21 and Haringey SNs (55% 2020/21). 87% are in suitable accommodation, the same as last year up on Haringey's SNs (85% 2020/21).</p>	<p>In 2021 there were 483 Education, Health and Care Plans requested, which is an 8% increase from 2020</p> <p>34% of EHCPs were finalised in 20 weeks, down on 2020 when 66% were finalised in 20 weeks.</p>	<p>Children in Care Attainment 8 achievements continue to be within the top quartile nationally with an average attainment 8 score of 25.8, slightly down on the previous year when Haringey CiC had an average attainment 8 score of 26.7.</p>	<p>Of the children who ceased to be LAC in 2021/22, 8 (5%) were adopted and 11 (7%) were subject to a Special Guardianship Order.</p> <p>Haringey SNs achieved 5% adoptions and 9% SGOs in 2020/21</p>
<p>71% YOS ASSET +</p>	<p>65% CARE LEAVERS EET</p>	<p>483 EHCPs</p>	<p>25.8 ATTAINMENT 8</p>	<p>19 PERMANENCY ORDERS</p>

The HSCP Business Plan

The Business Plan also aims to ensure that the partnership oversees and advances improvements in its core business. The Business Plan and work programme developed in partnership with all agencies continued to progress a range of improvements during the reporting period of 2021-2022.

Multi-agency work within the HSCP groups and sub-groups promotes work to drive a range of improvements to the safety and welfare of children and young people to reduce risk factors while increasing resilience. Partnership membership extends across several sub-groups to provide robust multi-agency working and continuity.

Impacting beyond our boundaries

While much of the Partnership's focus is support to our resident population, our impact reaches beyond that, and will continue to do so in the coming years. The HSCP is committed to efficiency, integration and building and sharing good practice.

- We have seen cross-borough projects tackling unemployment, health disparities, poverty, and crime.
- We have seen strengthened cross-borough alliances and programmes to deliver innovative, locally led solutions to crucial challenges affecting children and young people in Haringey.
- Locally, NCL CCG has made strides towards working to reorganise and become part of an Integrated Care System (ICS) in that five CCG's became One CCG in April 2020.
- Contributed to the Sector's response to SEND through the London Innovation and Improvement Alliance (LIIA).
- Haringey has contributed to the Pan London response to Every One's Invited.
- The Haringey Elective Home Education Team (EHE) partnered with the Barnet Safeguarding Children Partnership to raise awareness of electively home

educated children in our community, developed an EHE Policy, and a new EHE website.

Delivery

Many of the outcomes sought, and the impacts that we will achieve, will be the product of close partnership working with or through the delivery of our partners on shared areas of interest.

Our delivery in partnership, is shaped by the priorities of a range of strategies such as the Early Help Strategy, Young People at Risk Strategy and Action Plan. Health and Wellbeing Strategy, Children and Young People's Plan and Violence Against Women and Girls Strategy. These inform individual Partner and collective planning, driving activity that is overseen by Partner's governance structures, and will contribute to the delivery of this plan.

Funding Arrangements

Working Together 2018 states that the three safeguarding partners should agree on the level of funding secured from each partner (which should be equitable and proportionate) and any contributions from each relevant agency to support the local arrangements.

Partner agencies continued to contribute to the HSCP budget for 2021/22 and provide staff time. Currently as a partnership we intend to work towards equalising the budget as part of our longer-term funding plan.

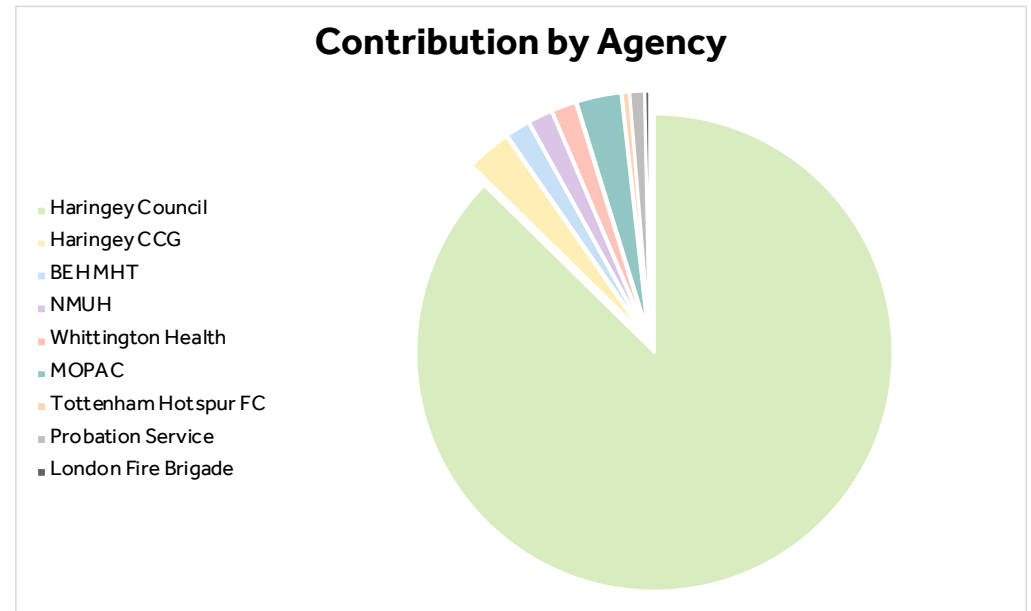
The partners in Haringey recognise the impact of the financial challenge facing many front-line services and the increasing complexity of need, demand and reduced funding from central government.

In total, the collective HSCP has contributed £314,419 towards the overall total cost for the year 2021-2022.

Work is underway within the partnership to address equitable funding, building on the commitment to sustaining the rigour of the partnership. Agencies have been finding alternative and innovative ways to contribute, including an 'in-kind' contribution via the secondment of a police staff to the HSCP for two days a week. Other partners have facilitated and supported the HSCP training and Health Partners now share the Chairing of the QPO & PWLD sub-groups.

HSCP Partnership Contributions *Includes contribution toward SPRs

	2021-22
Haringey Council	£274,672.35 (87.36%)
Haringey Clinical Commissioning Group *	£9,415 (2.99%)
BEH MHT (Barnet Enfield & Haringey Mental Health Service)	£5,115 (1.63%)
NMJH (North Middlesex University Hospital)	£5,115 (1.63%)
Whittington Health	£5,115 (1.63%)
MOPAC (Mayors Office for Policing and Crime)	£9,415 (2.99%)
Tottenham Hotspur FC	£1,500 (0.48%)
Probation Service	£3,071.65 (0.98%)
London Fire Brigade	£1,000 (0.32%)
Total	£314,419



Section 11 Audit

In total, eight organisations were requested to submit a return and every organisation fulfilled their responsibility by submitting their completed audit returns. The HSCP introduced support and challenge sessions, chaired by the HSCP Independent Chair and Scrutineer and the Strategic Safeguarding Partnership Manager, throughout November and December 2020. Agencies were scrutinised and asked to reflect on their safeguarding processes. Partners valued sessions with an opportunity to discuss responses to their Section 11 self-evaluation audits.

Overall, the partnership demonstrated a strong commitment to safeguarding via dedicated safeguarding teams and officers who provided clear, accountable governance processes and procedures and excellent evidence of safeguarding documentation. The S11 audits illustrated a desire to deliver best practice around safeguarding.

Across agencies, there was evidence of a real commitment by senior management to promote safeguarding throughout individual agencies. It was demonstrated that staff had knowledge of the management structure and could approach individual safeguarding teams for advice if required. Partners showed commitment to attending partnership meetings and disseminate any learning. Each agency was proud of its dedicated safeguarding team and the commitment they demonstrate daily.

Recommendations

- Work to be undertaken to improve and promote the HSCP brand, this should include a refresh of the HSCP website, with a focus on ensuring that all documentation, policies and procedures are up to date with a clear date of review evident.
- Consideration to be given to the reporting structure of the HSCP in order to maximise the time the Executive Group can focus on the HSCP's strategic priorities.
- Continued close working relationship between HSCP and Safeguarding Adults Board (SAB), with a view to progressing the joint action plan to tackle poverty in Haringey.
- Widening the range of agencies to engage in the s.11 including Educational Establishments and faith communities

We have seen a real commitment and the impact of agencies involving children and young people in recruitment panels and processes for senior managers and improved use of the Voice of the Child, with more mechanisms introduced to capture their feedback.

Areas of Strength

EXCELLENT LEADERSHIP AND STAFF COMMITMENT TO SAFEGUARDING

Overall, the partnership demonstrated a strong commitment to safeguarding via dedicated safeguarding teams and officers' who provided very clear accountable governance processes and procedures and excellent evidence of safeguarding documentation. The S11 audits illustrated a desire to deliver best practice around safeguarding.

Across all agencies it was highlighted that there is a real commitment by senior management to promote safeguarding throughout individual agencies and achieve the best possible outcome for children and young people. It was demonstrated that staff had knowledge of the management structure and approach individual safeguarding teams for advice if required. Partners showed real commitment to attend partnership meetings and disseminate any learning. Each agency was proud of their dedicated safeguarding team and the commitment they demonstrate daily.

Across the partnership, senior managers have been described as demonstrating a strong understanding of safeguarding through firmly embracing innovation, ensuring a focus on continuous practice improvement, and strengthening services for children and young people. They are ambitious and passionate about raising standards and strive for excellence.

ROBUST MULTI-AGENCY WORKING AND INFORMATION SHARING

Overall, all partners were of the same view that the MASH is working extremely well with good, pro-active communication and information sharing occurring on a daily basis. The MASH is now recognised widely as the "front door" between partner agencies and MASH colleagues are regularly approached by front line staff for advice and guidance on a range of safeguarding issues.

The effective and timely sharing of information is essential across the partnership when in delivering high quality services focused on the needs of the child. Partners continue to work hard collectively to ensure that children with identified needs get the services they require and deserve when they most need them and when they can have the most impact. Whilst information sharing as a whole across the partnership appears to be very positive, some partners did highlight the fact that on occasion information sharing was not always reciprocated, especially across boroughs.

"THINK FAMILY" APPROACH FOR HOLISTIC SAFEGUARDING

Several HSCP partner agencies continue to better align their Safeguarding Children and Safeguarding Adult teams to bring a more holistic approach of Safeguarding to the partnership. In many cases this has resulted in a positive way of how "Think Family" approach has embedded itself into everyday working practices of frontline staff. This is evidenced by timely and appropriate referrals. Partners continue to jointly work on this approach to have the same consistent level of understanding.

Due to the success in embedding the "Think Family" approach, agencies are now expanding this and looking for ways to further engage with those individuals who are reluctant to engage with services, such as regular missing persons or "invisible fathers".

SAFEGUARDING TRAINING FOR STAFF

All partners highlighted that the benchmark for safeguarding training of their staff had been achieved. The majority of training remains online as a remnant of the Covid-19 pandemic and agencies adapted very well to this arrangement. (It is hoped that as time goes on, a healthy balance between face to face and virtual training will be struck)

Partners continue to help to deliver the multi-agency training opportunities facilitated by the partnership. This continues to be well received by all attendees as local skills, knowledge and expertise is utilised to help deliver the training.

COMMUNICATION TO STAFF

Safeguarding is included in all job descriptions, so that individuals clearly understand their roles and responsibilities. This is communicated to all new beginners through induction programmes and mandatory safeguarding training.

Several agencies highlighted the effectiveness of the 7-minute briefings for awareness raising around specific safeguarding issues, e.g. bruising in non-mobile babies, which are communicated to staff.

BETTER USE OF "VOICE OF THE CHILD"

Last year's S11 report highlighted a need for the better use of Voice of the Child in some agencies. This year's S11 reports showed that a lot of innovative work to improve this has been undertaken and representatives felt confident that this is now very well embedded with practitioners.

The Voice of the Child now takes a central focus in assessments / reports and is easily identified. Agencies ensure that the Voice of the Child is central to any child protection processes where age appropriate and that children feel heard and listened to. IT systems have been adapted to make it easier for staff to record evidence of the Voice of the Child. Additionally, a number of agencies have developed child friendly documentation, such as complaints procedures.

SAFER RECRUITMENT

Agency representatives were keen to evidence that since the last S11 report they had made changes to existing processes and checking mechanisms to their safer recruitment process and subsequent DBS checks. These processes are supported by robust policies, safer recruitment training and guidance documentation.

Areas for Development

THE NEGLECT TOOLKIT

Partners would like to see the Neglect Toolkit used more consistently and welcome the forthcoming review of the Neglect Toolkit and training opportunities to accompany this. Partners consider this will support an improved understanding of Neglect, its impact and how a consistent approach will help to achieve improved outcomes for children, young people and their families.

DISCHARGE PLANNING MEETINGS

The partnership recognised the challenges faced by designated safeguarding leads in Haringey by not having a hospital in borough. This recognition supported the interim agreement of a Discharge Policy for Haringey Children and Young People whilst the Integrated Care Board (ICB) across North Central London (NCL) embed a strategic hospital discharge protocol for all children and young people in the region.

REVIEW OF AUDITS UNDERTAKEN IS REQUIRED

Through the Section 11 audit the partnership also recognised the challenges experienced by respective agencies that participate in audit activities across a number of local authorities, namely the NC L region (as well as beyond this region). Partner agencies remain very committed to the need for scrutiny of practice through audit activity and would welcome a review of the audit programme to enable them to promote this valuable work and learning derived from it in order to shape and influence practice improvement.

HSCP AS A BRAND

During the Section 11 audit process some partner agencies made really helpful suggestions regarding how the Haringey Safeguarding Children's Partnership could promote its brand across the local authority area and beyond to maintain its prominence, to enable the partnership to respond to staff during and since the impact of the pandemic. In tandem with this the HSCP will be refreshing policies, procedures and various aspects published on the HSCP website to optimise support to partner agencies as well as Children, Young People and Families within Haringey.

STAFFING

Partners, locally and across the North Central London region continue developing innovative ways to respond to the impact of staff movement through a variety of measures to optimise service delivery within their respective organisations and recognise the challenges encountered during active and robust recruitment campaigns in a very competitive local and national employment market.

In reference to the above point, partners did want to emphasise that it is due to the dedication, commitment and professionalism of existing staff that positive outcomes are still being achieved for the most vulnerable families in Haringey.

S11 Recommendations 2020/21

Progress made since 2021 includes:

- Partner Agencies are continuing to take a pro-active approach to information sharing at the earliest opportunity. This assists in achieving the best possible outcomes for children, young people and their families.
- Information sharing between agencies includes outcomes of cases to alert partners of any potential gaps in provision.
- Partner Agencies have reviewed their safer recruitment processes
- Partner Agencies have continued to use and develop innovative practice to ensure that the voice of the child plays an active role in agency's decision making, this includes recruitment of senior management.
- Agencies have continued to strengthen their relationship with the Local Area Designated Officer (LADO), resulting in the LADO receiving an increase in requests for advice in order to resolve concerns at an earlier stage. Throughout 2022/23 the LADO will facilitate a rolling programme of awareness raising sessions across the partnership.

HSCP Multi-Agency Data-Set

HSCP developed an agreed dataset in 2020/21 that monitors multi-agency child safeguarding arrangements, which proved successful with submissions by all partners. As a result of the success in collecting and collating the data it was agreed to further develop the dataset for the financial year 2021/22. The three strategic partners, as well as other partner agencies, contribute data quarterly, which is reviewed by the QPO, the HSCP Leadership Board and HSCP Executive. This data includes analysis by the Leadership Group linked to safeguarding priorities, which enables partners to understand how their services perform and highlights any emerging issues requiring strategic intervention across the partnership.

The dataset demonstrates the partnership's performance in terms of its strategy to improve outcomes for children. Clear explanations of upward and downward trends are shared and scrutinised. This focus on evidence, analysis and data identifies further opportunities to strengthen practice and investigate and resolve any issues at the earliest point by enabling partners to take forward areas identified in the dashboard requiring further analysis, strategic intervention, and oversight.

This supports the earliest intervention and analysis of new safeguarding issues, areas of improvement and emerging trends.

Referrals were the priority for partners during COVID-19 in 2020/21 and due to the ongoing concerns around the pandemic and the impact on service delivery it potentially had. This continued to be monitored closely and scrutinised monthly by the Executive Group, the Leadership Group and the Quality, Performance and Outcomes sub-group. This provided assurance to the HSCP that children, young people and their families in Haringey, continue to receive timely support when necessary.

Performance Framework Proposal for 2021-22:

The development of a revised Dashboard commenced during the current reporting period and progressed to consultation with all relevant partner agencies. It is anticipated this will be approved, launched and embedded during the 2022-2023 period.

The new proposal is a more focused approach in data collection, linking it to the partnerships priorities and areas of focus. Additionally, this will allow for areas of persistent concern to be monitored via data collection.

This enhanced data collection will support triangulating audit activity with intelligence that will enrich practice improvement.

Performance Framework Proposal for 2021-22:

- Children in need of help and protection
- Children affected by Domestic Abuse
- Children living with Mental Health issues

Scrutiny and Assurance

The Haringey Safeguarding Children Partnership (HSCP) undertakes regular auditing and scrutiny of multi-agency safeguarding arrangements. The work is carried out through the Quality, Performance and Outcomes sub-group. The sub-group developed a partnership learning log from thematic audits to monitor progress against actions identified. All actions arising from thematic audits are compiled into a themed learning log - a live document to ensure actions are implemented and sustained. Learning is disseminated to front-line practitioners through events and conferences and informs the training offer. Over the last 18 months, the HSCP undertook multiple activities or sought assurance to establish how agencies work together to identify and respond to crucial safeguarding issues. An overview of these activities is provided below.

Outcome of Activities

→ Ofsted Focused Visit – see letter either click <https://files.ofsted.gov.uk/v1/file/50162852> or copy it into your browser.

→ Health Partners

The most recent CQC Inspection summary for services for children and young people at The Whittington Hospital was rated 'Good' overall.

Barnet, Enfield and Haringey Mental Health NHS Trust's most recent Inspection summary for child and adolescent mental health wards and specialist community mental health services for children and young people were rated 'Good'.

→ Probation Service

Following the Probation unification in June 2021 all staff have been will re-visit mandatory safeguarding training. The London Performance and Quality team has created an electronic safeguarding dashboard which will be monitored locally on a monthly basis. There was a planned safeguarding conference held in March 2022 within the Haringey Probation Delivery Unit to ensure MASH partners agree information sharing protocols and priorities

→ Metropolitan Police Service KPI Framework

The Metropolitan Police Service has reviewed its key performance indicators regarding Child Protection. The new framework, which encompasses all areas of safeguarding (including Child Protection) is now embedded with a regular thematic ongoing monthly audit regime led by the Public Protection Delivery Group. It includes a specific requirement to consider the Voice of the Child in every case, every time.

Child Abuse Investigation Team (CAIT) KPIs

An overview of these activities is provided below.

- 1. Timeliness of investigation - broken down into three sub-headings:
 - Standard investigations to be completed within 30 days such as Common assault / battery / drunk in charge of a child under seven
 - Serious Investigation to be completed within two months such as ABH / GBH sec 20 / child cruelty / abandoning a child
 - Serious & Complex Investigation to be completed within four months such as GBH sec 18 / threats to kill / abduction / sexual assault / rape
- Increase sanction detection (SD) rate to 30% of CAIT investigations.
- Reduce outstanding named suspects over 28 days to 10%.

Audits are carried out by dedicated inspection team (DIT).

The police have set ambitious targets for these KPIs, and although it took some time to achieve the targets, our dedicated and professional Child Abuse Investigation Teams are now either hitting or exceeding these targets. Going forward the CAIT KPI will change and be measured in relation to sanction detections rates.

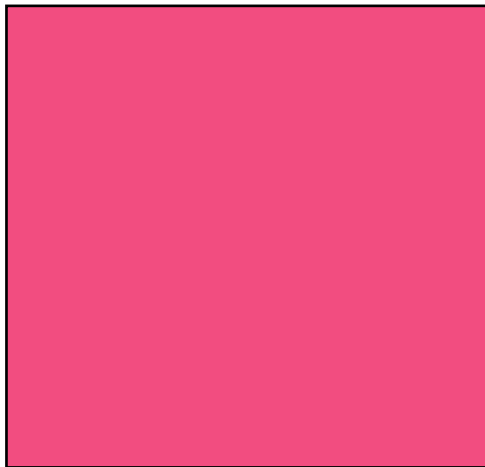
The "Voice of the Child"

What do we mean by 'the child's voice'?

This not only refers to what children say directly, but to many other aspects of their presentation. It means seeing their experiences from their point of view.

Why is the child's voice important?

Child focused work means children feel listened to, plans are more successful when they are involved and prompt decisions are made about safeguarding when necessary.



Effective safeguarding systems must be child centred. Problems can arise in safeguarding systems when practitioners in agencies lose sight of the needs and views of the children within them, or place the interests of adults ahead of the needs of children.

Everyone working with children and families must seek the voice of the child and reflect and respond to it in all aspects of work. This is rooted in legislation and good practice.

The HSCP encourages partners to regularly seek opportunities to gather the views of children, young people, and their families to inform initiatives and partnership developments.

In the Metropolitan Police Service, the voice of the child is embedded in every interaction with children at each stage of an investigation. This begins from initial contact, usually by uniformed Police, up to the culmination of a case with court proceedings. The Met Direction Strategy 2018 – 2025: Achieve the best outcomes in pursuit of justice and in the support of victims - a deep commitment to active listening and emotional intelligence in how we engage with victims.

The voice of the child is routinely sought and captured in assessments within CAMHS. Following learning from a SPR, CAMHS undertook an audit that evidenced the voice of the child being captured in assessments and safeguarding referrals. An area of potential development would be to strengthen the voice of the child being captured where adults have care giving responsibilities.

The child protection medical provides an opportunity for children's and young people's voices to be heard in terms of their health but also all aspects of their wellbeing. They can be seen by themselves. The HEADS questions have been incorporated into the child protection medical to allow discussion with the young person on important topics. Particular thought is given to the behaviour of pre-verbal/non-verbal children and how that reflects the voice of the child.

Haringey CYPS gather the views of Children and Young in a variety of ways:

- C&YP in care are always at the centre of their Children Looked After Review. They are supported to fully participate in their Statutory Review. Some young people choose to chair their own reviews and others contribute in other ways such as choosing who attends review, where the review is held and so forth.
- ASPIRE (the Children in Care and Care Leavers Council) send out surveys regularly to the C&YP in Care and Care Leavers to gain their views, which are then collated and used to improve services.
- ASPIRE also attend quarterly meetings with Members and DCS and ADCS whereby their views are gained and used to develop service provision
- ASPIRE are involved in recruitment of senior managers via an interview panel and their feedback is taken on board during the selection process
- Care experienced young people have been actively involved in shaping the Transitional Safeguarding Protocol and continue to support us to embed this across the partnerships.

- Haringey have a Voice of the Child policy that stipulates that C&YP are consulted on the update or launch of policies that affect them and this is facilitated via ASPIRE. Partnerships also utilise the group's voice in their development of services.
- The Haringey Children and Young People Quality Assurance Framework involves gaining the views of children and young people on a monthly basis and this feedback is used to inform the development of services for children and young people.

Children and Young People's Contributions – What they said:

"He was like on it all the time, did what he said he was gonna do."

"I hardly smoke weed anymore – my case worker – helped me get the help I needed to cut down, I reckon I will quit like completely soon."

"They always helped, like with opportunities."

"My case worker helped understand my feelings – I don't get angry so quick anymore, I try and think first."

"Yeah they were always kind and listened."

"My worker helped me with my problems, always listened and help me make better decisions."

"I've met some amazing people since working with the YJS."

"They didn't judge me, she just listened."

Joint Work Undertaken

Transitional Safeguarding

Work is underway to produce the Haringey Transitional Safeguarding Protocol. The aim of the protocol is to develop a multiagency approach to preparing young people for adulthood that enables a transitional safeguarding response to support the most vulnerable young people and adults in Haringey who are at risk of abuse and exploitation. It aims to reach and influence the practice of all operational staff and managers as well as inspire senior leaders in their visioning and commissioning of future services.

We recognise the challenges faced by many young adults who may lack support of families or services to address the many risks adulthood can bring. Some young adults may be exploited by organised crime gangs or engage in harmful behaviours that limit their life choices.

The implementation of this protocol and action plan will lead to assurance for both the safeguarding adult board and safeguarding children partnership of a more effective multiagency approach for young people, enabling earlier identification of risks and responses that embed transitional safeguarding as an integral strand of the Preparing for Adulthood pathway. The final protocol is expected to be published in 2022.

The Joint HSAB/HSCP agreed to jointly commission a study of the experiences of Haringey young adults who are care leavers, to learn more about how adults and children's services/agencies can best support care leavers in their transition into independent adulthood. This will support better shaping the future organisation and delivery of services to this vulnerable group of people and complement the developing Vulnerable Adults Protocol. Furthermore, the joint Board agreed to a Learning Together systems approach so that the approach and potential findings of the commissioned study is not limited to what is currently possible within existing national, legal and policy imperatives, but points to what would be of benefit to care leavers and inform Haringey's approach to nominating across adult agencies lead professionals.

Vulnerable Peoples Protocol

The Vulnerable People Protocol (VPP) is being led by both Assistant Directors (Children's and Adults) with the support of both Principal Social Workers across Adults and Children services. A Vulnerable Persons Working group has been set up to look at the different areas to embed in the Protocol. There has been a mapping of case scenarios to ensure good practice in areas of development in the current systems and identifying any gaps. There has been positive progress around young adults and care leavers through the regular meetings between Children Social Care, the Mental Health Service, and Adult Social Services.

Multi-Agency Audits

The HSCP agreed with partner agencies to undertake three thematic multi-agency audits, in addition to other audit activity. Themes and time scales were agreed and leads were identified from partner agencies. In addition there is a HSCP multi-agency practice week planned to take place in February 2023.

Themed Audit 1: Children and Young People's Mental Health

The audit aimed to focus on a multi-agency deep dive into how Haringey local services respond to children and young people living with mental ill-health.

The safeguarding children lead nurse for Barnet, Enfield and Haringey Mental Health NHS Trust led the audit. We developed a Terms of Reference (ToR) based on children experiencing mental ill-health and a themed deep-dive audit tool. The sampling focused on the children with early signs or living with mental ill-health where there is multi-agency or single-agency involvement. The exercise allowed the audit group a closer look at the experiences of children, focusing on their journeys.

KEY FINDINGS

- The thematic analysis noted an increase in complex cases within the partnership and to children's social care where mental health was a feature.
- Also noted was the need for mutual exchange of knowledge between mental health, housing, Children's Social Care pertaining to the interface of the Mental Health Act (1983) and safeguarding issues.
- Staff were acutely aware of exploitation risks in adolescents.
- There were distinctions between mental health concerns and behavioural concerns.
- Staff knew who to communicate with in the professional network.

- Mental health risk assessment was completed prior to section 17 leave being granted for young people subject to the Mental Health Act (1983).

OPPORTUNITIES FOR STRENGTHENING PRACTICE THAT WERE IDENTIFIED

- The 'voice of the child' in action, going beyond the scope of what a child has said, looking at behaviours and what this means in the context of the child's experience.
- Appraising risk from a system perspective (multi-agency), which includes safety planning and management of risk,
- Further develop resources and practice from a trauma informed perspective.
- Strengthening the use of cumulative risk to inform interagency planning
- Continue to further develop the interface with the Mental Health Act and safeguarding procedures to ensure that all practitioners have access to up-to-date guidance and legislation.
- Resource identification and develop support pathways where children do not meet threshold for mental health input rather displaying signs of trauma.

RECOMMENDATIONS THAT ARE BEING TAKEN FORWARD

- The establishment of a Named/Designate forum that will enable discussion, challenge, engender resolution, and innovative ways to solve identified issues. This has been successfully established.
- Creation of a CAMHS/Social care liaison meeting to support discussion at an operational level with a focus on the child, building better working relationships and shared risk assessment. This was paused due to the creation of the CAMHS division. Social care and Haringey CAMHS leaders have been building on their professional relationships and communicating at earlier stages in order to achieve the best possible outcome.

- Prioritise training across the partnership regarding children's mental health issues in respect of the Mental Health Act 1983. HSCP training offer continues to be reviewed and additional training gaps in provision are addressed.
- Strengthen joint risk planning in cases where children have mental health and safeguarding concerns.
- Continue to further develop the interface with the Mental Health Act and safeguarding procedures to ensure that all practitioners have access to up-to-date guidance and legislation.
- Resource identification and develop support pathways where children do not meet threshold for mental health input rather displaying signs of trauma.

Themed Audit 2: Child in Need of Support & Protection Audit

This audit activity was undertaken to focus upon children in need, in particular those where concerns arose in relation to neglect.

The impact of the pandemic in Haringey has been exceptionally severe with a large minority of the population from Black, Asian or minority ethnic heritage who have experienced a disproportionate impact on mortality from COVID-19 with a greater likelihood around children and young people experiencing neglect due to social isolation, poverty, school closures and increase in parental & family stresses because of the lockdowns.

The Audit was led by the Interim Deputy Head of Service, EDT, MASH & Assessment on behalf of the partnership. The audits provided an in depth analysis of the circumstances of the Haringey families subject to the audit. The learning is set out below.

KEY FINDINGS

- There were timely referrals into the MASH and robust decision making
- There was a high degree of visibility to professionals
- There was a high degree of visibility to professionals

- During the first lockdown the children continued to attend school due to their vulnerabilities
- There was evidence of robust multi-agency working across the children's centre, and two schools.
- This is a good example of a clear support plan in place to directly address the needs of the children and family in the short term.

OPPORTUNITIES FOR STRENGTHENING PRACTICE THAT WERE IDENTIFIED

- There is a need for continued growth regarding availability of suitable, affordable housing that meets the holistic needs of families.
- The completion of the current review of the Neglect Tool and Strategy, followed by a re-launch and focus upon embedding across all partner agencies would further shape and support responding to children in need in Haringey.
- Strengthening clarity regarding specialist roles across services responsible for working with and responding to children with additional needs.
- Prompt identification and assessment of young carers with clearly devised plans to support their holistic needs.
- Building upon previous learning and development of foster carers to extend expertise in supporting young people who misuse substances.

RECOMMENDATIONS THAT ARE BEING TAKEN FORWARD

- To further embed the Young Carer's Strategy across the Haringey Safeguarding Children's Partnership.
- Complete the review of the neglect strategy, toolkit, and guidance, to launch the revised suite of documents and provide training to support embedding the revised process.
- Continue to embed the core offer of the Disabled Children's Team across the partnership, including enhancing its profile within Haringey and how it supports parents and carers.

- Renewed focus to support timely recognition, assessment of need and the multi-agency response to substance misuse during pregnancy.
- For the Police to continue to strengthen their timely responses to children in need and collaborative working arrangements with the MASH service.

Themed Audit 3: Children Affected by Domestic Abuse (DA)

A Task and Finish Group was created from the Haringey Safeguarding Children Partnership (HSCP) Quality, Performance and Outcomes (QPO) subgroup to provide a child-centred assessment in relation to the provision of services available for children affected by Domestic Abuse in the London Borough of Haringey. The audits were one of the themes agreed by the Haringey Safeguarding Children Partnership (HSCP) audit work plan for 2021.

This audit was led by senior Police Officers and cases with a rich multi-agency involvement were selected from a list of six relevant cases presented by Children's Social Care (CSC).

KEY FINDINGS

- A number of young people have been referred to a specialist support agency since the Domestic Abuse Act, 2021.
- It was recognised that the Voice of the Child was captured by most of the professionals involved in the cases discussed.
- There was evidence of strong multi-agency partnership working in the cases.
- Social workers in schools (SWIS) have given quick access to a valuable source of support to children who need it and there was positive feedback.
- The HSCP commissioned a two-part "Understanding DA" training course with a number of professionals now trained.
- Identification and Referral to Increase Safety (IRIS) has trained 25 out of 36 GP practices in Haringey.

OPPORTUNITIES FOR STRENGTHENING PRACTICE THAT WERE IDENTIFIED

- Capturing the Voice of the Child: For all agencies there needs to be a continued and consistent understanding that behaviours act as the Voice of the Child as well as what children actually say. Whilst we know that all agencies have made huge developments regarding this issue, we also acknowledge that we cannot be complacent and developing skills around this issue remains a priority.
- Limited child-focused support: It was noted that support provisions for children affected by Domestic Abuse (DA) were often instigated as a result of the DA survivor receiving initial support, with limited opportunities for children to seek or obtain assistance directly themselves. For example, a GP can refer a survivor of DA to Solace in Haringey. Solace has a waiting list. There are no similar services for the children and the psychological impact on the children is significant. Access to support for children often focuses on children who have witnessed or experienced abuse, with little focus on the emotional affect change resulting from DA, such as a change in home, school, friends, proximity to family, may have on a child.
- Current support for children will need to be provided by generic services for example Open Door or CAMHS or services provided by schools. From the GP records in these three cases, it appears Children and Adolescent Mental Health Services (CAMHS) were not involved with any of the three families discussed. Children are accepted by CAMHS when there is concern of a mental health diagnosis however children witnessing DA this is an emotional impact on the children and doesn't fall within the CAMHS remit. Other resources are required, there are effective platforms for other concerns such as Insight platform for drug use, however not for DA.
- Unequal access to services: There is a number of areas where there appears to be unequal access to services for children and young people:
 - The IRIS project is not commissioned for all of the GP practices in Haringey.
 - Schools will have different things in place within the school to meet children's emotional needs. There will be variation in the type of provision and the waiting time for provision of support between schools.

- The Social Workers in School (SWIS) project is not available in all schools.
- Language as an additional barrier when services need to be applied for online and the survivors require additional support in applying, this adds to the delay in the children receiving any required support.
- Training: Improved training for schools around DA and the effects of witnessing DA could help professionals identify signs in children and provide early interventions. Training inputs to children around unhealthy relationships may assist children in identifying issues they may have witnessed at home and seeking support.

RECOMMENDATIONS THAT ARE BEING TAKEN FORWARD

- Formal mapping of domestic abuse services available in Haringey for adults and children which identifies gaps and disparities and commissioning of services to fill those gaps.
- Use of the mapping exercise to inform development of a Haringey 'offer' for children affected by domestic abuse including the pathway for emotional/therapeutic support for children affected by domestic abuse.
- HSCP to create and distribute a flowchart mapping how and when professionals in Haringey become involved in a case and how information is shared with partner agencies to understand the support provided to families, and children, affected by DA, and to enable wider awareness by other agencies. This to be publicised and 'launched' so front line professionals are aware of it.
- For DA to continue to be a training priority for multiagency training. For this training to have a focus on the detrimental effects of domestic abuse on children and young people and how to identify and mitigate these effects.
- All partner agencies to continue to raise awareness and access relevant training in promoting identification and explicitly recording the Voice of the child with this being central to all decision making mechanisms.
- The GP IRIS Programme to continue to extend throughout all GP practices within Haringey.

Local Authority Designated Officer (LADO)

All local authorities have a statutory role of Local Authority Designated Officer (LADO) / Designated Officer or Team of officers.

The LADO Team is responsible for coordinating the response to concerns that any person aged 16+ who works with children / is in a position of trust has, or may have, caused children (under 18s) harm, either at work or in their personal life.

LADO provision responds to professionals working in the borough rather than the demographics of children. Therefore, the profile of the borough must be considered in the resourcing of the LADO service.

Children & Young People's Providers

Schools	65 LA maintained Schools 16 Academies 12 independent schools 5 Free Schools 1 College 7 Special schools, including the Haringey Learning Partnership
Early Years providers	68 Nurseries 43 Nursery schools
Tier 4 NH provision and educational establishment	1 Adolescent Unit

Foster care	3 IFAs A disproportionate number of foster carers living in the borough. 390 Haringey children currently in care. 400 children placed by other LAs, living in Haringey [Source: Brokerage Service].
Semi-independent	16 Semi-independent settings
Children's Residential Homes	3

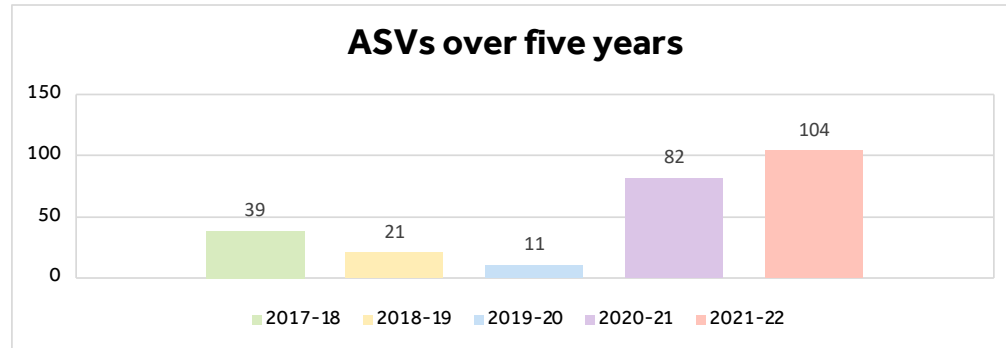
The overall figures for LADO contact are noted in this table 2021-2022:

Children & Young People's Providers					
Consultations	48	51	91	66	256
ASVs	27	20	26	31	104
Out of Borough LADO case involvement	9	3	11	5	28
Regulatory Complaints & Notifications (Ofsted, EFSA, Regulators, etc.)	5	9	10	14	38
Regulatory Information Requests (DBS, TRA, FOIs, SARs, etc.)	5	13	7	2	27
Total LADO Contacts	94	96	145	118	453

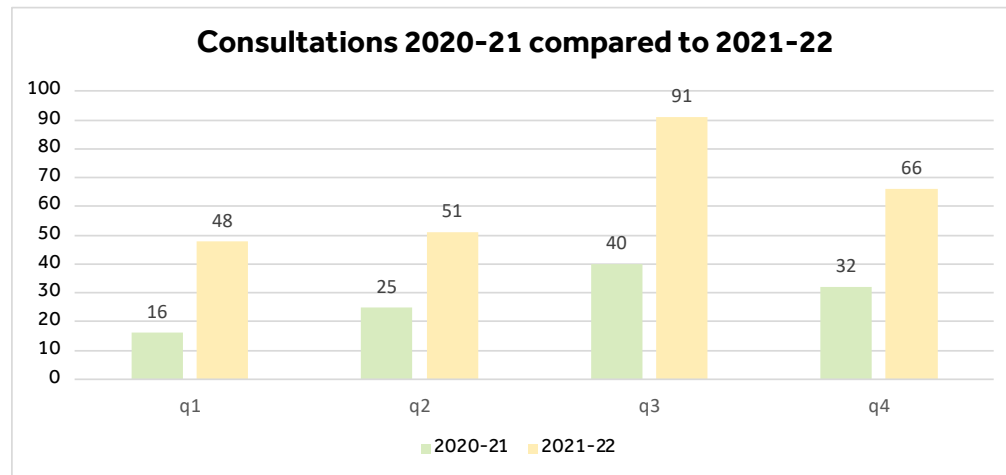
Overall, in this period 453 LADO contacts.

- ➔ 104 of these contacts led to ASVs. This is a rise in ASVs over 2020-21 by 26%.
- ➔ There were over 200 ASV meetings undertaken in the period.

This picture demonstrates a continued growth in service demand:

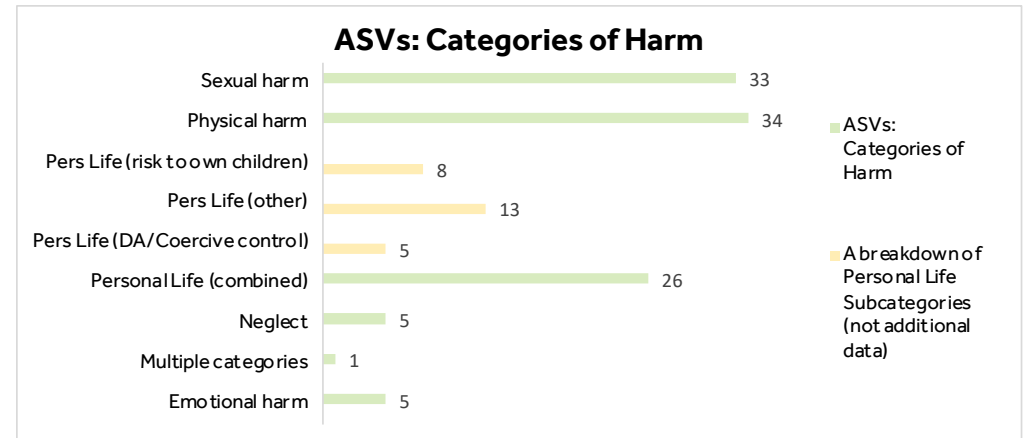


Consultations have increased by 126%



The increase in remit of the LADO role over past years with the addition of the suitability threshold, and the low-level concerns by education staff set the standards for other guidance to follow suit.

Statute continues to develop the role. The likely ongoing increasing of the LADO role moving forward is therefore a matter for partnership consideration in terms of the structure/establishment of the team. The impact upon LADO work volume reflects an increase from 113 consultations during 2020-2021 to 256 during the 2021-2022 period (126%).



In terms of categories of harm referred to LADO, sexual and physical harm, and concerns in personal life (suitability / transferable risk) dominate:

Of the 104 ASV cases, 91 have outcomes agreed at time of writing:

- ➔ 37 are substantiated
- ➔ 34 are unsubstantiated (not a finding of guilt or innocence but a reflection of available evidence to agree a substantiated or false/unfounded outcome).

The Unsubstantiated outcome represents a potential ongoing risk, that is not managed statutorily. It is positive that partners are referring concerns as they arise and that referrals are largely appropriate.

The full report can be found here:

https://haringeyscp.org.uk/assets/1/lado_annual_report_2021-22_final.docx

Haringey Safeguarding Children Partnership sub-groups

Quality Performance and Outcomes

- The **Quality, Performance & Outcomes (QPO)** sub-group organises and implements audit exercises, including case audits, as well as consultations and discussions with practitioners
- These multi agency audits help to measure the quality, effectiveness and outcomes of safeguarding work across the partnership. The group triangulates information obtained from these audits to improve the quality of safeguarding delivery and to identify areas that require further development and influence system change

Joint Operational Group

The **Joint Operational Group (JOG)** brings together representatives from statutory safeguarding partners and relevant agencies to have a deep dive into concerning complex cases.

The purpose of the group is to:

- Improve front-line practice around complex safeguarding cases and address blockages to effective safeguarding
- Provide an agreed consistent multi-agency response to practice challenges
- Ensure that children are at the centre of service delivery through relationship-based practice
- Disseminate key learning from case discussion across the partnership
- Create a multi-agency forum to reflect on risks, priorities to change and to act as constructive, critical colleagues
- Examine the themes and patterns from audit findings

Practice, Learning and Workforce Development (PLWD)

The **Practice, Learning and Workforce Development (PLWD)** sub-group produces an annual work plan, outlining practice, learning and workforce activities scheduled for the year. It focuses on developing a safeguarding development framework around effectively working together, dissemination of learning from practice and innovative opportunities (including practice learning events). Evaluation of the delivered training tests out how the Early Help and statutory systems are responding to needs across the continuum and the impact on lives of children and young people in Haringey

Quality Performance and Outcome (QPO) sub-group

The Quality, Performance and Outcome (QPO) sub-group organises and implements audit exercises, including case audits and consultations and discussions with practitioners. The Chair and vice chair of the group are both from health settings

This subgroup of the HSCP continued to meet virtually during the pandemic which enabled each agency to scrutinise its response to the pandemic and data on the most vulnerable children; thus, acknowledging its key role in changing and improving the quality and effectiveness of multi-agency working at the heart of keeping children and young people safe in Haringey.

The QPO sought reassurance that partners used and updated their Business Continuity Plans. Partners recognised a need to maintain standards and business as usual as much as possible. This summary will provide an overview of the activity undertaken by the QPO and areas identify areas for strengthening.

The HSCP has a multi-agency audit programme and conducts multi-agency audits based on agreed priority areas. The audits enable the partnership to focus on safeguarding practice and identify strengths and areas needing improvement.

The Terms of Reference for the QPO were reviewed and strengthened with agreement of QPO members, to extend the length of the meeting and frequency and refine areas of focus for the group demonstrating a commitment across the partnership to the work of this group

The QPO undertook audits in the following areas:

- Children in need of help and protection
- Children affected by Domestic Abuse and
- Children affected by Mental Ill-Health

The thematic audits additionally focused on the impact of these issues during the pandemic. Presentations were made to highlight the findings of the audits and next steps.

The audits have developed tangible recommendations with some of the work still in progress. In addition, the learning from audits has on occasion also highlighted the need for specific training. The QPO continues to have robust links with the PLWD and Haringey Academy which then assists in addressing any training needs.

The HSCP has developed the Partnership Quality Assurance Framework, which sets out our partnership practice standards, how we monitor our impact, and use our information to improve services. In revising the Performance framework to provide meaningful data, the framework has been aligned to the HSCP's priorities.

By embedding the newly refined performance framework, the HSCP is provide with meaningful data, by having named individuals that can populate the framework. This now enables the QPO to interrogate the data, consider the narrative around the data provided, monitor trends, and hold agencies to account who do not provide their performance data within the timescales required.

The work undertaken in this reporting period includes:

- Local Protocol with Housing and Jigsaw identifies how concerns will be escalated between agencies and linked to the wider Safeguarding Children's Partnership Protocols.
- Multi-agency Data Sharing Agreement now in place
- S11 Audit undertaken
- Threshold Guide Revised, disseminated, and embedded across the partnership
- All action plans are robustly monitored to ensure progression and sustained improvement.

- The group reviewed and endorsed a range of significant reports and findings from partner agencies.
- Review of local processes were implemented i.e. the Child Protection Medical Service alongside training to enhance consistency of standards and approach.
- The group received, monitored and responded to inspections across partner agencies.
- A learning conference was delivered to partner agencies in April 2022.
- Successful implementation of the Private Fostering App.
- Supporting implementation of a revised Child Protection Conference Process.
- Review and revision of several partnership policy and guidance documents.
- A review of existing QA arrangements and audit tools.

IMPACT

- Multi-agency learning has enabled professionals from all organisations to improve their safeguarding knowledge and skills. HSCP training has incorporated learning derived from this sub-group.
- The revised and implemented Performance Framework will provide members of the Executive Group and the wider partnership with up-to-date performance data, analysis and narrative. The partnership performance can be 'interrogated' to seek out specific trends and areas for improvement at the earliest opportunity. It can also highlight what we are doing well and why.
- We have developed an action plan that captures identified learning through thematic audits to improve practice. We have monitored progress against identified actions, and the QPO sought assurance that learning from audit activities was consistently shared and embedded in practice.
- We have responded to the recommendations contained in Action Plans (arising from reviews) in order to improve frontline practice so that better outcomes for children, young people and their families can be achieved.

- A private fostering presentation was developed for circulation to be cascaded and discussed regularly in teams, training undertaken, and the Private Fostering campaign relaunched, and a new app was introduced which can be found on the HSCP website.

WE CONTINUE TO STRENGTHEN OUR RESPONSE IN:

- Further embedding of the Performance Framework
- The interface of the QPO and Joint Operational Group (JOG) as the JOG also undertakes audit, with an aim to strengthen their individual functions and consideration of a governance structure.
- The dissemination of learning to staff across the partnership to enhance practice.

The Joint Operational Group (JOG) – Scrutiny and Assurance

The Joint Operational Group (JOG) brings together representatives from safeguarding statutory partners and relevant agencies to conduct a deep dive into complex cases.

The learning reviews enable the group to develop a shared understanding of the quality-of-service delivery, learn from best practices, improve professional relationships, and secure multi-agency ownership to allow practice systems to change and positively impact the children and young people.

The group examines themes and patterns from reviews and disseminates key learning from case discussions across the partnership. All professionals within the partnership can refer cases or events involving a child or family for discussion where agencies have raised concerns. These referrals do not meet statutory guidance for a safeguarding practice learning review. Following case reviews, an action plan is developed and is monitored for progress by the QPO subgroup and triangulated with learning from all QA activity (serious case reviews/practice learning reviews, thematic audits, multi-agency practice week).

The work undertaken in this reporting period included:

The subgroup completed four audits, which were selected by partner agencies. Rationale was provided for each selection by the relevant partner agency, i.e. repeatedly coming to notice for one or more partner agencies or due to complex issues that required significant levels of statutory and/or partner involvement.

During this period the JOG subgroup moved towards an operational model of partner agencies rotation of chairing the meeting and the emergence of a vice chair.

Key themes explored include:

- Perplexing presentations and parental mental health
- Trauma experienced child through domestic abuse and disguised compliance

- Adolescent mental health, bereavement, separation anxiety, trauma experienced, criminal exploitation, school exclusion and parental physical health.
- Emotional harm, parental alienation in context of domestic abuse, parental physical and mental health

Key Learning Identified by JOG included:

- Robust multi-agency working arrangements play an integral role when working with cases relating to perplexing presentations.
- Continued improvement regarding information sharing supports practice development
- Importance of maintaining a focus on the child in light of complex circumstances
- Strengthen awareness regarding support services available to children and young people who have been exposed to domestic abuse.
- The importance of bereavement services to support children and families
- Continue to support whole family systems approach including holistic assessments that consider the needs of all family members informed by family history
- The benefits of working closely with adult services when responding to complex issues i.e. mental health and domestic abuse.
- Benefit of well informed, succinct, chronology to inform analysis and decision making

Recommendations:

- Multiagency initiative to consider promoting whole-family working,
- Continue to improve how we work with parents who present with their own complex needs
- All professionals to continue to strengthen how they hear the voice of the child and understand and respond to the needs arising from their lived experience
- Strengthen awareness and implementation across the multi-agency partnership in respect of the Neglect Strategy, Toolkit and Guidance.
- Partners to benefit from refresher training relating to domestic abuse via the HSCP and/or HCA during 2022-2023 period.

IMPACT

- Prominence of domestic abuse training across the partnership during 2022-2023
- Conference planned in autumn 2022 relating to the theme of contextual safeguarding.
- Conference planned for 2022-2023 period relating to Transitional Safeguarding to raise awareness of trauma informed young people who may have developed complex mental health needs and need to transition to adult services.
- Contextual Safeguarding Meetings via Child in Need processes planned to implement during 2022-2023.
- Ongoing commitment to training relating to perplexing presentations to partner agencies.
- Health Ongoing commitment to utilise the escalation process when needed and strengthening relationships between CAMHS and CSC.

- In 2021-2022, the JOG audit tool was reviewed to strengthen the ability to identify learning, reflecting and actions:
 - I. Partners see the benefits of the infinity loop to develop, implement and sustain learning.
 - II. The learning feeds into the learning and development offer for the HSCP and Haringey Children's Academy.
 - III. To embed learning, the JOG has informed multi-agency training for practitioners across the partnership.

WE CONTINUE TO STRENGTHEN OUR RESPONSE IN:

- In 2022-23, we have again prioritised Child Criminal Exploitation (CSE) training. In 2022-23 we will add child sexual abuse training for the learning and development programme.
- In 2022-23, we again are delivering bespoke training from the Lucy Faithfull Foundation for children's social care. In 2022-23 we have commissioned Child Sexual Abuse Awareness-raising training for the partnership.
- We continued to strengthen evidence of Professional Curiosity when working with children and families.
- We continued to strengthen the Think Family, whole system approach within assessments including family history.
- There is a further awareness raising and training commitment to the partnership via the HSCP in autumn 2022.

Practice, Learning and Workforce Development (PLWD) sub-group

The sub-group is responsible for planning, organising, and evaluating appropriate multi-agency safeguarding learning and development activities and challenging, supporting or influencing the training delivered by individual agencies. The group ensures identified multi-agency safeguarding learning needs are addressed for the children's workforces and that learning, and development activities incorporate relevant research, good national practice and learning from case reviews and safeguarding adult reviews. The group also takes ownership for maintaining and further developing the partnership training pool and managing partnership communications and the HSCP website.

The work undertaken in this reporting period included:

- All meetings were held via 'Teams' – this was in the context of the continued response to the Covid19 pandemic. Whilst it was recognised that the situation nationally had eased slightly, it was also recognised that there were still huge pressures on agency settings due to levels of sickness and staff cover. The HSCP listened and responded to the needs of its partner agencies and therefore, readily agreed that all meetings and multi-agency training opportunities would be delivered virtually until such time that it was safe and appropriate to make changes. Partner agencies adapted quickly, offering enhanced access to training, including bite-size sessions on e-learning platforms for self-directed learning
- A review of the subgroup membership and the Terms of Reference (TOR) was undertaken. This was to ensure that the membership of the group fully reflected the wider engagement of the partnership, and that the TOR was robust and fit for purpose.
- The Graded Care Profile 2 was considered/contrasted with the existing Neglect Strategy, Toolkit and Guidance by a range of individuals representing the wider partnership. It was agreed to review the existing Neglect strategy, Toolkit and Guidance, with a view of relaunching it upon completion. A multi-agency task and finish group will address this issue.

- The existing Learning and Development Framework was revised. This work was undertaken at the request of partners who felt that more details about the course content and who the intended audience ought to be. This work has been completed.
- All commissioned trainers were requested to provide the HSCP with details of the course content that they were facilitating. This was undertaken prior to agreements being made. This was part of the quality assurance mechanisms implemented by the PLWD to assure themselves that all training opportunities were fit for purpose and met needs of partnership practitioners.
- Agreement was reached to Quality Assure all training opportunities. This is to assure the HSCP that all training provided on behalf of the HSCP is of a high quality and meets the needs of the partnership workforce. Why would we include this if we have not implemented it or do not have a plan to do so – or do we? (I may not be up to date)
- Alternative training resources and innovative and imaginative ways to keep in touch with children and families were shared, including different technology platforms.

Additional multi-agency training opportunities include:

- Agreement to commission Contextual Safeguarding Training
- WRAP training to help raise awareness around Prevent Duty
- Domestic Violence training
- Commissioned Trauma Informed Practice
- Safeguarding Supervision

A Partnership Learning Event took place in October 2021 which was attended by a range of partnership practitioners. The focus of the event was upon collective learning from Serious Case Reviews.

The Core training is now booked through the Haringey Academy. This has been a positive arrangement as this enables us to receive data and analysis as to the take up of training, the quality of the training offers and feedback from attendees. Agency attendance is also monitored.

The HSCP website, including a collaborative training booking platform with the Haringey Children's Academy. The new site contains multiple features, including auto-fill features for evaluations and course certificates. It also collects data on course bookings and attendance, and we can create group bookings for partners, making monitoring of training data more manageable for the HSCP.

IMPACT

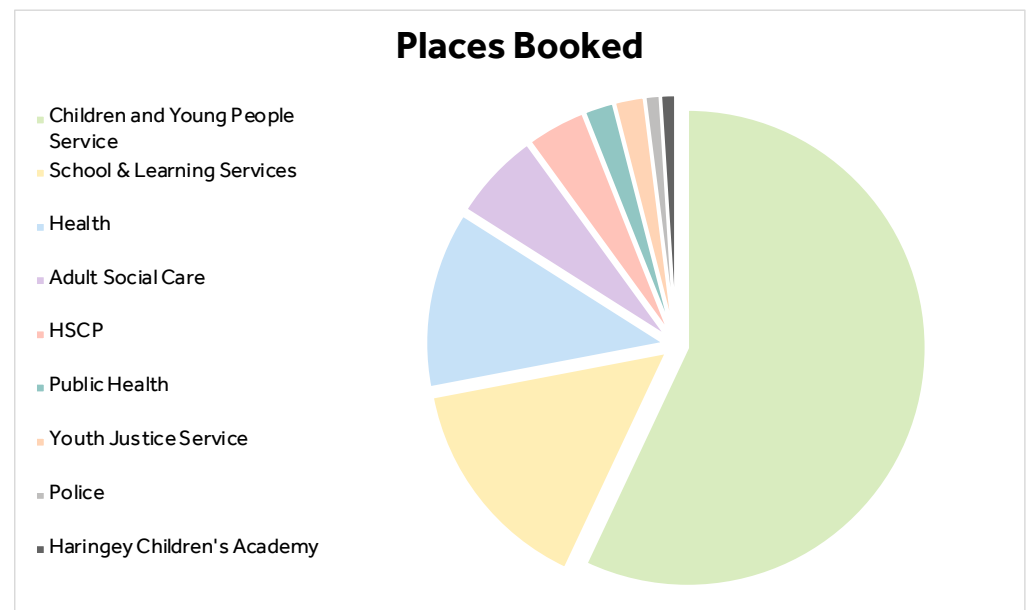
- Practitioners have a greater awareness and understanding of safeguarding and have applied their developed skills and knowledge to inform an improved identification and response to children at risk across the partnership.
- Increased attendance at multi-agency training has resulted in upskilling the partnership workforce.
- Higher quality and a broader range of training offered and delivered by local partnership staff has received very positive feedback.
- The majority of current training provision remains online in response to the pandemic. As the situation eases, further consideration will be given to a return to face-to-face training when it is safe to do so. However, it should be acknowledged, that even in the most difficult of times, the HSCP has continued to support staff in their professional development.

WHAT WE NEED TO DO MOVING FORWARD

- Continue to implement the Training and Development Work plan.
- Training courses to be commissioned based on analysis of gaps and local learning needs.
- Ensure that learning from audits and reviews is considered and where gaps in knowledge have emerged as a theme, specific training / awareness raising is facilitated by the HSCP to address this.

- Develop alternative training resources and innovative and imaginative ways to keep in touch with children, families, and practitioners including different technology platforms.
- The sub-group will need to continue to measure the impact of training and feedback from delegates on how they are transferring learning into practice and how,
- Improve the promotion of training opportunities across the partnership.
- Continue to develop '7-minute' briefings on specific safeguarding issues.
- Further develop the HSCP website so that it becomes more interactive.
- Consider the training needs of the partnership workforce for 2022/23.

In 2021/22 HSCP had another strong offering of Multi-Agency Training. HSCP offered 2678 free spaces to professionals for 24 courses and learning events. These are fully funded and taught by professionals from the partnership who are experts in their respective fields. The trainers can speak and teach with confidence due to their many years of hands-on experience.



Due to the lingering effects of the COVID-19 pandemic the majority of courses are still taught virtually via MS Teams.

- We held a total of 59 training sessions throughout the year.
- 1060 places were booked (up 8% from the previous year), however non-attendance persisted as an issue, particularly for courses with limited capacity.

As previously, the most popular workshop continues to be 'Managing Fabricated Induced Illness and Perplexing Presentations' and due to this more dates have been secured for 2022/23.

Additionally, we have successfully launched a two-part course in relation to Domestic Abuse - Understanding Domestic Abuse (Level 1) and Understanding the Impact of Domestic Abuse and how myths about domestic abuse led to victim-blaming; Level 2

Feedback continues to be overwhelmingly positive and when asked the majority of attendees wish to continue with virtual training. Delegates stated that the learning objectives had either been met 'absolutely' or 'mostly'. The standard of facilitation was either 'excellent' or 'very good'. Here are some quotes:

"The programme was well structured and delivered at a perfect pace. Participant were included and given a chance to engage Case scenarios and the questions were helpful."

"Everything, the facilitator was patient and thorough in his explanations."

"I appreciated to see how safeguarding is approached in a non-medical organisation."

"The session was engaging I was able to take lots of notes I will share with my colleagues."

As with all training offers, the HSCP continuously monitor emerging trends and look for new training opportunities, we welcome requests from all partners and if possible, try to incorporate these in our training catalogue.

Learning from Reviews: Child Safeguarding Practice Reviews

The HSCP continues to have a vital role in commissioning and coordinating learning from a range of reviews following a serious incident or in situations where children die. The two fundamental mechanisms that help us achieve this are Local Child Safeguarding Practice Reviews (LCSPR) and Child Death Reviews.

The QPO undertook audits in the following areas:

Sometimes a child suffers a serious injury or death due to child abuse or neglect. Understanding not only what happened, but also why things happened, can help improve our response in the future. Understanding the impact that the actions of different organisations and agencies had on the child's life and the lives of their family, and whether or not other approaches or efforts may have resulted in a different outcome, is essential to improve our collective knowledge. In this way, we can make sound judgements about what might need to change at a local or national level.

The purpose of reviews of serious child safeguarding cases, at both local and national levels, is to identify improvements to be made to safeguard and promote the welfare of children.

Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected, and
- the child has died or been seriously harmed

When a serious incident becomes known to the safeguarding partners, they must consider whether the case meets the criteria for a local review. Meeting the criteria does not mean that safeguarding partners must automatically carry out a local Child Safeguarding Practice Review. It is for them to determine whether a review is appropriate, being mindful that the overall purpose of a review is to identify improvements to practice.

The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel and at local level with the safeguarding partners.

The safeguarding partners are responsible for commissioning and supervising independent reviewers for local reviews, including a summary of any recommended improvements and an analysis of any systemic or underlying reasons why actions were taken or not. The safeguarding partners should take account of the findings from their local reviews and all national reviews to consider how identified improvements should be implemented locally, including how organisations and agencies work together to safeguard and promote the welfare of children. The safeguarding partners should highlight findings from reviews with relevant parties locally and regularly audit progress on implementing recommended improvements.

In April 2021 the Child Safeguarding Practice Review Guidance was launched. This document helps to guide all partners through the process of safeguarding practice reviews, including their roles and responsibilities.

From 1 April 2021 – 31 March 2022 the HSCP received five notifications where a Virtual Threshold Meeting with Statutory Partners took place.

Of the five cases referred to the HSCP:

- Three resulted in a Local Child Safeguarding Practice Review (CSPR) being undertaken
- Two did not meet the threshold to progress to a formal Safeguarding Practice Review - however some learning was taken forward.

At the time of this annual report, the HSCP has three CSPR in progress. It is anticipated that all will be completed by the end of October 2022.

In addition, we are currently in the process of concluding a SCR which originally commenced in 2018. The reason for the delay is following the intervention by the HSCP to ensure the circumstances surrounding the case were fully investigated, a criminal trial ensued. The National Panel have been informed of the various stages of progress regarding this highly complex case. It should be noted that whilst the final report was delayed due to criminal proceedings, initial findings and recommendations contained in the draft report, were progressed. It is anticipated that additional work required to complete the independent report, will conclude at the end of 2022.

All current cases are robustly monitored with the Executive Group appraised regularly regarding progress. This adds an additional line of scrutiny and challenge. The Executive Group will hold any partner to account to ensure recommendations are promptly progressed and/or pieces of work are completed.

In the past year learning, actions and impact as a result of the reviews have included:

- Review of the Escalation Policy –
- Continued review, development and progression to improve information sharing processes.
- Professional safeguarding curiosity
- How the multi-agency approach manages complex cases involving children with mental health issues and those with additional needs.
- “Think Family” approach continues to be embedded
- Extra familial harm/contextual safeguarding learning progressed to training being delivered
- Cross-Border working arrangements reviewed and continue to improve

HSCP is committed to learning and improvement sustained through regular monitoring and follow-up actions so that the findings from these and national reviews make a real impact on improving outcomes for children. A combined LSCPR action plan is in place to track actions and evidence the impact of implementing this learning across the system to ensure the reviews influence practice.

Learning from these reviews, Serious Case Reviews and national reviews have informed current HSCP work streams and training opportunities for front-line professionals, including dedicated sessions which focused on:

- The impact of Domestic Abuse,
- Learning from Local and National Reviews,
- Trauma Informed Practice
- Child and adolescent Neglect.

Learning has informed the revision of the existing Learning & Development Framework which includes:

- Signs of Safety,
- Parental Drug Misuse,
- Fabricated or Induced Illness (FII) and Perplexing Presentations (PP),
- Threshold
- Child sexual/criminal exploitation awareness.

Child Death Reviews

New national statutory operational guidance relating to child deaths was published in October 2018 and put into place as per the national guidance on 29 September 2019. The rationale for the new model was based on numerous factors including to:

- Improve the experience of bereaved families and the professionals working with them
- Ensure information would be systematically captured to enable local learning, and
- Inform changes in policy and practice through the National Child Mortality Database

North Central London (NCL)

North Central London (NCL) Child Death Review (CDR) partners consisting of North Central London NHS Clinical Commissioning Group and the five local authority areas of Barnet, Camden, Enfield, Haringey and Islington are statutorily responsible for the immediate actions that should be taken after a child’s death. This includes:

- local review of a child’s death,
- investigation after the child’s death.
- through to the final stage of the child death review process.

In 2021-22 a business case for joint funding with the five local authority areas was agreed with the CCG which resulted in the establishment of a central team to provide oversight of all Child Deaths. NCL CCG recruited to the central team consisting of a full-time administrator, a part time administrator (joined December 2021) and a lead nurse (joined February 2022). The team, work alongside the local Single Point Of Contacts and the Designated Doctors for Child Death to co-ordinate Joint Agency Response meetings when required and the Child Death Review Meetings.

All partner agencies working in NCL, have implemented the eCDOP system to notify the central team of each child death. eCDOP is an electronic system that supports the administration process for notification of a child death, gathering information and supports the Child Death Review meetings held by the hospitals.

In February 2022, the NCL CDOP moved to one eCDOP platform - www.ecdop.co.uk/NCLondon/Live/public The system is linked to the Child Health Information system and to the National Child Mortality Database. The electronic system, supported by QES is funded through the joint funding resource from NCL CCG and the five local authority Public Health teams.

NCL CDOP has membership from across each of the five boroughs and was chaired by the Haringey Assistant Director for Public Health during this reporting period. An independent chair has been recruited and is due to start in April 2022.

The business case included funding for a co-ordinated bereavement support offer for all families in NCL, as well as support and training for key workers. NCL CDOP commissioned Child Bereavement UK to deliver training to practitioners, with a pilot session held in March 2022. Feedback from the session will be co-ordinated and used to develop a training resource for all practitioners across NCL.

The NCL Child Death Review partners held four panel meetings in the reporting period 2021/22. A total of 67 cases across the NCL region were presented for review and discussion by the panel. Of the 67 cases, 62 were closed with minor actions for completion. The remaining cases will be re-presented to panel with the additional detail requests to the Trust Child Death Lead Doctors.

2021-22

Of the 100 cases referred via eCDOP in 2021-22, 13 were Haringey cases. Of those 13:

- Three have had a Child Death Review undertaken
- A Joint Agency Response meeting was held for three cases
- There were no referrals for rapid reviews

Year	Child Deaths Reported	Overseas Deaths	J. A. R. Meetings	Rapid Review	Child Death Reviews
2019-20	16	1	5	1	15
2020-21	22	2	4	1	15
2021-22	13	0	3	0	3

During the Child Death Review process the CDOP is responsible for confirming if there are any modifiable factors in relation to the child's death. A modifiable factor is defined as any factor which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths.

Learning from modifiable factors are shared at the Child Death Review meetings and included in the NCL CDOP work and training plans.

Haringey Safeguarding Children Partnership Action Plan 2021-24

HSCP MASA priorities: The statutory partners agreed that over the next three years from April 2021 to March 2024, the Partnership priorities will be the following three Ofsted JTAI themes:

- Children living with mental health issues
- Prevention and early intervention
- Older children in need of help and protection, and contextual safeguarding, including exploitation.

HSCP MASA Focus:

- Measuring impact linked to practice
- A strong evidence base
- Workforce development
- Sustainability.

Glossary

AD - Assistant Director

BC - Borough Commander

CAFCASS - The Children and Family Court Advisory and Support Service

CAIT – Child Abuse Investigation Team

CAMHS - Child and Adolescent Mental Health Services

CCE – Child Criminal Exploitation

CCG - Clinical Commissioning Group

CDOP - Child Death Overview Panel

CDR - Child Death Review arrangements

CRC - Community Rehabilitation Company

CSC - Children's Social Care

CSE - Child Sexual Exploitation

CSP - Community Safety Partnership

CYP - Children and Young People

DCI - Detective Chief Inspector

DCS - Director Children's Services

EDT – Emergency Duty Team

EH - Early Help

FGM - Female Genital Mutilation

HSCP - Haringey Safeguarding Children Partnership

JTAI - Joint Targeted Area Inspection

LA - Local Authority

LAC - Looked After Child

LCSPR - Local Child Safeguarding Practice Reviews

LSCB - Local Safeguarding Children's Board

MACE – Multi-Agency (meeting for) Criminal Exploitation

MASA – Multi-Agency Safeguarding Arrangements

MARAC – Multi-Agency Risk Assessment Conference

MASH – Multi-Agency Safeguarding Hub

MOPAC - Mayors Office for Policing and Community

MPS - Metropolitan Police Service

NCL - North Central London (Haringey-Enfield-Barnet-Camden-Islington)

NHS - National Health Service

OFSTED - Office for Standards in Education, Children's Services and Skills

SAB - Safeguarding Adults Board

SCR - Serious Case Review

SEND - Special Educational Needs and Disability

SSPM - Strategic Safeguarding Partnership Manager

WT 2018 - Working Together to Safeguard Children 2018

YJS - Youth Justice Service

REPORT TO:	Children and Young People's Scrutiny Committee
SUBJECT	Children & Young People's Service Annual Performance Report
REPORT LEAD Officer	Bev Hendricks , AD Safeguarding & Social Care
BRIEF OVERVIEW	This paper provides a description of the performance for C&YPS for the period April 2021 – March 2022

1. Describe the issue under Consideration

- 1.1 This report provides an overview of safeguarding and looked after children activity and performance for 2021 – 2022.

2. Member Introduction

- 2.1 This report notes the progress and continued consistently effective performance with regards to safeguarding children and young people in Haringey, including the pressures caused following the COVID pandemic.
- 2.2 The report summarises performance activity levels and details several future priorities for vulnerable children.

3. Recommendations

Committee is asked to note the report and, in particular:

- 3.1 The service improvement and challenges contained within the report as well as the actions taken during 2021/22 in response to local demand and the financial pressures experienced by the service in relation to placements.
- 3.2 The areas identified as priorities for 2022/23 following analysis and review of 2021/22.

4. Reasons for the report

- 4.1 The welfare of Haringey’s vulnerable children is one of the Council’s highest priorities. The annual report is intended to inform Committee of the performance of Children Social Care Services in 2021/22. Committee should be aware of the progress made against managing the safeguarding demands. The report, in addition to other measures, enables Members to assure itself that the necessary arrangements are in place for the Council to effectively discharge its children social care obligations. In this regard, there is a distinct leadership role for the Leader, Lead Member for Children and Young People’s Services, the Chief Executive and Director of Children Services, also, there is a wider corporate parenting role for all members of the Council.

5. Introduction and Background

- 5.1 This report provides an overview of performance for Children’s Social Care Services for 2021/22. It covers the period in the aftermath of the 2020/21 COVID-19 lockdowns. The report provides comparative data by benchmarking with our statistical neighbours and looks at our performance from 2019 to 2022 where this is available.
- 5.2 Children’s Social Care provides services and support for children and young people who are in need, at risk of harm and in need of protection, children in our care who are looked after and care leavers. These children and young people have needs which are assessed as being complex or acute and require the statutory

involvement of the Local Authority within the responsibilities set out in legislation, principally the Children Acts 1989 and 2004, and the Children and Families Act 2014 and various statutory guidance (including Working Together to Safeguard Children, 2018, updated December 2020).

- 5.3 The governance and scrutiny of the arrangements for safeguarding children take place through this Committee and the following multi agency forums:
- 5.3.1 Safeguarding Accountability Meetings chaired by the Leader of the Council, Lead Member for Children, Young People and Families, Director of Children and Young People Services.
The meeting is held quarterly and allows senior members to hold senior officers to account, to scrutinise performance related to vulnerable children, to be appraised of any concerns about the safety and welfare of children and to drive improvement.
- 5.3.2 Corporate Parenting Advisory Committee for Children Looked After and Care Leavers and attended by six elected members and senior officers in the partnership. The Committee meets quarterly and scrutinises performance and strategic planning related to children in care and care leavers and drives improvement.
- 5.3.3 Haringey's Safeguarding Children's Partnership (HSCP) is chaired by an independent chair, the Partnership meets six times a year under the new arrangements. The Children and Social Work Act 2017 and Working Together to Safeguard Children 2018 has removed the requirement for Local Authorities to establish LSCBs and replaced this with new local multi-agency safeguarding arrangements. Under the new legislation, the three statutory safeguarding partners - Local Authority, Police and Clinical Commissioning Group - must make arrangements to work together, along with the relevant agencies to safeguard and promote the welfare of children in their area.
- 5.3.4 Since the full implementation of new multi-agency safeguarding arrangements in September 2019, the HSCP continues to carry out all of its existing statutory functions.
- 5.3.5 The HSCP has sub-committees Quality Assurance, Training, Missing and Exploitation, Panel's, (MACE). The HSCP annual report evaluates the effectiveness of safeguarding and child protection in Haringey and has set the following priorities, to improve the collective effectiveness of agencies in:
- Addressing the impact of neglect on children
 - Addressing the consequences / harm suffered as a result of domestic violence,
 - parental mental health and substance abuse.
 - Identification of children who are vulnerable to exploitation.
- 5.3.6 The Annual Report of the HSCP will be presented to the Committee in June 2023.

5.4 National Statistical Reporting

- 5.4.1 All local authorities report to the Department of Education to inform the Child In

Need Annual Census and the 903 Children in Care Return, the results of which are published every October on the DfE website. The CIN census covers early intervention, contacts and referrals to social care and the reasons, Child and Family assessments and identified factors, the nature and volume of child protection activity, the numbers of children protection conferences. The 903 covers children entering care and the reasons, the types of placement used, the legal status of children, how many children have left care and for what reasons (including adoption) and details about care leavers and their accommodation, employment and training outcomes and how the local authority is keeping in touch with them.

- 5.4.2 In addition, more detailed returns are submitted to the North Central London Regional Adoption board on children with an adoption plan, the timeliness of their matching and placing with an adopter and the recruitment of adopters.
- 5.4.3 An annual social worker workforce survey is also submitted to the DfE about the workforce profile, recruitment, retention, and sickness rates for social workers and also caseload numbers.
- 5.4.4 The Local Authority Interactive Tool (CHAT) hosted by the DfE collates a range of data across a number of returns and can be filtered to compare and benchmark performance across a range of children's indicators.

5.5 Local Context

- 5.5.1 It appears that as a consequence of the pandemic, Safeguarding and Social care is supporting high levels of need and complexity in families. The reasons for the need and complexity can be seen in the following:
- Children living in (relative) low-income families show an increase of 10%, from 10,920 families in 2015-16 to 11,894 in 2020-21, according to the latest provisional DWP data.
 - Haringey had 1,150 Hospital admissions for alcohol specific conditions (2020-21, 17th highest in London) and has the largest volume of pure alcohol sold per adult through the off-trade.
 - 2.5% of Haringey's 16-64 years old population claim Employment Support Allowance for mental health and behavioural disorders. This is the 3rd highest rate of all London boroughs and above the London average, although this is largely due to the number of claimants overall. Of all ESA claimants in Haringey 50.5% are for MH and behavioural disorders, which is the same as the London average.
 - Haringey has the 6th highest rate of domestic abuse with violence out of all London Boroughs and is above the London average.
 - Haringey reported reduced levels of life satisfaction in 2020/21, with drops far greater than London as a whole. Satisfaction levels fell back to their 2012/13 levels.

- Haringey has the third highest rate of households in Temporary Accommodation in London and the population outnumbers the availability of housing by approximately 12,000. (Quarter 1 2021)

5.5.2 Alongside these challenges for children, Haringey has many positives for children growing up in the area. It is a place that has a rich history, strong and vibrant communities, great transport links and excellent facilities with a range of cultural events. Key strengths include:

- 97% of schools that are good and outstanding.
- 99% of early years settings are judged as good or outstanding.
- The majority of our children's centres are judged good (5 out of 8) with all having good or outstanding childcare.
- Diverse communities where more than 180 languages are spoken.
- Over a quarter of the borough is green space – with 25 Green Flag Parks and 120 venues where cultural activity takes place;
- Resident's report that they have good friendships and associations in their local area and good relations between different ethnic and religious communities.

5.6 Our children and young people population

5.6.1 In Haringey there are 59,458 children aged 0-17 years, representing 22% of the overall population (ONS 2020 Mid-Year Estimates). This is largely in line with statistical neighbours and London where 21% and 22% of the population are aged 0-17 respectively. Children are not evenly spread across Haringey – eastern parts of the borough contain a large number and proportion of children, whilst many areas in the western parts of the borough have relatively fewer young people. Whilst in terms of overall population the East of the borough has 22.6% children and the West 21.3%, there can be significant variation between wards. Notably the ward with the highest proportion of 0-17-year-olds is Seven Sisters (31%), whilst the ward with the lowest is Harringay (17%). The percentage of the population that is under 18 is not expected to change significantly in future years and will remain most concentrated in the East of the Borough.

5.6.2 Almost half of pupils in Haringey schools do not have English as a first language (47.2%). After English, Turkish, Spanish, Polish, Somali, and Bulgarian are the most commonly spoken languages (in order).

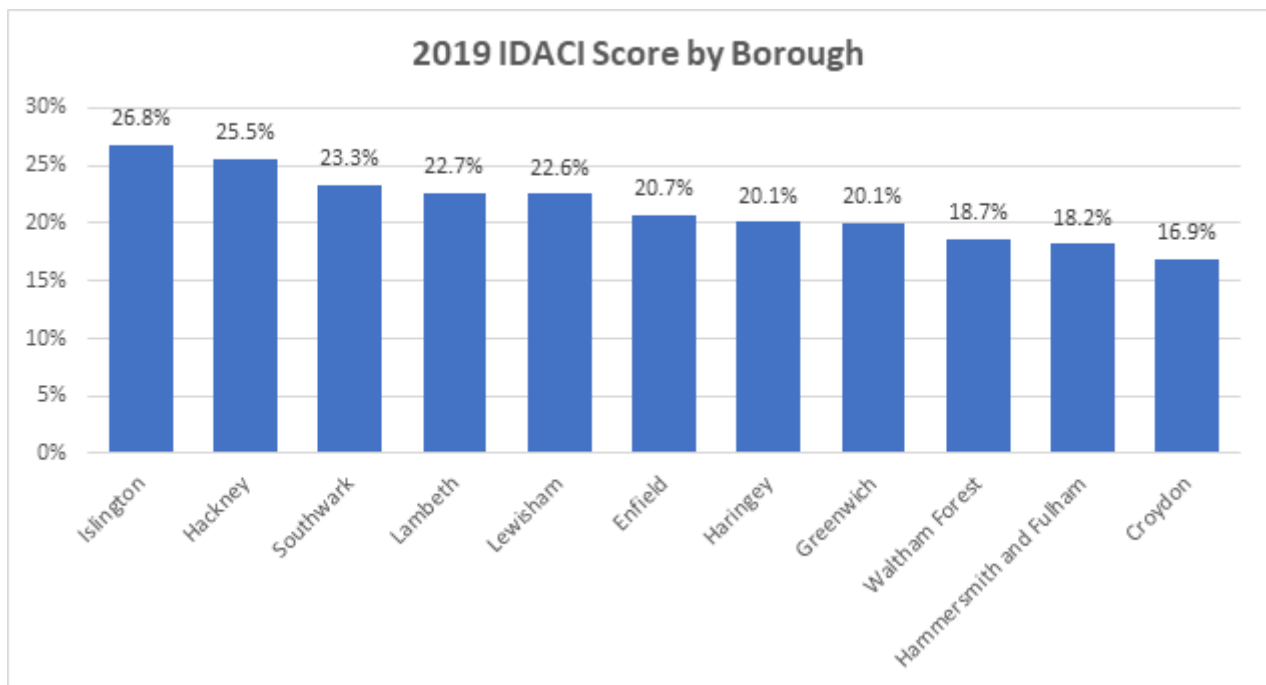
5.6.3 One of our greatest challenges is inequality in outcomes. Poverty is a key determinant of poor outcomes. Childhood deprivation is unequally distributed across the borough mostly affecting those in the East. In 2019/20, . In 2020-21, nearly one in five Haringey children lived in poverty (18%) - a higher rate than in London (16.6%), meaning we are working with increasing levels of need in Haringey. Haringey's eastern wards also have more children living in all out-of-work benefit claimant households compared to the west of the borough. Department for Work and Pensions

(DWP) data shows the percentage of children in absolute poverty in workless households as 8% in Tottenham Green and 7.7% in White Hart Lane, while at the same time just 1.9% in Crouch End and Muswell Hill.

5.6.4 Latest provisional DWP data on children living in low-income families shows an increase of over 10% in families living in relative low income from 10,920 families in 2015/16 to 11,894 in 2020/21. Relative low-income is defined as a family whose equivalised income is below 60 per cent of contemporary median income. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions.

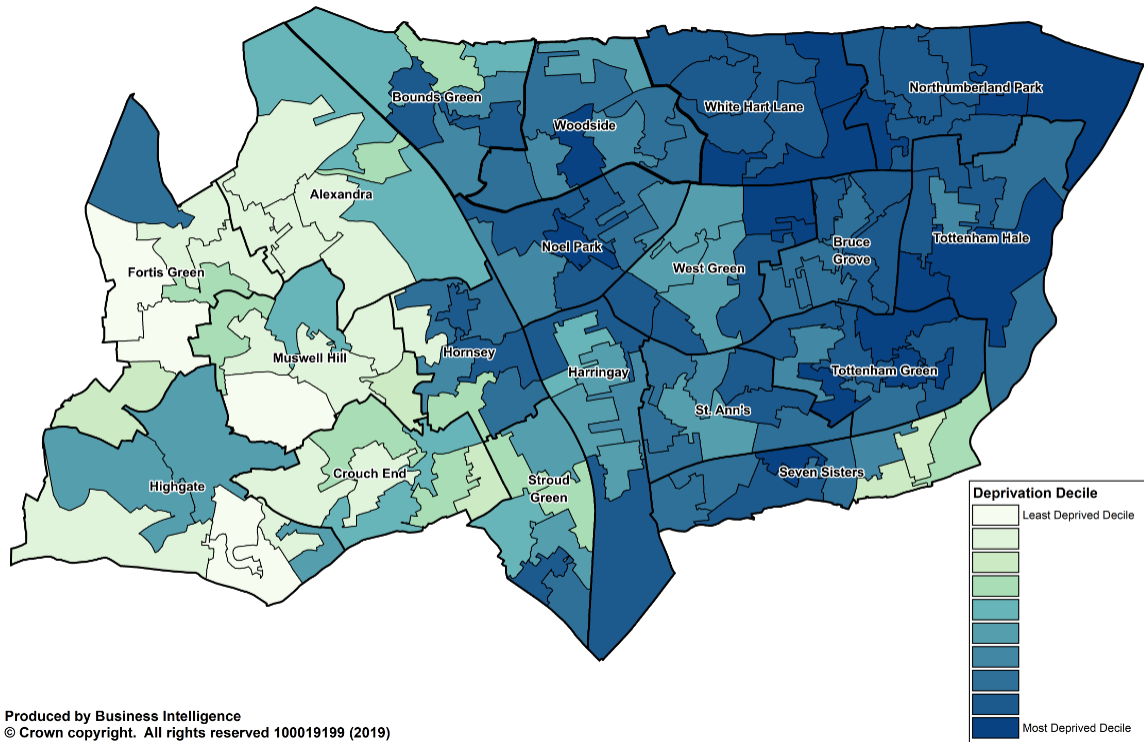
5.6.5 Haringey’s 2019 IDACI (Income Deprivation Affecting Children Index) score which measures deprivation of children in the area is the 9th highest in London at 20.1%. London’s overall average score is 17.2%.

5.6.6 See graph below showing how Haringey compares to statistical neighbours:



5.6.7 Of Haringey’s 145 smaller geographic areas (Lower Super Output Areas – LSOAs), 52 are in the top 20% most deprived in the country for IDACI. These are almost all in the East of the borough – see the map below:

Haringey LSOA's by IDACI Decile



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5.6.8 The table below shows how Haringey ranks in the top 10 in the Indices of Multiple Deprivation (2019) in London:

	National districts rank of ranks (out of 317 districts)	London IMD 2019 rank of rank
Barking and Dagenham	5	1
Hackney	7	2
Newham	12	3
Tower Hamlets	27	4
Islington	28	5
Lewisham	35	6
Haringey	37	7
Lambeth	42	8
Southwark	43	9
Waltham Forest	45	10

5.6.9 It is widely accepted that poverty correlates positively with child abuse and neglect*, meaning that those in the east of the borough are more vulnerable to these issues. (*see [Joseph Rowntree Foundation Report: "The Relationship between Poverty, Child Abuse and Neglect", 2016.](#))

5.7 Safeguarding and looked after children's trends.

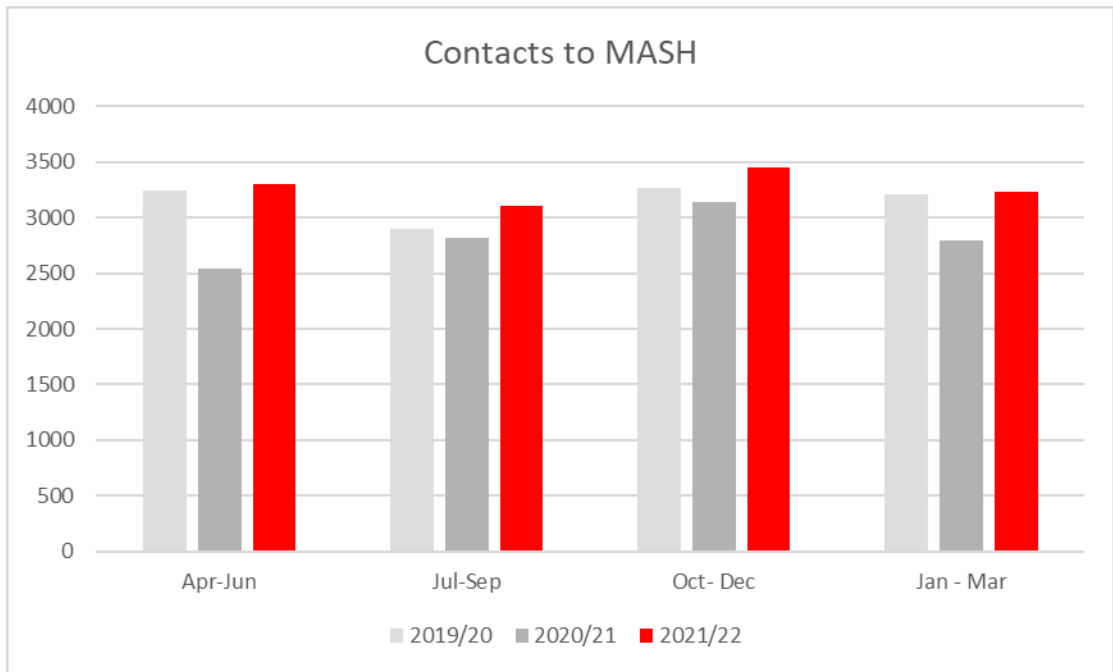
- 5.7.1 This section of the report sets out the data we monitor every month to assess our performance in supporting children who are on a child protection plan and those who are in our care. The data supports us in tracking our improvement and identifying our challenges for action and this is shown for the past three years.
- 5.7.2 The Multi Agency Safeguarding Hub (MASH), which receives contacts and referrals, is our local single point of contact for anyone who is worried about a child. The service continues to effectively collaborate with key partners and has sustained the practice and performance that Ofsted noted in their last visit in March 2021. The Assurance Visit found that, **'the multi-agency safeguarding hub (MASH) makes effective decisions to safeguard children. Children and families receive a timely and appropriate response that is proportionate to their level of need.** Consistency in decision-making is achieved by reference to the threshold guidance and use of Haringey's chosen social work methodology' (Ofsted focused visit – letter published May 2021).
- 5.7.3 Our performance data continues to show us that the MASH is a safe service providing an appropriate and timely response to contacts and referrals to safeguard children. Cases are prioritised, tracked, and monitored through the MASH process with clear pathways and timescales for consistency. We check our decision making in the MASH through, monthly audits, routine management oversight and the requirements for the transfer of cases.

5.8 Contacts and referrals to children's social care

- 5.8.1 The communication of concerns from partner agencies or the public to children's social care is an important step in initiating a child protection response. Not all of these communications from partners and the public will meet the threshold for referral to assessment and result in a referral to social care, some will pass to the Early Help service or signposted to universal services, others represent the strength of the MASH consultation support as our partner agencies access the safeguarding expert advice and support. These communications are categorised as **contacts**.
- 5.8.2 **A referral** is a contact that meets the threshold for services to be provided by children's social care, in respect of a child who is not currently open to the service, which meets the agreed threshold. This means that social workers in the multi-agency assessment hub (MASH) share information and complete a risk analysis for the referral.
- 5.8.3 In 2021/22, the total number of contacts made to the MASH was just over 13,000. This is almost 1,800 or 16% more contacts this year compared to 2020/21, but just 4% (around 450) more than in 2019/20, the last year without a COVID effect.

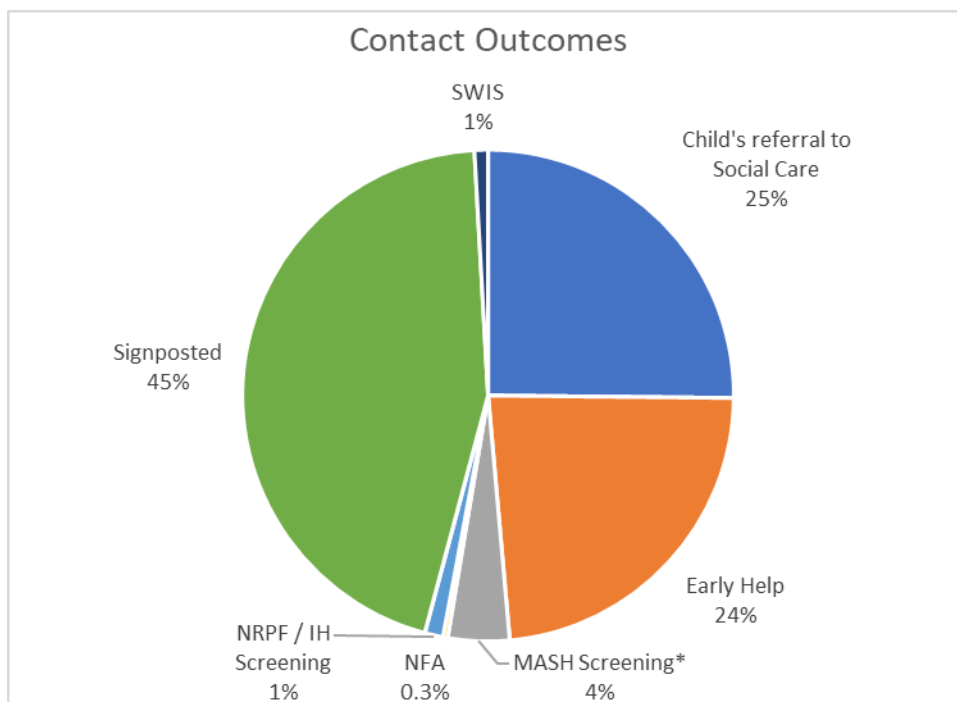
2019/20	2020/21	2021/22
12,630	11,301	13,092

5.8.4



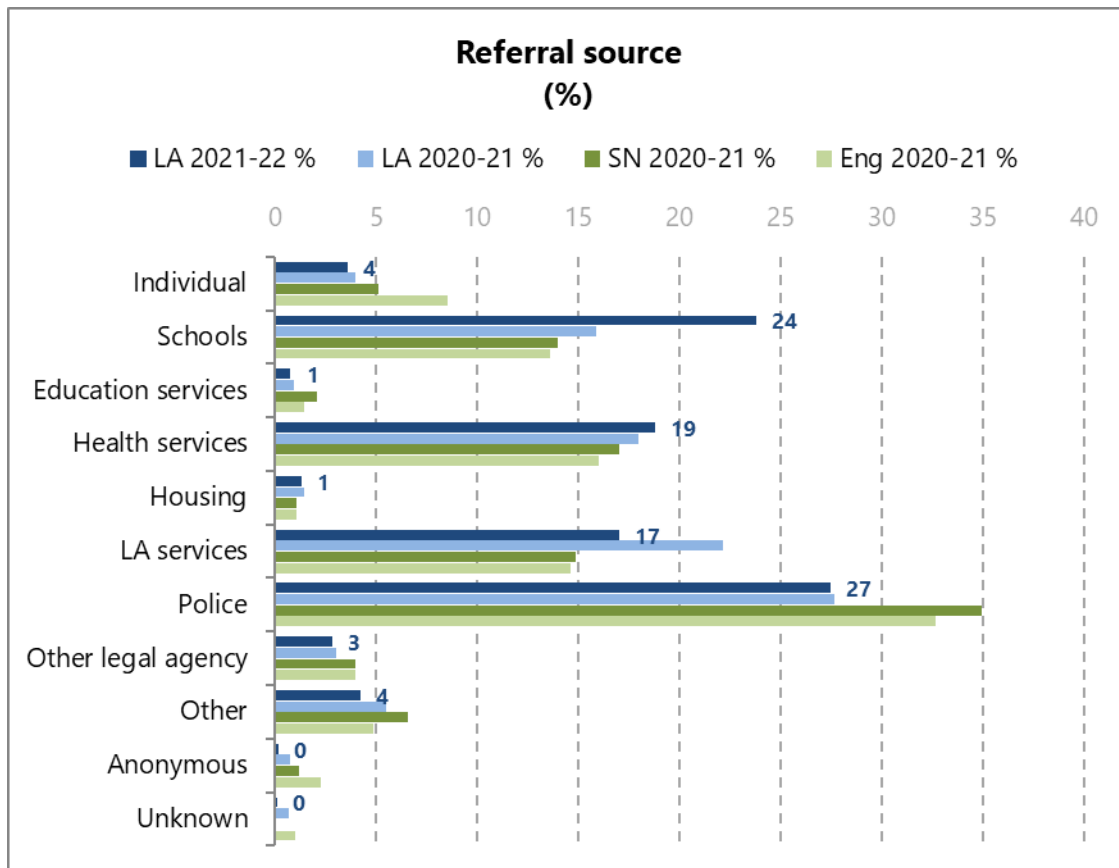
5.8.5 As can be seen in the chart above the increase in the volume of contacts was concentrated in the months of April to June and January to March which fits with the pattern of school closures in 2020/21

5.8.6 25% of these contacts resulted in a referral to social care (unchanged), and 24% to Early Help (up from 19% in 2021, the majority of the remainder are signposted to universal services.

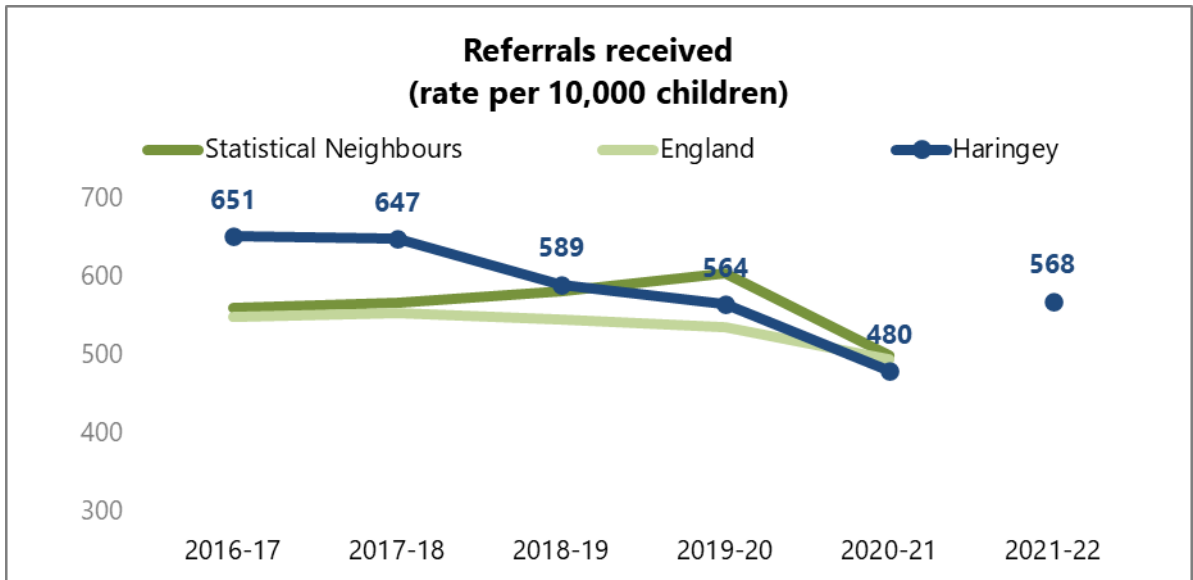


*MASH screening was included in the contact work step part way through the year rather than being an outcome from it.

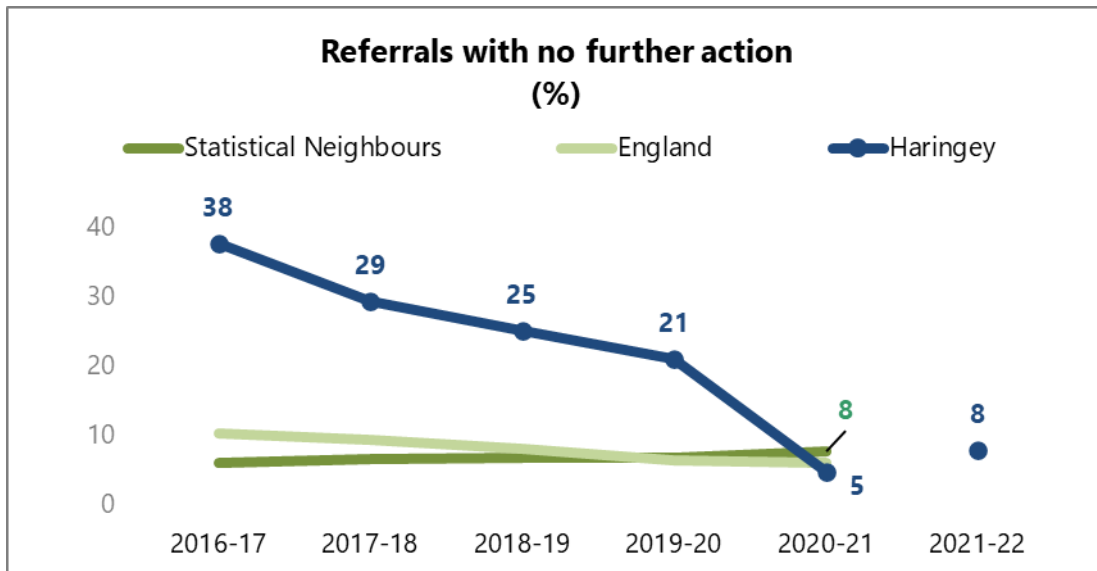
5.8.7 Police remain the most frequent referral to Social care but the gap between police and Schools referral has closed as referrals from schools have increased.



5.8.8 At the end of March 2022, the rate of referrals was 568 per 10,000 children aged 0-17, this is a 18% increase on the rate at the end of 2020/21 but and is in line with the last published rate for statistical neighbours. The chart below shows the change in the rate of referrals over time and the fall during the pandemic.



5.8.9 The rate of referrals to children’s social care that result in ‘no further action’ has remained low, broadly in line with the statistical neighbours and national rates as shown in the graph below. Following the significant reduction since the end of 2016/17. This sustained improvement in performance is largely due to our work with partners to improve the quality of referrals and their understanding of thresholds along with a revised MASH screening process ensuring that the correct decision is made earlier in the workflow.



5.9 Children with a disability

5.9.1 The Disabled Children’s Team (DCT) continues to meet the complex and diverse nature of the range of needs experienced by children with disabilities.

5.9.2 Rigorous implementation of thresholds, effective practice and case management has reduced the number of children with a disability on child protection plans falling from 20 to just one ensuring the right children are getting the right support. This in part has

been achieved by embedding the partnership arrangements with the Special secondary schools in Haringey meeting fortnightly with the DCT Team managers to methodically review the welfare needs of children and intervene at the earliest opportunities to prevent needs escalating. In addition, the engagement of a dedicated Housing Safeguarding Officer provides continuous and sustained support to families to advocate and identify suitable housing for children with complex physical needs.

5.9.3 The team's improving child focus and awareness of safeguarding is further evidenced by continuing fall in numbers of Children in Need with a disability

Year	No. of CIN Children with a disability	% of CIN Children with a disability
2019/20	300	6%
2020/21	221	5%
2021/22	183	4%

5.9.4 Our regular monitoring of performance data shows improvement in timeliness for visits, supervision and management oversight and completion of assessments. At the end of March 2022, 97% (63% in 2020) of DCT cases had an up-to-date visit and 95% (82% in 2020) of cases had up to date supervision and 100% management direction. Although still on an improvement journey, this reflects significant advances now above the averages for CYPS of 91% supervisions and 83% visits.

5.9.5 The recommendations from the commissioned assurance continue to be implemented moving the service closer to an integrated model of service delivery.

5.10 SEND Special Educational Needs & Disabilities

5.10.1 Along with national and London wide trends the number of Education, Care & Health Plans, (EHCPs), issued over the past 4 years has increased each calendar year up to 2020 where Haringey saw a lower number issued (latest published data for comparisons is 2019)

	2017	2018	2019	2020	2021
New EHC Plans Issued (Number)	185	240	345	309	260
% in 20 Weeks					
Haringey	23%	25%	70%	67%	30%
London	58%	58%	64%		59%
England	65%	60%	60%	58%	58%

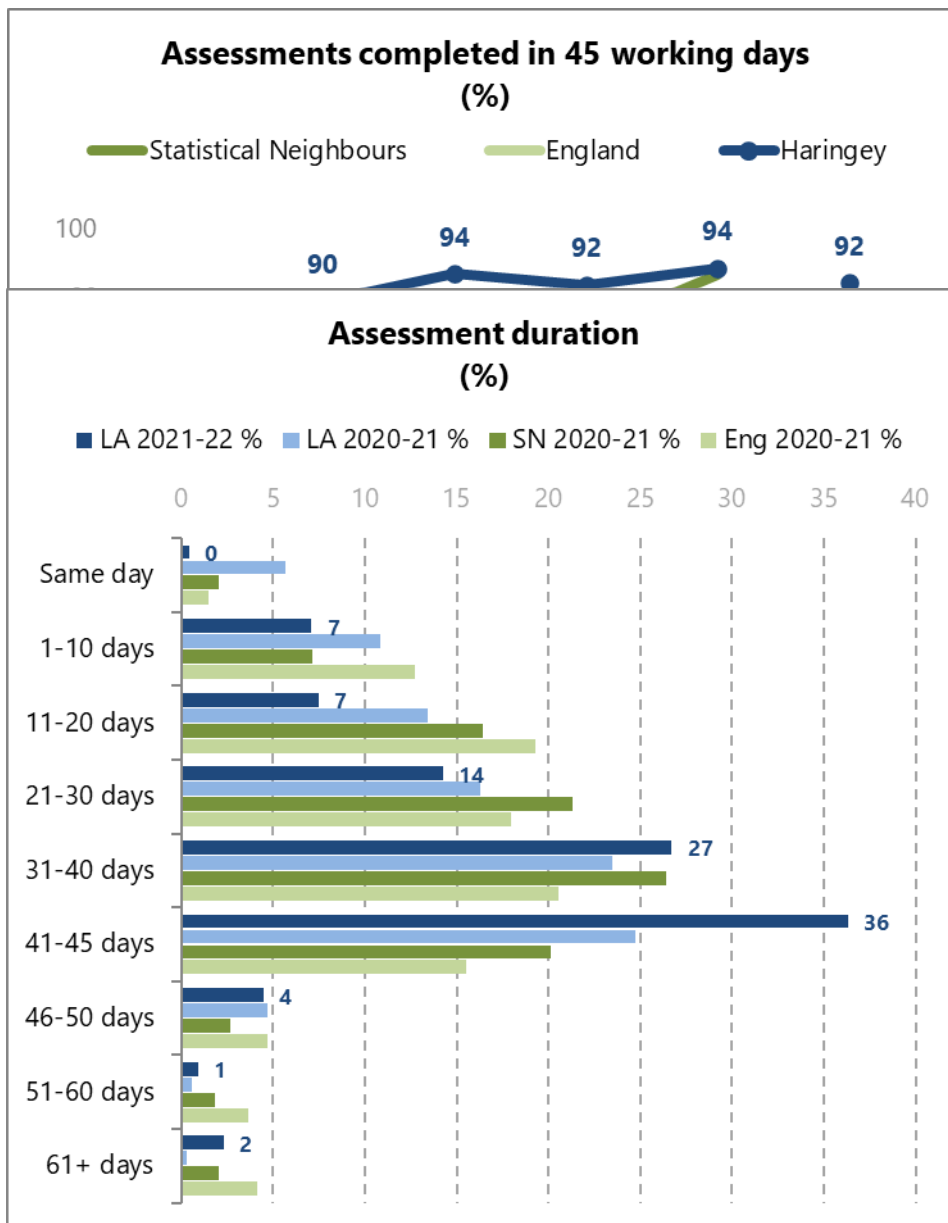
Number of open EHCP at year end					
Haringey	1537	1820	1877	2164	2567

5.11 Assessments

5.11.1 A referral to social care will either result in a decision to complete an assessment of the child’s needs (within 45 working days) or in addition if there is a concern that immediate protection may be needed as the child is suffering or likely to suffer significant harm, an immediate strategy discussion with police and other partners is held. At the strategy discussion it is decided whether to initiate enquires under section 47 of the Children Act 1989 which is an enquiry to decide what type of action is needed to safeguard a child and if necessary, hold an initial Child protection conference within 15 working days.

5.11.2 During 2021/22 there were 2,919 assessments completed at a rate of 491 per 10,000 children, up from a rate of 431 per 10,000 children in 2020/21 a significant 14% increase. In each of the past 5 years over 90% have been completed in 45 working days as shown in the graph below. This represents continued good performance in the completion of assessments and compare well with the average for our statistical neighbours (93% in 2020/21) and England, 88%.

Assessments completed in 45 working days



5.11.3 As shown in the chart above 29% of the assessments were completed in under 30 working days this year. This compares to almost half in 2020/21. This is still good performance but no longer outshines statistical neighbours and national averages as shown in the graph below. Whilst a few are completed more than 5 working days outside of the 45 days timescales this is usually as a result of the complexity of the issues and is a lower percentage than our comparators.

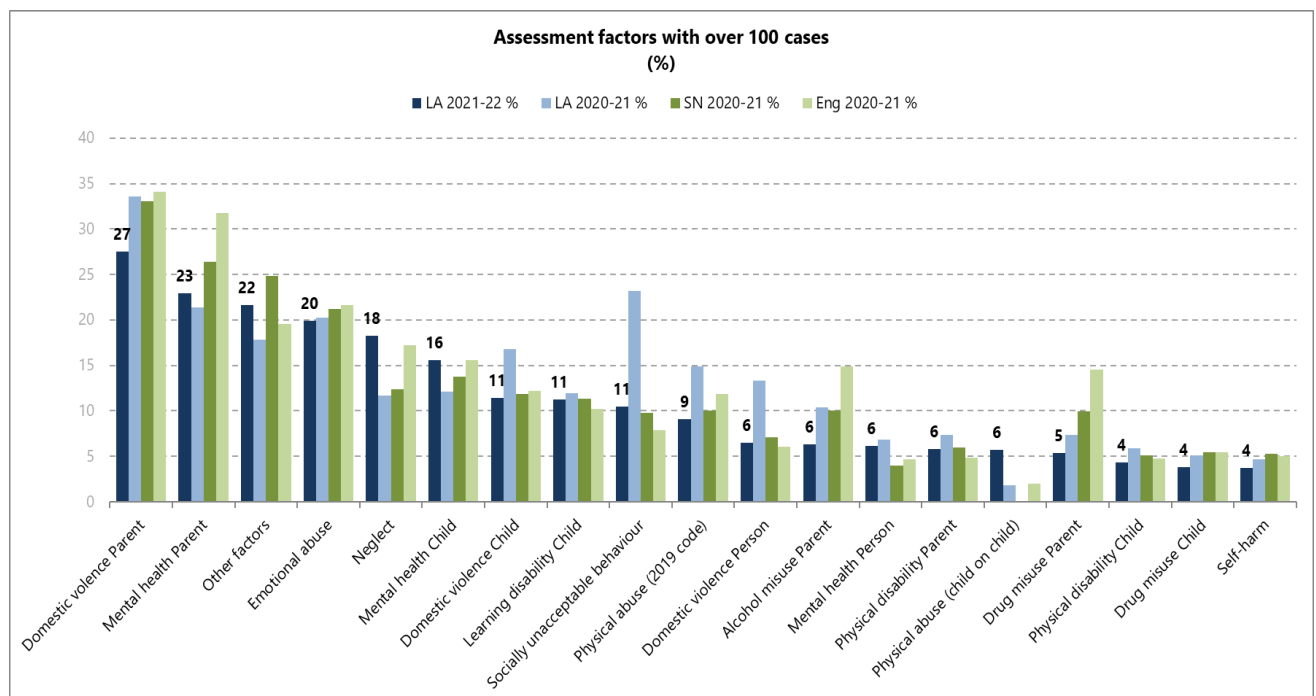
5.11.4 Factors found at the end of assessment.

5.11.4.1 Following some factors found at the end of assessment increasing sharply in 2020/21, this year saw some areas fall back to more average rates for example:

- Parental Alcohol Misuse
- Domestic Abuse
- Physical Abuse
- Socially Unacceptable Behaviour

Other areas saw an increase such as:

- Neglect
- Child Mental Health

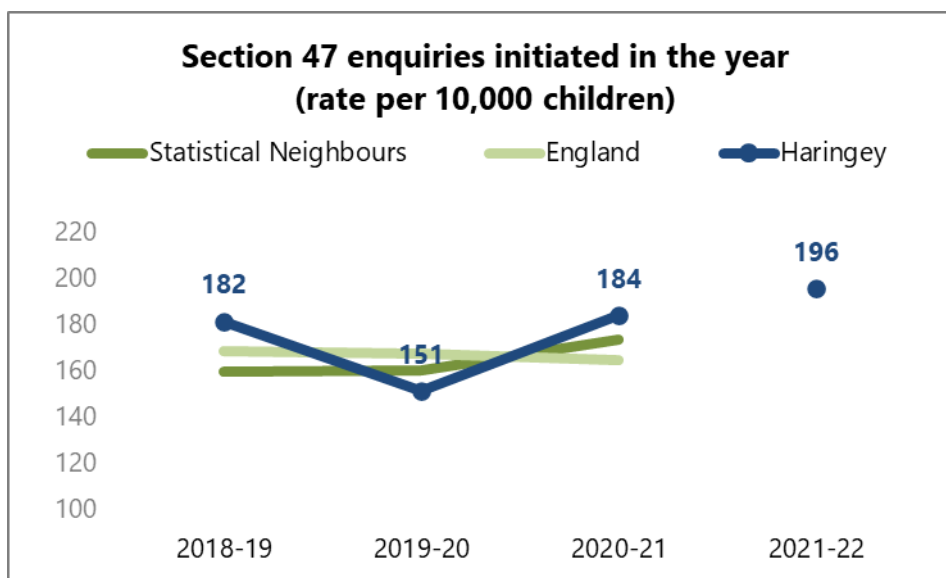


5.12 Section 47 enquiries

5.12.1 As noted above, Section 47 enquiries are carried out when there is a referral in which a child or children are reported to be at immediate risk of harm. This always follows a multi-agency strategy discussion.

5.12.2 The rate of section 47 enquiries per 10,000 children aged 0-17 increased to a rate of 196 per 10,000 children from 151 in 2019/20 and our rate is above the last published rate of 174 for comparator boroughs and the England average rate of 164.

Rate of Section 47 enquiries per 10,000 children aged 0-17

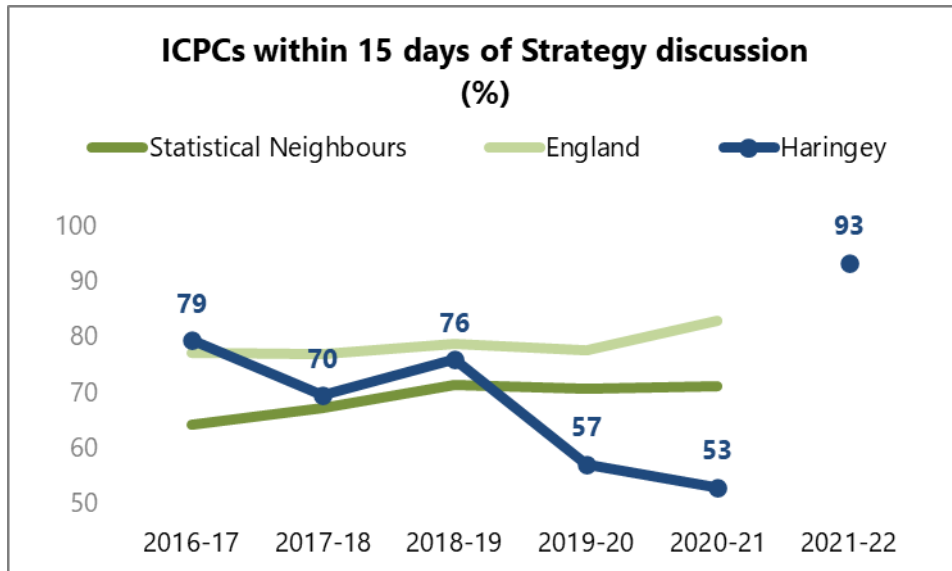


5.13 Initial Child protection conferences

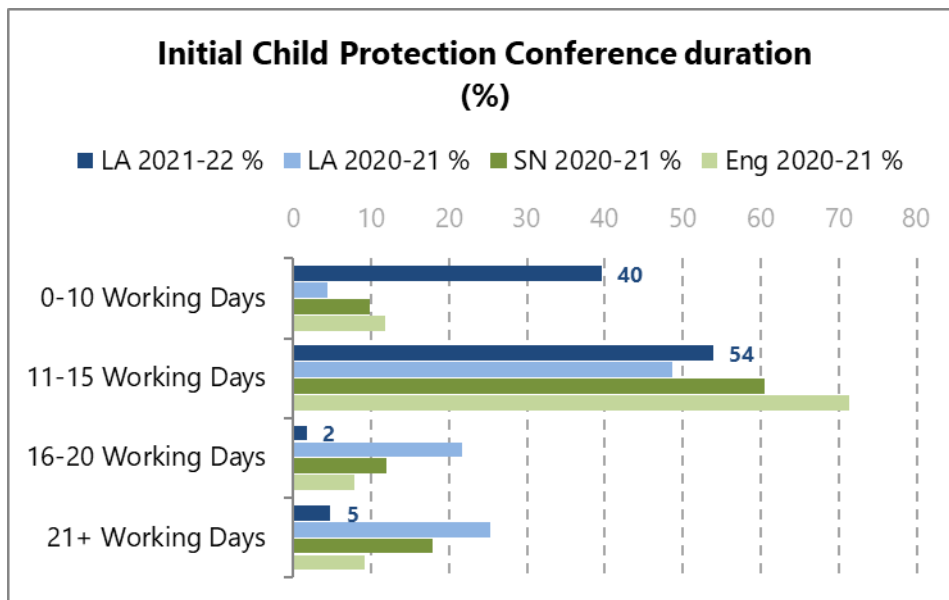
5.13.1 Following section 47 enquiries, where needed, an initial child protection conference is held. brings together family members (and the child where appropriate) and all relevant information, it is the responsibility of the conference to make recommendations on how organisations will work together to safeguard the child including the option of placing the child on a child protection plan.

5.13.2 In 2021/22 20% of all Section 47 investigations led to an Initial Child Protection Conference (ICPC) this year down from 33% last year.

5.13.3 It is critical that initial child protection conferences are convened quickly, and this is an area where performance showed a decline up to December 2020. The graph below shows that since January 2021 a new system and tight monitoring has been in place effectively addressing this decline with a percentage of 93 on time in 2021/22 compared with 53 last year.



5.13.4 As a result of the new process many more ICPS were completed within 10 working days, a full week before the 15 day threshold ensuring decision and plans were in place as early as possible.



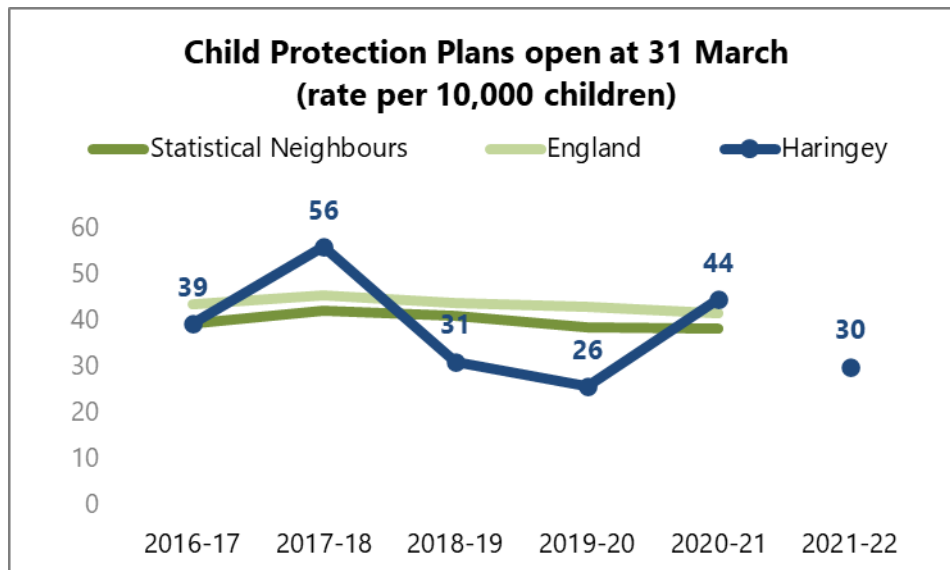
5.14 Child protection

5.14.1 The aim of a child protection plan is to ensure the child is safe from harm and prevent further suffering and harm. The plan should promote the child’s health and development and support the family and wider family members to safeguard their child provided it is in the best interests of the child.

5.14.2 A proxy measure to assess whether the right number of children are being placed on child protection plans for the correct amount of time is the rate of second and

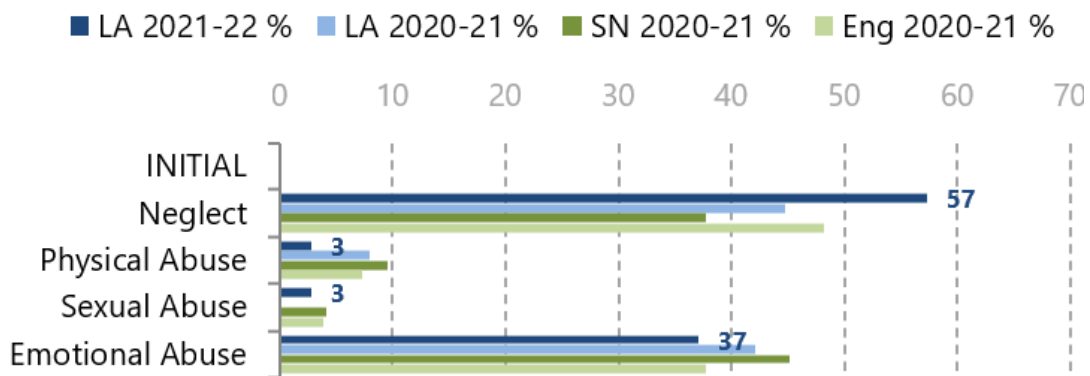
subsequent plans. The data tells us that Haringey's rate of the needs of children returning child protection plans is low but close to our statistical neighbours.

5.14.3 There were 153 children on a child protection plan at the end of March 2020. This rose to 264 in March 2021 and fell back to 178 in March 2021 or a rate of 30 per 10,000.



5.14.4 In common with other local authorities, the main initial reasons for children becoming subject to a child protection plan relate to emotional abuse and neglect as shown in the table below and our rates are historically largely in line with statistical neighbours but 2021/22 saw a significant increase in neglect. 57% of open child protection plans were because of neglect up from 45% in the previous year.

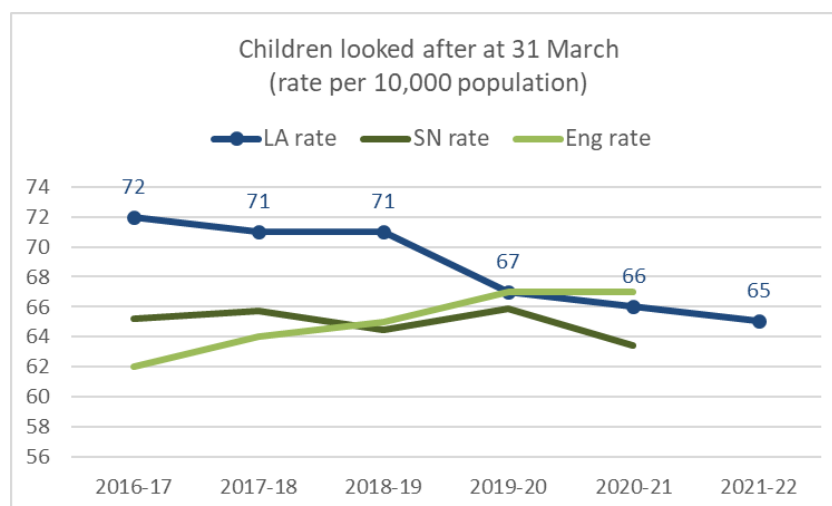
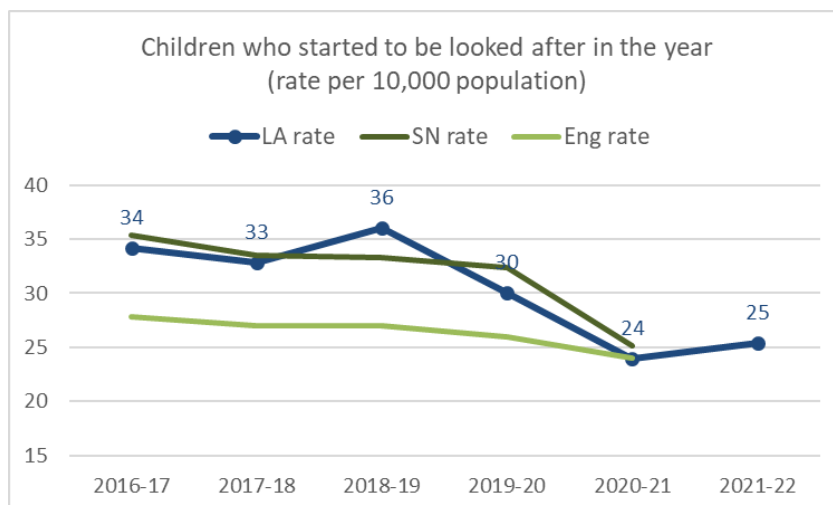
Open child protection plans by category (%)



5.15 Children in care

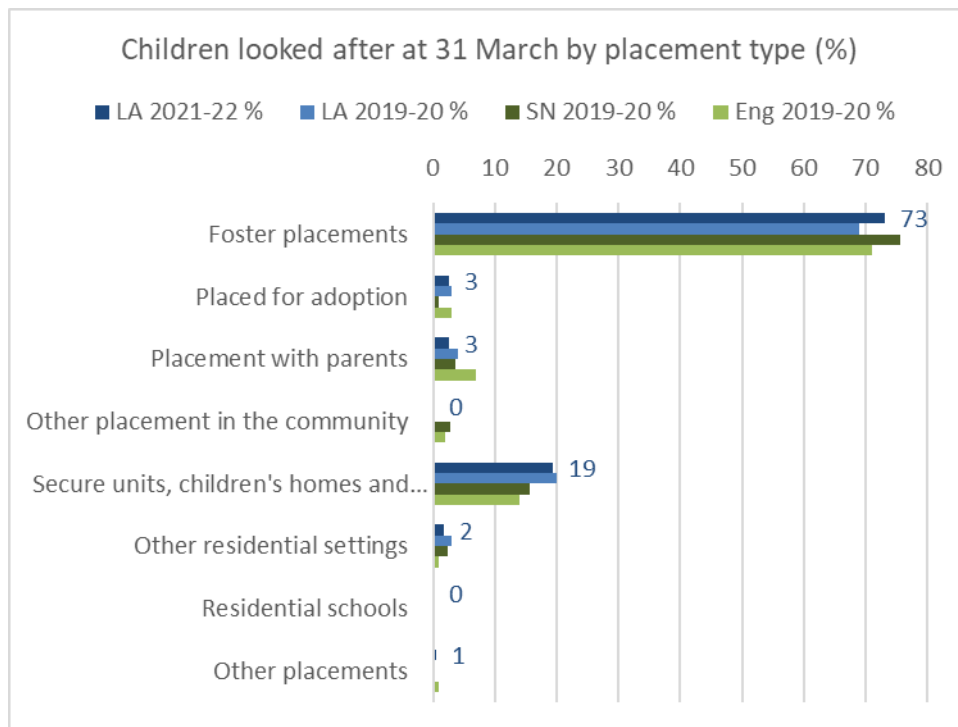
5.15.1 A child who has been in the care of a local authority for more than 24 hours is known as a Child Looked After (CLA). CLA are also often referred to as children in care. Children in care in general are either living with foster parents, in a residential children’s home or living in residential settings like schools or secure units. Children come into care for a variety of reasons, including because they are unaccompanied asylum-seeking children with no responsible adult to care for them or children’s services may have intervened because it was believed that the child was at significant risk of harm. A child stops being looked after when they are adopted, return home, or achieves their 18th birthday. However local authorities are required to support most children who leave care at 18 until they are 25 years old.

5.15.2 During 2021/22 the number of children starting to be looked after increased marginally but as those ceasing remained at the same rate as the previous year, so overall the number of children in care did not change significantly and was 385 on the 31/03/2022.



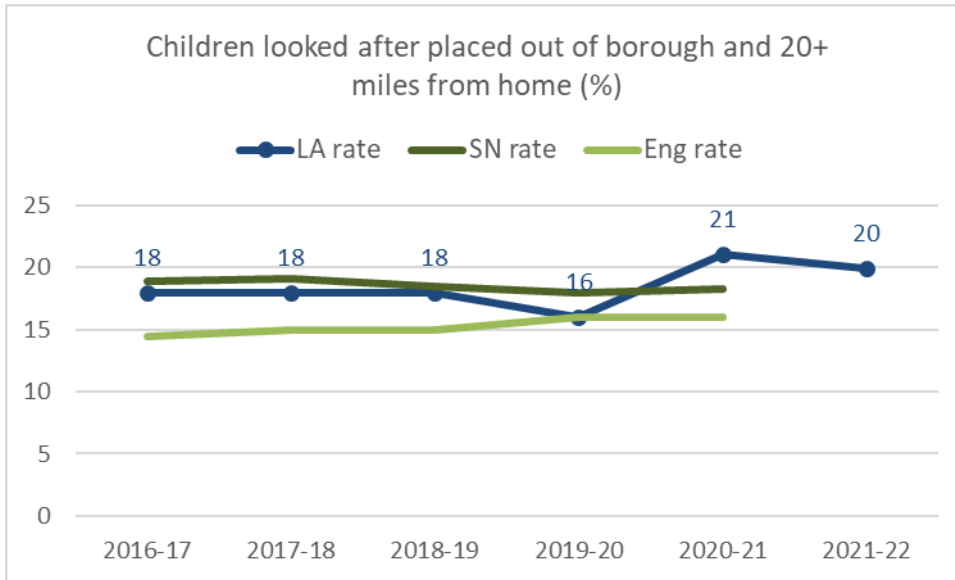
5.16.2 This is a rate of 65 children in care per 10,000 children which is in line with our statistical neighbours and close to the England average of 67.

5.16.3 An increasing number of our children in care were in foster placements (73%) and 19% were in regulated residential accommodation. The chart below shows the children in care by placement type at the end of March 2022.



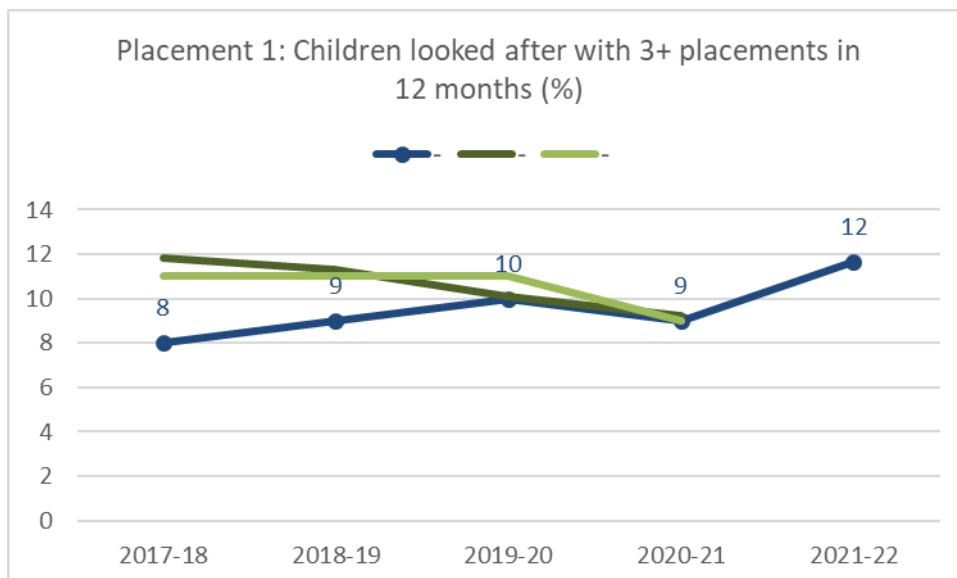
5.16.4 At the end of March 2022, 80% of children were in placements within 20 miles of Haringey. This is broadly in line with statistical neighbours. Local provision continues to be a challenge and we are working with our North Central London partners and others to implement to develop our LAC Sufficiency Strategy . When placing children out of borough along with other factors we consider the education and CAMHS provision young people will receive in their new placement and take

special note of pressures in receiving boroughs.

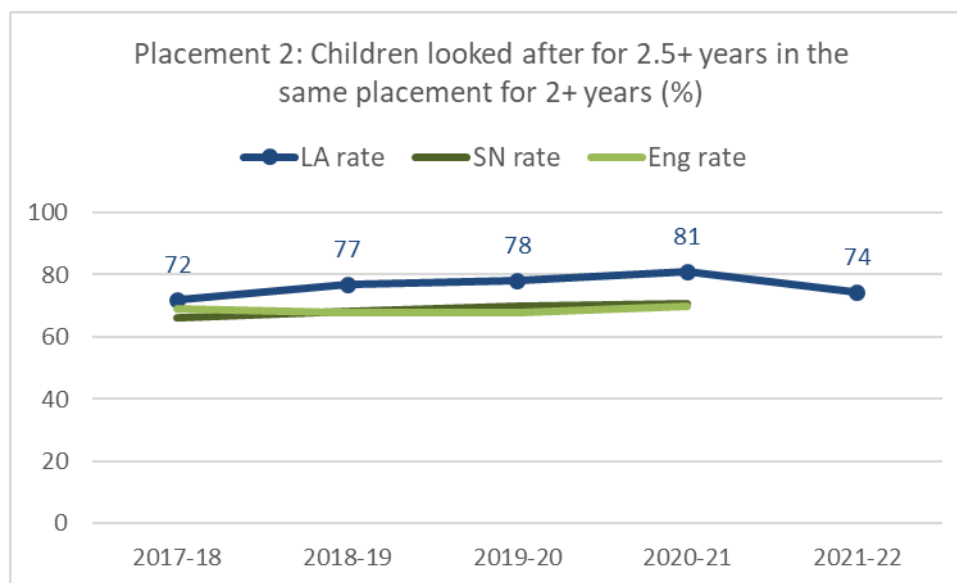


5.16.5 Placement stability is a key factor in children’s wellbeing. Having the chance to settle into a foster or residential placement over a period of time gives children a feeling of belonging, helping them feel secure in themselves and their identity. Stability will be achieved only by making sure that the child is in the right placement for them. There are two types of placement stability that we measure – short term stability which looks at the number of placements in the last 12 months and long-term stability which considers those children who have been looked after for more than 2.5 years and have been in the same placement for more than the past 2 years. It is a combination of these indicators that gives us confidence that our children in care are in a stable environment.

5.16.6 Our short-term stability performance shows that 12% of children in our care had three or more placements in the past 12 months. This is slightly higher than last reported statistical neighbour data (9%) and the national average.



5.16.7 Our performance in relation to long term placement stability is continuing to be very good and 74% of children who have been looked after for more than 2.5 years have been in the same placement for more than 2 years as shown in the graph below. This is slightly down but still above the last reported national and statistical neighbour performance of 70%.



5.16.8 The Violence, Vulnerability and Exploitation service continues to respond to the challenges faced by young people in Haringey. Direct Intervention specialist, work directly with children who are looked after, on a child protection plan or who are a child in need. The service has put in place robust operational practice and systems and runs a multi-agency panel to offer services and recommendations to children and families at risk of exploitation. The panel utilises the VOLT (victim/offender/local/themes) application to consider what disruption, intervention or protection is needed. Children who go missing, especially those who go missing repeatedly, have benefited from the consistent approach from the dedicated return home interview officer.

5.16.9 The latest available data for children who go missing from care shows a continued positive picture. For London on average 13% of CLA go missing at some point in the year, in Haringey that was 11.5% in 2021/22, on average there are 8 missing incidents per child, 4.8 in Haringey, down from 6.5 in 200/21. When children do go missing from placement there is a robust and effective response from children's social care and the Metropolitan Police. The missing co-ordinator tracks, and risk assesses children who go missing to ensure appropriate safeguards are in place to prevent repeat occurrences and return home interviews are routinely conducted by specialist workers.

5.16.10 Unaccompanied Asylum-Seeking Children (UASC). There are two means by which UASC come to Haringey. Firstly, as spontaneous arrivals, most frequently arriving at local police stations. The second means is through the National

Transfer Scheme, which aims to equitably re-distribute UASC from Kent and Croydon. The Government set target of 0.07% child population which equates to 42 UASC in Haringey. The scheme is voluntary, and Haringey has been one of the strongest supporters of the scheme.

5.16.11 At the end of March 2020 there were 48 unaccompanied asylum-seeking children (UASC) in care, this fell to 24 by March 2021 and was 26 in March 2022. This represents around 7% of the children in care cohort.

5.17 Adoption

5.17.1 There were 8 adoptions during 2021/22 up from 5 in 2020/21. This is a steady and improvement picture that reflects the range of activities to identify early permanency for children in care.

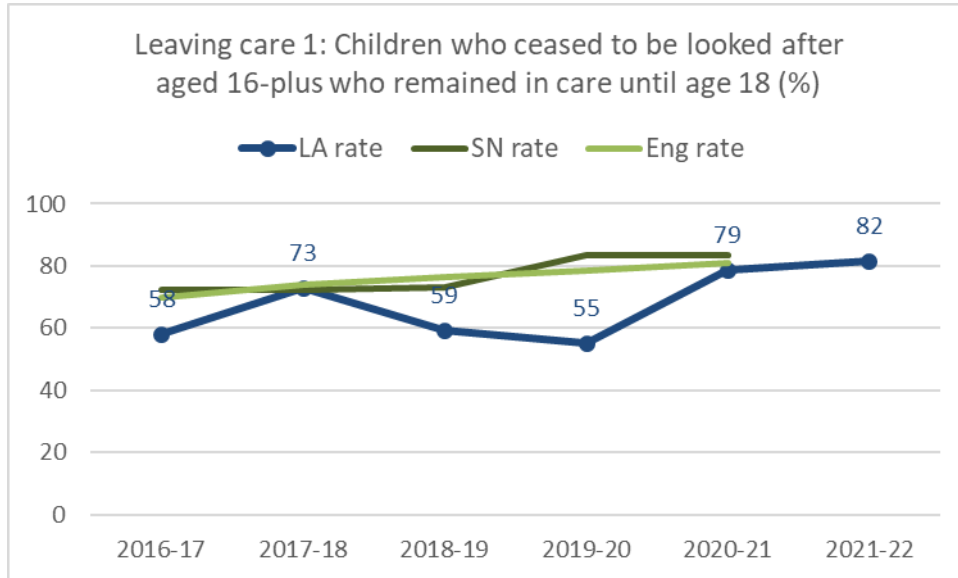
5.18 Leaving care

5.18.1 For young people qualifying for service as Care Leavers there is a requirement for Haringey to stay in touch with the young person, keep the Pathway Plan under review, continue the appointment of a Personal Adviser and provide financial assistance where the young person is employed or seeking employment/to enable the young person to pursue education or training. These duties continue until the former relevant child reaches 21 or, where the child's pathway plan sets out a programme of education or training which extends beyond their 21st birthday, they continue for so long as the child pursues that programme.

5.18.2 The service has been continuing to work with the new duty on local authorities to support all care leavers up to age 25 who can return to the local authority at any point after the age of 21 and request support.

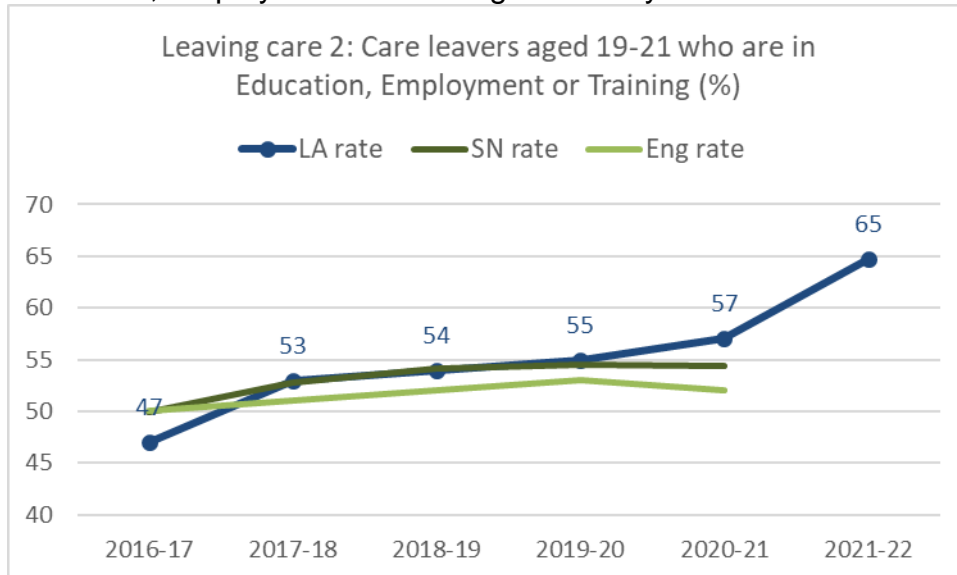
5.18.3 At the end of March 2022 there were 319 care leavers receiving leaving care support.

5.18.4 The graph below shows that increasing proportions of young people who are in care aged 16 are remaining in care until they are aged 18.



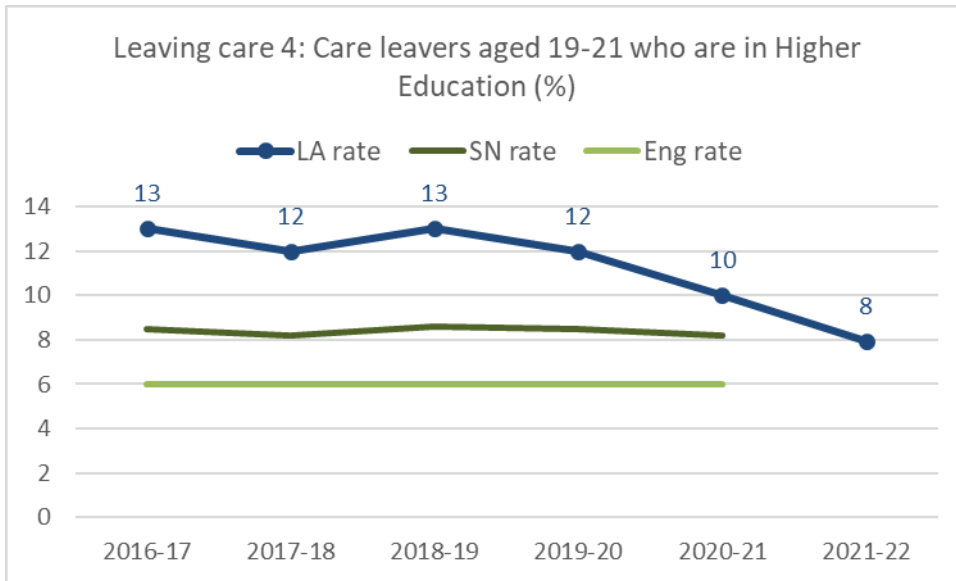
5.18.5 There has also been an increase in care leavers aged 19-21 with 65% are in education, employment and training this year compared to 57% in 2020/21 and 54% average for our statistical neighbours.

5.18.6 Education, Employment or Training of 19-21-year-olds.

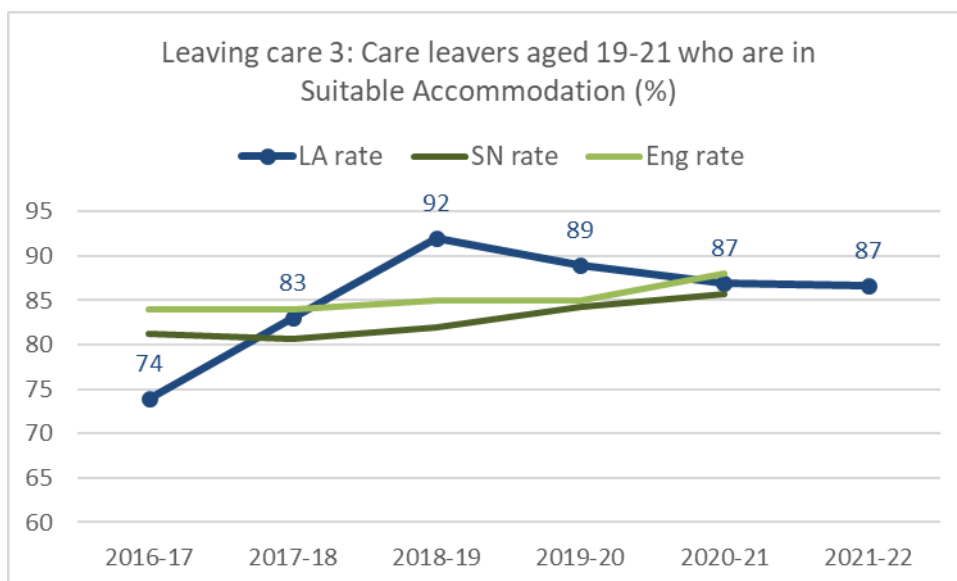


5.18.7 Despite a decrease in proportion Haringey also continues to perform well on care leavers aged 19-21 in higher education and at 8% is in line with our statistical neighbours.

5.18.8 Care Leavers 19-21 year olds who are in Higher Education



5.18.9 Following several years of increases in the percentage of care leavers aged 19-21 in suitable accommodation has levelled out in the high 80%, in line with last reported data nationally and slightly better than statistical neighbours (86%).



6. Workforce

- 6.1 The service continues to invest in the recruitment and retention strategy established in March 2019 that has enabled the service to 'Grow our Own', obtain a high performing culture and be an employer of choice within the external marketplace. Although Haringey Council has made significant strides towards obtaining a high percentage of permanent qualified social workers, along with other councils around the country, there have been challenges to permanent recruitment and retaining permanent social workers particularly during the COVID-19 period.
- 6.2 At the end of March 2021, the rate of agency workers declined to 23.4% of the social care workforce from 29% at the end of March 2020. This further increase in permanent social worker stability in the workforce was a significant achievement as this was the first month whereby the agency percentage fell to under 25% since 2018. With regards recruitment achievements during this period (March 2020 – March 2021), the service had successfully recruited 9 newly qualified social workers, retained 90% of the previous cohort of newly qualified social workers and provided an intensive induction for the internationally recruited social workers from South Africa. There also has been intensive training sessions and administration support provided to managers on how to effectively recruit and support social workers and other front line officers during the COVID period.
- 6.3 Due to the unprecedented situation which COVID-19 presented and recognising the additional stresses which the frontline key workers faced, the service recruited additional COVID – 19 qualified social worker and differently qualified employees to support with service delivery. As delivering positive and impactful outcomes for children, young people and families is at the heart of Children's Services, this additional workforce was critical. As of August 2021, there are 7 COVID -19 qualified social workers within the service who continue to provide the necessary support for service delivery.
- 6.4 As the service has reached a greater level of recruitment stability, there has been a significant focus on retention initiatives since March 2020. The service has put a number of interventions in place with regards retention initiatives and a strong focus on supporting the workforce during the COVID-19 period. The interventions which were put in place during COVID-19 and continue to take place are the implementation of the Therapist sessions. The Therapist sessions allows a safe place for the workforce to come and confidentially speak about their own resilience and emotional needs. There are daily service team check ins which take place virtually. Furthermore, all the Assistant Directors take part in a weekly 'Ask the AD' session where key messages are communicated service wide, and the workforce can ask any questions or make service adjustment feedback. The Director's Roadshows have also continued a quarterly basis. In these roadshows, key updates are shared as well as good news stories celebrated.
- 6.5 The Health and Wellbeing of Children's Services workforce is of great importance and all managers have been trained on how to carry out relevant risk assessments, issue PPE, create awareness of providing details of the EAP and OH referral schemes and enabling their teams to adapt to the new ways of working. There also has been service specific health and wellbeing surveys leading to the implementation of key actions.

The service ensures that exit interviews are carried out and feedback to the relevant management level and staying interviews also take place across the service. These platforms provide invaluable feedback on what is working well and where realistic improvements may be made. The qualified social worker turnover in March 2021 was 9.4% and in August 2021, it was 10.2%. The London average qualified turnover for 2020/2021 was 14%.

- 6.6 Other key retention initiatives which have continued is the embedding of the Children's Services Academy, the recruitment of apprentices for non-qualified social worker roles and the benchmarking of workforce benefits in comparison to other Local Authorities.

7. Future Challenges and Operational Priorities

7.1 The future challenges and priorities can be summarised as follows:

7.1.1 The National Review of Children Services and the implication following the recommendation from the Case for Change places additional work on all Local Authority's to further develop partnership arrangements with the ICB and CCG regional arrangements and review its focus on Early Intervention.

7.1.2 Maintaining the development of workforce skills through the Haringey Children's Academy and progressing the recruitment and retention of permanent qualified social workers in the context of the COVID recovery measures.

7.1.3 The costs associated with the placements for looked after children will continue to be a significant pressure for the Council. Significant additional corporate funding has already been aligned to the department, but as demand increases and the supply of placements comes under further pressure, the impact on costs must be carefully monitored.

7.1.4 A new system will be implemented following the successful procurement of the Liquidlogic system, which will free up social work capacity and reduce administration. The new system is expected to be in place Summer 2023.

8 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

8.1 Finance

9.2 Procurement

Not applicable

10.3 Legal

10.3.1 Under the Children Act 1989, the Council is responsible for safeguarding and promoting the welfare of children in need in its area. The annual report serves to inform Committee of Children Social Care performance in 2020/21 in the discharge of the Council's children safeguarding obligations. The report is for noting and there are no legal implications arising from the recommendations.

10.4 Equality

10.4.1 This report is for Committee to note Haringey Council's progress and performance with regards to safeguarding vulnerable children. As such it creates no disadvantage or inequality and the activity described serves to reduce inequality for some of the councils most vulnerable children.

11 Use of Appendices

Appendix A

– [Statutory Guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services](#)

Appendix B

– [Working Together to Safeguard Children](#), 2018, updated December 2020 guidance

12 Local Government (Access to Information) Act 1985

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Report for: Children and Young People's Scrutiny Panel – 23 March 2023

Item number:

Title: LAC Sufficiency Strategy 2022-2026

Report authorised by : Ann Graham, Director, Children's Services

Lead Officer: Beverley Hendricks, Assistant Director, Children's Safeguarding and Social Care

Ward(s) affected: ALL

1. Describe the issue under consideration

- 1.1 This document sets out how Haringey Council intends to fulfil its duties, as a Corporate Parent, and ensure that a dynamic and responsive offer is in place to meet the diverse accommodation needs of our looked after children and young people and those leaving care.
- 1.2 This sufficiency strategy sets out how the Council will seek to achieve this through understanding the needs of children and young people in our care and working collaboratively to ensure that there is sufficient, appropriate accommodation within the local authority area in response to those needs. We will be stringent in our efforts to ensure that all accommodation in scope is well placed to deliver improved outcomes for children and young people.

2. Recommendations

- 2.1 That Members note report contents

3. Reasons for decision

N/A

4. Background information

- 4.1 This strategy comes at a time when children, young people, families, and communities across the country are emerging from the global COVID 19 pandemic. Since early 2020, the outbreak has had an immeasurable impact on children, young people, families, and communities across the borough, impacting on health and wellbeing and adding to existing social, economic and health inequalities. In developing this document and assessing the current sufficiency picture in the borough to inform the priorities for action, it has been important to acknowledge the challenges the pandemic has presented in relation to familial

stress, placement stability and the capacity of the placement market to respond to commissioning needs.

- 4.2 Demand for children’s social care and health services remains high and means there continues to be significant pressure across the whole system. We know that those providing accommodation for children and young people are facing increasing running costs and need to plan for meeting increasing complex needs. We also know that the limited supply of high-quality provision locally and regionally is contributing to the Council’s placement cost pressures. There is a need for the close monitoring of costs, whilst we continue to develop more innovative approaches to meeting our parental responsibilities and collaborate with local authority and health partners to address the system-wide issue of the availability of suitable and sufficient placement provision.
- 4.3 The Care Planning, Placement and Case Review (England) (Amendment) Regulations 2021, introduced changes that have a direct impact on the current sufficiency of accommodation for under 16-year-olds. From September 2021, the placement of any under 16- year-old child in an unregulated provision became unlawful. Whilst offering greater protection for vulnerable children, this legislative change creates a need to develop capacity amongst providers and increase the volumes of regulated care available. In addition to this, ensuring that 16- and 17-year-olds, particularly the most vulnerable, are in accommodation most suitable for their needs is a key priority.

5. Contribution to strategic outcomes

6. Use of Appendices

7. Local Government (Access to Information) Act 1985

N/A



HARINGEY COUNCIL

Beverley Hendricks

LOOKED AFTER
CHILDREN
SUFFICIENCY
STRATEGY
2022-2026



1. Introduction

- 1.1 The Children Act 1989 and the Children and Young Person Act 2008 place a sufficiency duty on local authorities to secure accommodation for children in their care, stating *“the Local Authority must take steps to secure, as far as is reasonably practicable, sufficient accommodation within the Authority’s area boundaries which meets the needs of children that the local authority is looking after and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority’s area”*.
- 1.2 This document sets out how Haringey Council intends to fulfil its duties, as a Corporate Parent, and ensure that a dynamic and responsive offer is in place to meet the diverse accommodation needs of our looked after children and young people and those leaving care. This sufficiency strategy sets out how the Council will seek to achieve this through understanding the needs of children and young people in our care and working collaboratively to ensure that there is sufficient, appropriate accommodation within the local authority area in response to those needs. We will be stringent in our efforts to ensure that all accommodation in scope is well placed to deliver improved outcomes for children and young people.
- 1.3 Our 2022-2026 Sufficiency Strategy recognises that delivering transformational change for Children in Care (CiC) and Care Leavers (CL) now, and in the future, requires a strong focus on prevention and early intervention. It is also important that reducing the number of children and young people needing to be looked after by the local authority is included in our plans. The developing this strategy, we have considered how best parents and carers, children and young people and whole families can have access to the support they need

to prevent breakdowns in relationships, support important family attachments and enable children and young people to remain at home with consistent care, wherever possible. To this end, this strategy sets out the actions that will be taken over the next three years to improve the availability, quality, and impact of placements as well as to develop a robust understanding of, and response to factors that may contribute to children and young people requiring placement in local authority care.

2. Local and National Context

- 2.1 This strategy comes at a time when children, young people, families, and communities across the country are emerging from the global COVID 19 pandemic. Since early 2020, the outbreak has had an immeasurable impact on children, young people, families, and communities across the borough, impacting on health and wellbeing and adding to existing social, economic and health inequalities. In developing this document and assessing the current sufficiency picture in the borough to inform the priorities for action, it has been important to acknowledge the challenges the pandemic has presented in relation to familial stress, placement stability and the capacity of the placement market to respond to commissioning needs.
- 2.2 Demand for children's social care and health services remains high and means there continues to be significant pressure across the whole system. We know that those providing accommodation for children and young people are facing increasing running costs and need to plan for meeting increasing complex needs. We also know that the limited supply of high-quality provision locally and regionally is contributing to the Council's placement cost pressures. There is a need for the close monitoring of costs, whilst we continue to develop more innovative approaches to meeting our parental responsibilities and collaborate with local authority and health partners to address the system-wide issue of the availability of suitable and sufficient placement provision.
- 2.3 The Care Planning, Placement and Case Review (England) (Amendment) Regulations 2021, introduced changes that have a direct impact on the current sufficiency of accommodation for under 16-year-olds. From September 2021, the placement of any under 16-year-old child in an unregulated provision became unlawful. Whilst offering greater protection for vulnerable children, this legislative change creates a need to develop capacity amongst providers and increase the volumes of regulated care available. In addition to this, ensuring that 16- and 17-year-olds, particularly the most vulnerable, are in accommodation most suitable for their needs is a key priority.

3. Our Vision

3.1 This Strategy contributes to the Council's shared vision for children and young people set out in the **Borough Plan 2019-2023**. The ambition of the Council and its strategic partners is to achieve the following objectives:

- Best start in life: the first few years of every child's life will give them the long-term foundations to thrive. [Objective 4]
- Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks, and communities. [Objective 5]
- Every young person, whatever their background, has a pathway to success for the future. [Objective 6].
- All residents will be able to live free from fear of harm. [Outcome X]

3.2 Through our borough-wide strategic priority for people, we will ensure that in delivering our vision, this strategy will strive to meet the objectives of:

- Working with partners to continue improving services for children in need of help and protection, using good outcome-focussed practice, with an emphasis on key priority areas including neglect, violence against women and girls, and supporting disabled children.
- Working to establish a consistent and high-quality permanent workforce across children's social care services through implementing strategies that encourage recruitment and retention.
- Continuing to implement effective services that bring supports together around children and young people to stay at home with their families where this remains safe instead of coming into care.
- Working within the council and with partners to establish a seamless transitional safeguarding response.

3.3 Through the actions set out in document we will seek to deliver on a vision that ensures that in Haringey, children *and young people in care live in stable, high-quality settings, where they can develop through meeting their needs and improving their outcomes, enabling them to return home or prepare independently for adulthood, as appropriate.*

4. Principles

- 4.1 Delivering improved outcomes for looked after children and ensuring positive outcomes can be sustained over the long-term, requires a whole system approach. Embedded in our approach to delivering better, is a commitment to maintaining strong partnerships and effective collaboration between agencies, statutory and commissioned services, children, young people, and families. We see a whole system approach driving continuous improvements to the offer for looked after children and children leaving care in Haringey.
- 4.2 Implementing this strategy will be informed by the **Haringey Way**, our commitment to establishing a network able to support children, young people, and families with professional practice that:
- Puts **Relationship-based Practice** at the heart of how we work with each other and families, children, and young people.
 - Works within a **strengths-based framework**, focusing on strengths as well as concerns and focused on building on strengths, at all levels of risk.
 - Recognises that individuals are always embedded in their social context – this is **systemic practice**. In practice, this means that problems are always part of larger processes. This implies that individuals cannot act entirely on their own, either for good or bad. Change in one part of a relational pattern, or system, can be expected to create adjustments throughout the family and immediate context.
 - Builds resilience in children, young people, and families by using a range of tools and language in the home, schools, and other settings to reduce school and home breakdown, reducing harm, and increasing social inclusion.
 - Is **trauma informed** – recognising early and understanding the impact that adverse childhood experiences (ACES) have upon a child’s development and outcomes, putting in place therapeutic support earlier.
 - Recognises and addresses the wider inequalities experienced by children, young people, and families.
- 4.3 To achieve the outcomes set out within this strategy, we will apply these core principles:
- Meeting the child’s needs and improving their outcomes will be at the heart of any child or young person’s being parented by the Council.
 - Children and young people should be supported to return home safely whenever this will best meet their needs and outcomes.
 - Hearing and responding to the voices of children and young people is paramount.

- All services, whether commissioned or delivered in-house, for looked after children and care leavers will be informed by the evidence-base for effective practice.
- Ensuring as far as possible that planning for needs and services planning is informed by data.
- As far as possible, consideration will be given to the wider environmental factors affecting children, young people, and their families and how these may be contributing to needs.

5. The Journey so far – Making Progress

- 5.1 An intention of this strategy is to build on, or sustain, achievements to date. A key focus for Haringey Council, working with its strategic partners, has been to improve our long-term planning for children in residential care, as well as improve the outcomes for children and young people on the edge of care.
- 5.2 To date, our focus has been to strengthen our 'Edge of Care' offer, grow our in-house fostering provision, improve the range and depth of our placements offer, strengthen legal permanency options, and build pathways to adulthood in semi-independent and supported living.
- 5.3 Our targeted work with families, through the Positive Families Partnership project and the Brandon Centre has increased the number of children we have been able to support to remain at home. Our HART - Edge of Care Resource Panel, established to support this work, enabled a multi-disciplinary approach to be implemented including professionals from:
- FCAMHS
 - FGC- co-ordinator
 - Family therapist/mediators
 - Community police
 - Educationalists
 - Haringey Gold

- Primary Health Designates
- Youth Offending Service

5.4 The HART project (Haringey Adolescent Resource Team) which prepares young people for stepping down from residential placements into fostering placements is well established and actively supports the finding and matching of suitable placements for young people. Additional expert resource, through Anna Freud's, (BERRI), has been brought in to support social workers and providers with referrals that support better matching of placements.

5.5 We have also been developing our support to, and recruitment of, in-house foster carers. A new foster carer recruitment team and additional marketing capacity is now in place. The first Mockingbird hub has been developed and will see an extended family model in place where one foster carer is paid to act as a hub offering planned and emergency respite, advice, training, and support to six to ten satellite fostering or kinship care families. This programme will help us to improve the stability of fostering placements and strengthen the relationships between carers, children, and young people, fostering services and birth families. This will also assist our retention of foster carers.

5.6 Being able to mitigate the additional challenges to meeting placement needs during the pandemic has required some targeted work with the provider market as well as support to placements. Key actions have included:

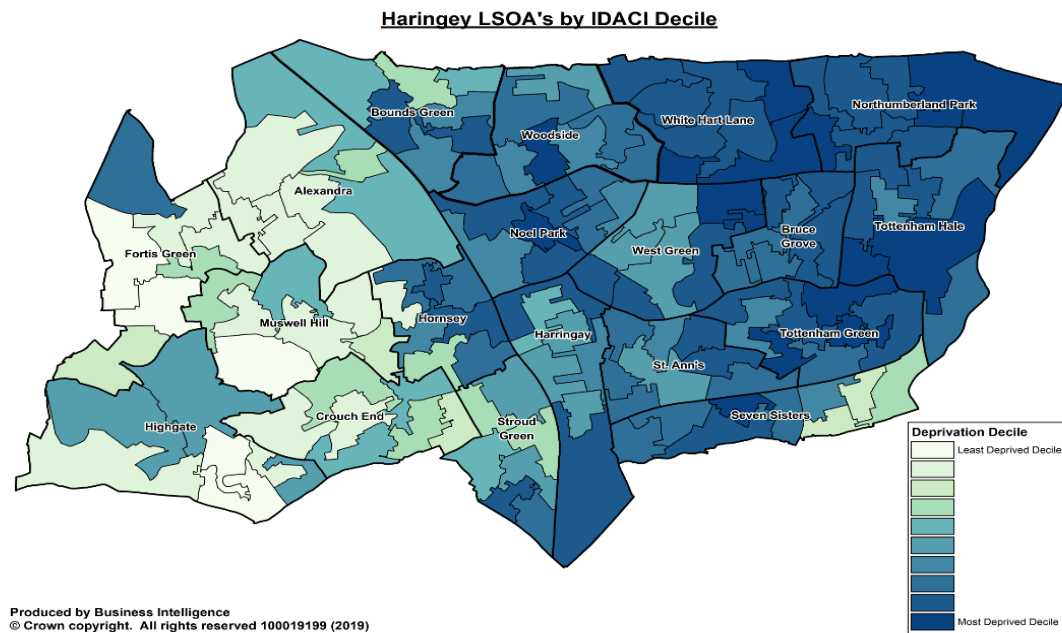
- Working closely with CCG to manage discharge from Tier 4. Haringey is now part of a new pilot to improve the risk management assessments and direct work with step down providers, parents and community network increasing the capacity within the home treatment teams.
- Initiating new dialogue with providers to strengthen relationships and better identify and respond to support needs.
- Placing support workers alongside foster carers in supporting placements.
- The careful management of complex cases, ensuring information in the referral is contextualised and balanced, through the development and implementation of the BERRI tool.

6. Current Understanding of Need

6.1 Children in Haringey

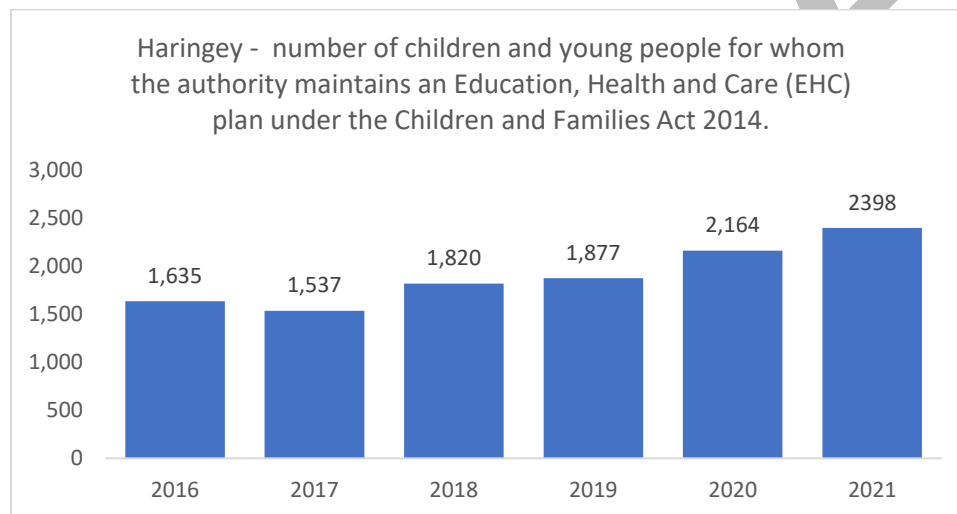
Haringey is a highly diverse borough, with a population of 59,458 children aged 0-17 (ONS 2020 Mid-year Estimates). The highest concentration of children and young people live within some of the wards located in the east of the borough. 67.1% of Haringey's population are from a BME group or Other White ethnic groups compared to 60.7% in London. Deprivation and poverty are factors impacting on many children, young people, and families in Haringey. In 2019, Haringey's Income Deprivation Affecting Children (IDACI) score was 9th highest in London and the borough was ranked 7th in London in the Indices of Multiple Deprivation (IMD).

In 2019/20, almost 1 in 5 children in Haringey were living in poverty and we know that the borough has a high concentration of small geographical areas (Lower Super Output Areas - LSOAs) that fall within the top 20% most deprived in the country.



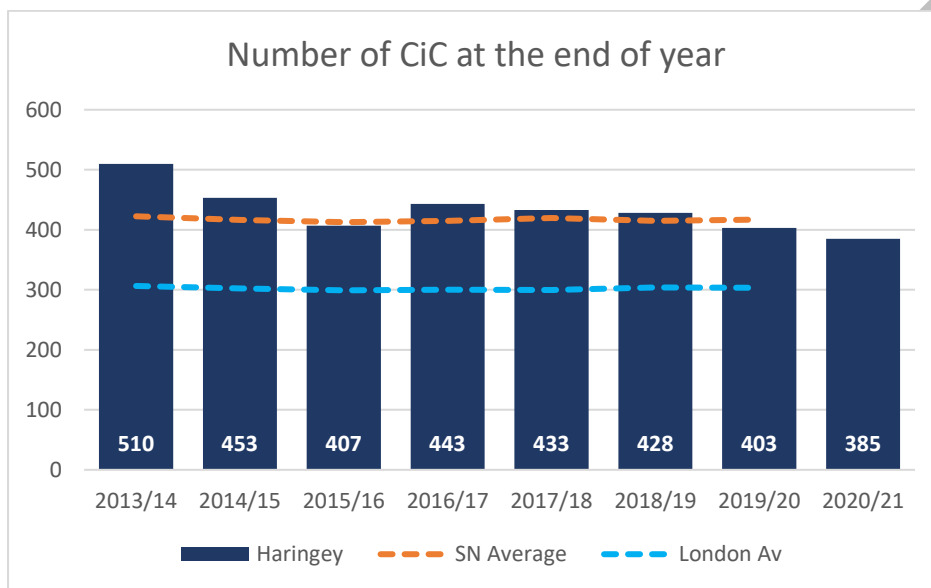
Source: IMD 2019

- 6.2 The picture, in terms of access to resources and opportunities, across the borough varies and we know that central and east Haringey exhibit high levels of risk factors for poor mental health, such as deprivation, unemployment and homelessness. The quality of the education provision for children and young people, across all age phases, is generally good. Despite this, we know from our data that there is a disproportion when we consider the outcomes for some of our children and young people. The gap in attainment outcomes for some of our children remains high, with boys reaching lower levels in the Good Level of Development (GLD) at the end of Reception (68%) than girls (81%). Boys have lower attainment scores in every Ethnic Group and all wards except for Crouch End, Highgate and Muswell Hill. More specifically, we know that the attainment gap for black boys at the end of Key Stage 4 remains stubbornly high, 52% achieving 9-4 in Maths and English, compared to mixed ethnicity girls (80%).
- 6.3 We continue to identify increasing numbers of children and young people in the borough with a Special Educational Need or Disability (SEND). Numbers of children with an Education, Health and Care Plan continues to rise, with the most common primary need being Autistic Spectrum Condition. The number of child and young people for whom Haringey maintains an Education, Health, and Care (EHC) plan for has overall increased since 2016 to 2021 (47% increase).



6.4 Children in Care

6.4.1 A review of the profile of Children in Care (CiC) across the previous 2018-2021 strategy period highlights a general decreasing trend in the numbers of children in care throughout that period. At the end of 2020/21, the number of CiC in Haringey was 385, below the statistical neighbour average of 417 (2019/20). However, the number of CiC in Haringey remains significantly higher than the London average at 303.

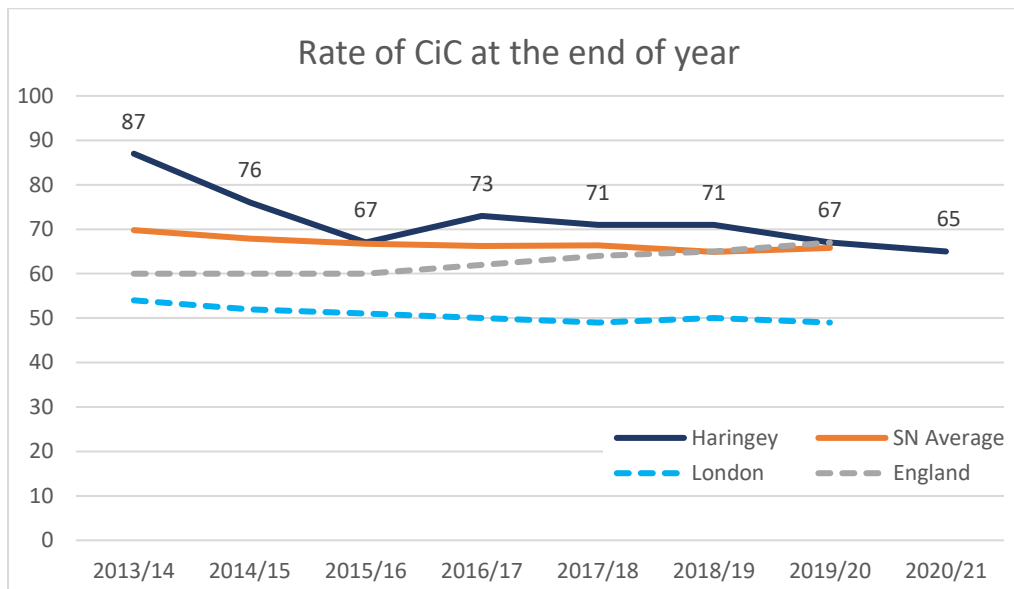


6.4.2 Fundamental to reducing the number children in care is our ability to embed an early help approach and develop, with our partners, effective early identification and intervention responses to those issues and concerns that are recognised as contributing to the likelihood of children and young people spending time in our care. Our focus on prevention and early intervention underpinned the establishment of the *PAUSE* programme in Haringey, which seeks to disrupt the cycle of removal, where the complex and challenging needs for some women has led to multiple removals of their children into care. By the middle of 2021, the *PAUSE* project in Haringey

was supporting 19 women. Early feedback from participants in the project on the impact of the programme is encouraging and moving forward, we are keen to explore how we can further develop in-borough provision for mothers and their babies to extend the opportunities available to reduce the numbers of children entering the care system. To increase the impact of *PAUSE* further, we have aligned the programme to our Young Adults Service, targeting those young people vulnerable to the risk factors identified by the *PAUSE* programme.

- 6.4.3 We will continue our drive to reduce the number of children spending time in our care through continuing to build capacity within our early help and early intervention services. Our Violence, Vulnerability and Exploitation (VVE) Service will strengthen our edge of care response through the provision of support to children and young people in family circumstances considered high risk and vulnerable to break down. Focusing on extra familial harm, the VVE service will provide access to support and services via a multi-agency panel process. Efforts will also continue to increase the number and type of foster carers, extending the role of family link workers to offer respite and prevent needs escalating.
- 6.4.4 Haringey's rate of CiC per 10,000 is now in line with statistical neighbour and national averages, although Haringey's rate remains much higher than the London average. Haringey's rate is 33% above the London average at 49 per 10,000 children.

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6.4.5 In 2020/21, the primary reason for children entering care continued to be abuse and neglect, although numbers had reduced slightly year-on-year since 2018. The next reason, families in acute stress, showed a slight year-on-year increase over the three-year period. It is noted that absent parenting, previously the second-most reason for children entering care has reduced significantly from 2018 levels. Haringey has a larger proportion of children coming into care for the reason of family dysfunction and socially unacceptable behaviour compared to 2019/20.

6.4.6 Since 2017/18, there has been a year-on-year increase in the number of children with a disability with a child protection plan, as well as an increase in the proportion of children with disability within the total population of children with a child protection plan.

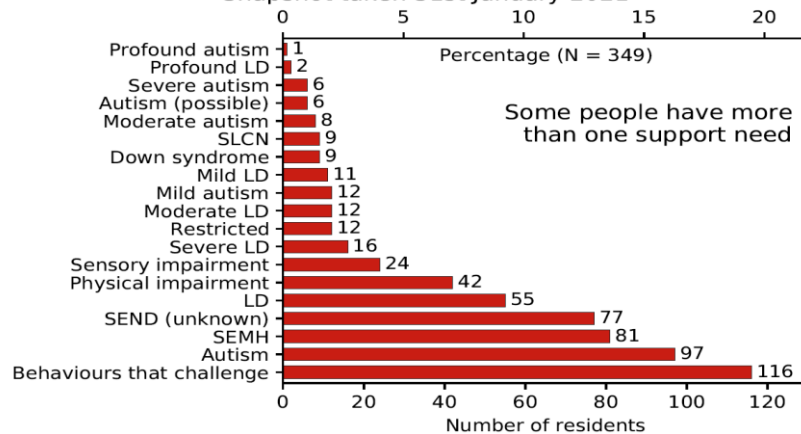
Year	No. of Children on a CP Plan with a disability	% Children on a CP Plan with a disability
2017/18	4	1%
2018/19	7	4%

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2019/20	12	7%
2020/21	20	8%

In January 2021, of the 593 children and young people aged 13-18 known to children’s social care, 128 were identified as having an Autistic Spectrum Condition diagnosis.

13-18 year olds known to social care and receiving costing services
Snapshot taken 31st January 2021



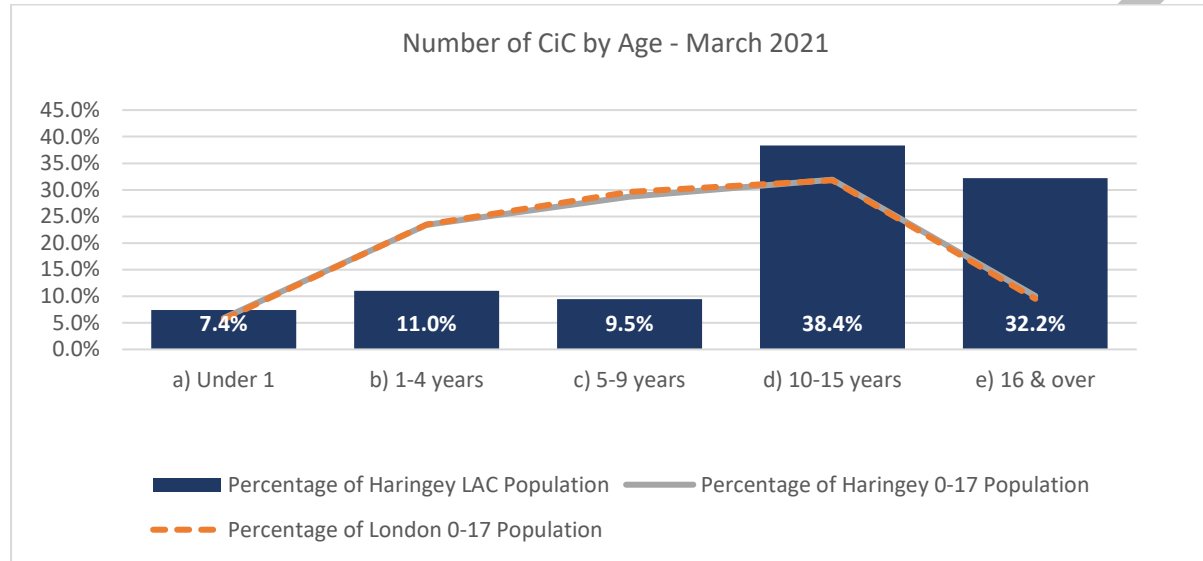
It is recognised that for some families, the complex needs of children and young people can contribute to barriers in parents’ ability to provide appropriate care. In some instances, parents and carers experience difficulties managing behaviour as children with special educational needs and disabilities transition into adolescents.

There is also a disproportionately high number of children in care with SEND amongst Haringey’s youth justice cohort. This points to a need to ensure that children, young people, and families can access the right support, at the right time, to prevent issues escalating and reducing the likelihood of children and young people being unable to be cared for at home.

6.4.7 The largest proportion of Haringey’s children in care are 10 years and older. Just under a third of all CiC are between the ages of 16-17. Of the young people aged 16-17, just under half (49.2%) have been in care for less than 1 year. 38.1% of 16–17-year-olds have been in

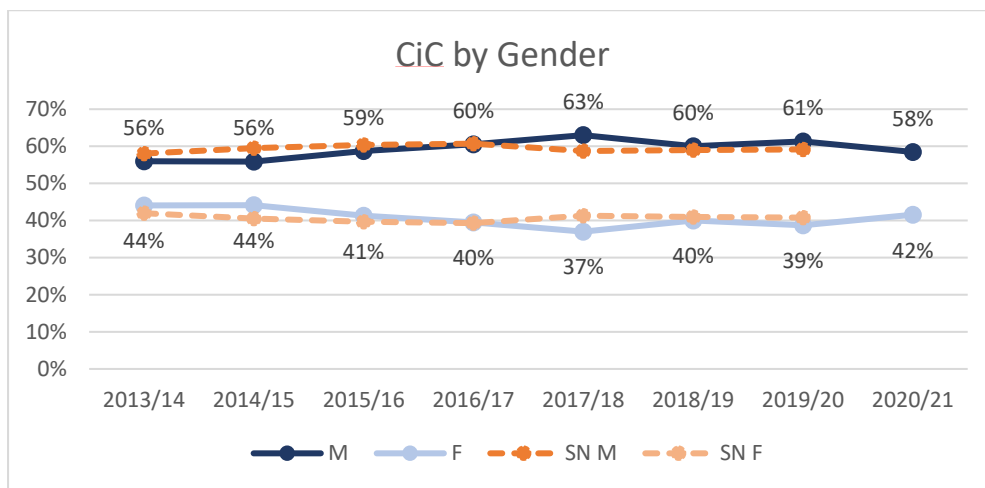
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care for 1-5 years and just 12.7% have been in care for 5 or more years. Whilst those aged between 10-15 are the largest group proportionally, those aged 14 and 15 make up half of this age group.

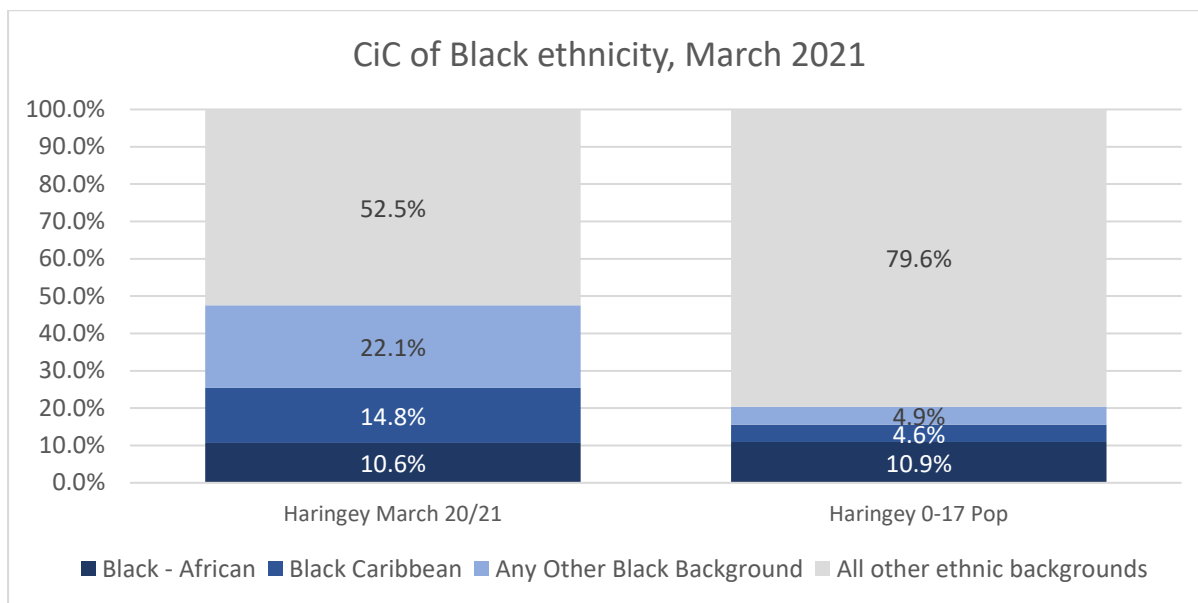


6.4.8 Haringey CiC are disproportionately male at 58% male to 42% female. The gap has fallen from its peak in 2017/18 when 63% of those in care were male. Haringey's statistical neighbours have a similar ratio with male children in care making up 59% compared to 41% female. The age breakdown by gender shows that between ages 0-12 female CiC tend to be proportionally higher than male CiC. However, from ages 13-17 male CiC are higher than female. Just under half of all female CiC are aged between 13-17 compared to two thirds of male CiC of this age group.

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6.4.9 Children of black ethnicity account for just over 20% of Haringey’s 0-17 population, however children of black ethnicity of Haringey’s Children in Care (CiC) make up just under half of the borough’s Looked After Children (LAC) cohort (47.5%). Children of Black Caribbean ethnicity are significantly overrepresented in Haringey’s LAC cohort making up 14.8% of Haringey’s CiC, compared to just 4.6% in Haringey’s 0-17 population. Similarly, the percentage of children of any other black background is disproportionately higher than the 0-17 population in the borough, accounting for 22.1% of Haringey’s CiC compared to 4.9% in Haringey overall.



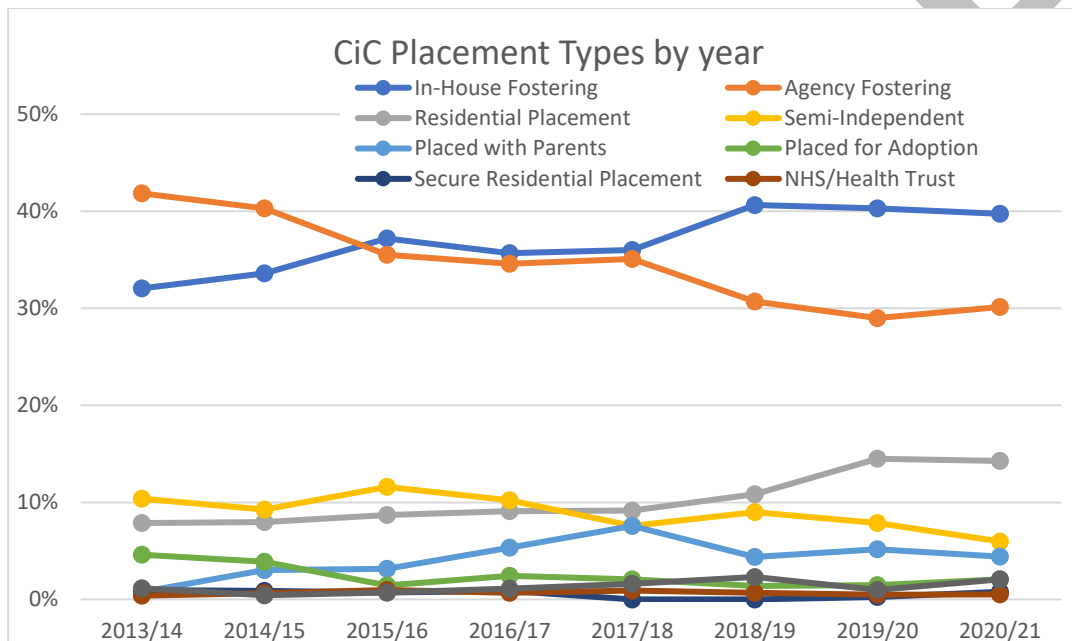
The data highlights the need to consider how factors such as gender, ethnicity and age intersect and contribute to disproportional representation amongst out children in care cohort. It is vital that through our strategy, we seek to understand the wider determinants and how addressing systemic issues such as racism, economic, social, and educational exclusion may inform how we consider prevention and early intervention.

- 6.5 By March 2021, the number of unaccompanied asylum-seeking children (UASC) had fallen from 48 in March 2020 to 24. This is approximately 7% of the CiC cohort. It is likely that this reduction reflects the impact of the COVID 19 pandemic and the associated global restrictions in movement between countries. The majority of UASC are male (92%) aged 15 and older and just 1% of female looked after children are UASC compared to 10% of male.

7. Placements

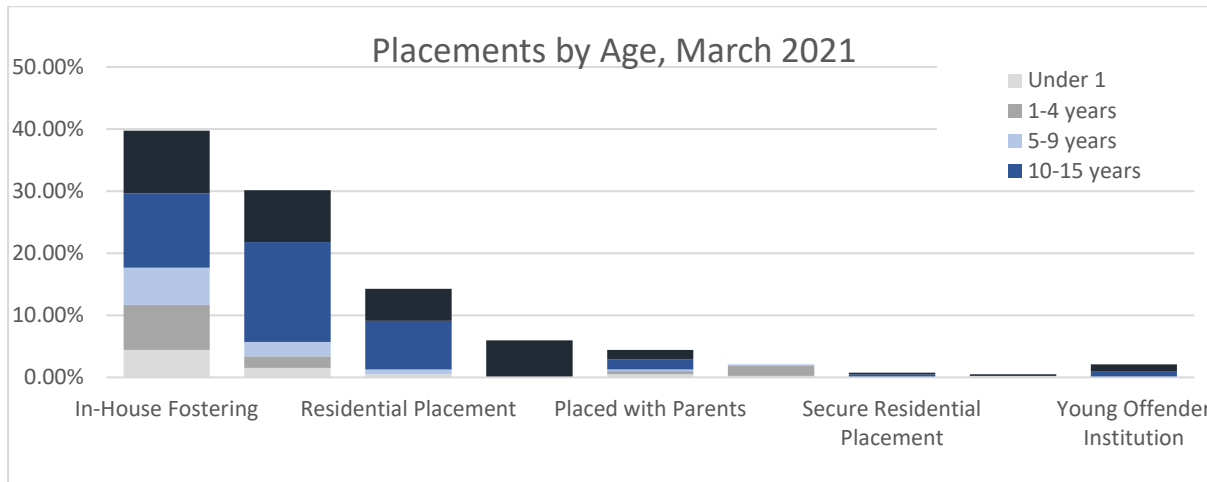
7.1 The term “*Placement*” refers to different types of arrangements including when a child or young person is placed with an individual who is a relation, friend or other person connected with the child, placement with a local authority foster carer, placement in a children’s home registered under Part 2 of the Care Standards Act 2000, or where the local authority makes “other arrangements” under section 22C(d) of the Care Planning, Placement and Case Review (England) Regulations 2010.

7.2 The majority of placements in 2020/21 were within in-house fostering provision.



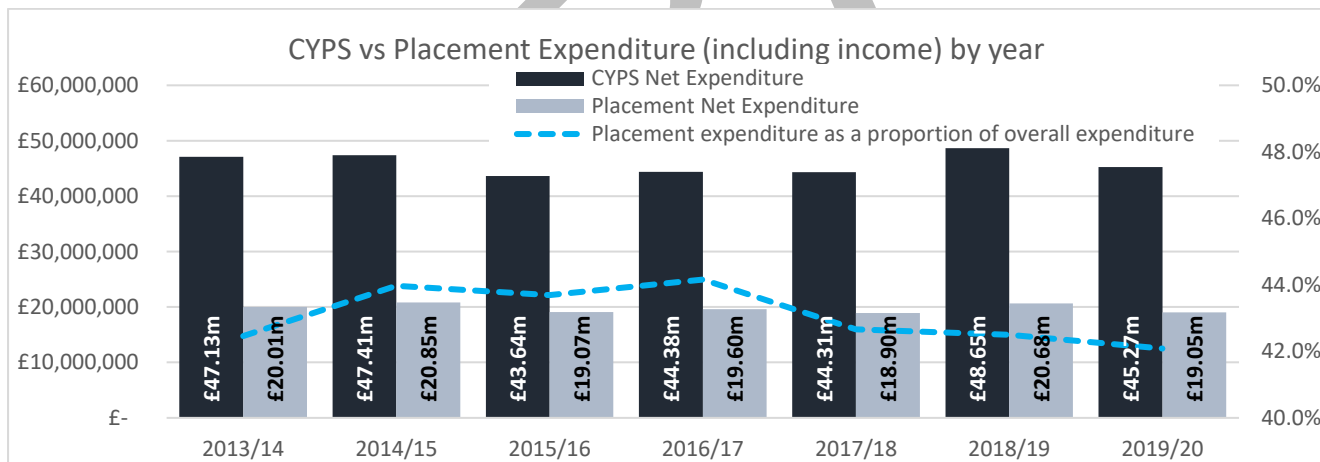
The majority of those placed in residential settings were between the ages of 10-15, whilst all children placed in secure accommodation, or a young offender institution were aged 16-17. All Children adopted fell within the 1-4 age range.

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7.3 Placement Costs

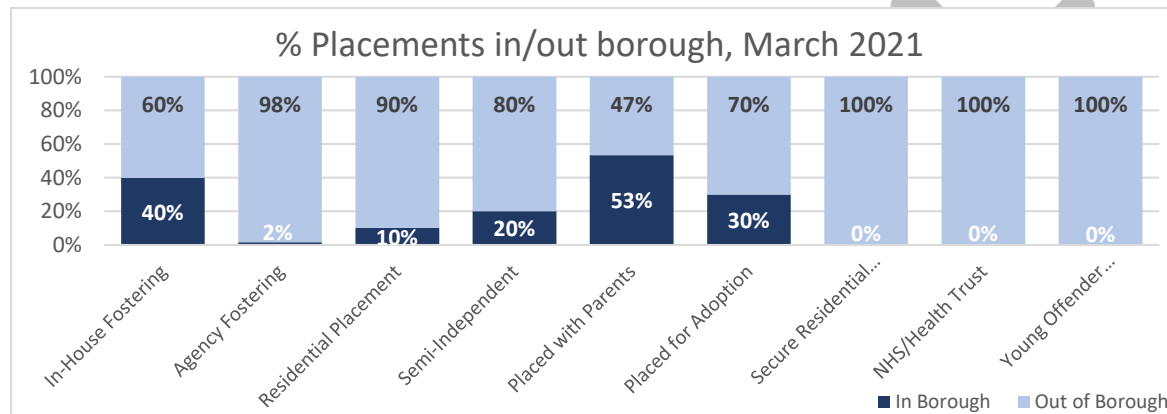
The net placement expenditure has remained relatively stable between 2013/14 and 2019/20., with placement expenditure contributing to approximately 45% of Children and Young People Service overall expenditure.



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Out of borough placements continue to account for most of the placement expenditure. As a London authority, Haringey faces similar challenges to neighbouring and other boroughs, in its need for access to a more diverse range of residential care, including specialist provision for children and young people with social, emotional, and mental health (SEMH) and behavioural needs.

- 7.4 An important focus for the next three year will be how to increase the availability of suitable placements in the local area. By the end of March 2021, just 22% of children in care were placed within the borough. Those placements were more likely to be with their parents, in-house foster carers, adoption placements or in semi-independent accommodation. Most placements for children and young people were outside of the borough and located 20 miles or more from Haringey.



Identified gaps in the general sufficiency of local provision are compounded by limited capacity amongst existing provision and the increasing complexity of needs. To increase the number of beds available, there will need to be work undertaken to ensure providers have the skills and confidence to work effectively with the wide range of needs presented, as well as consistent work with the provider market to develop an improved range of provision.

- 7.5 The need to protect some children and young people from harm to themselves, or others, contributes to increasing demand for accommodation that offers support, safety, and security. The sufficiency of suitable placements to meet the needs of these cohorts of children and young people continues to present challenges, particularly where there is a requirement for secure accommodation. In

addressing this, we will engage in collaborative work at a sub-regional and regional level, building on existing partnership work with other local authorities and contributing as an active partner in Pan-London Placements Commissioning Programme.

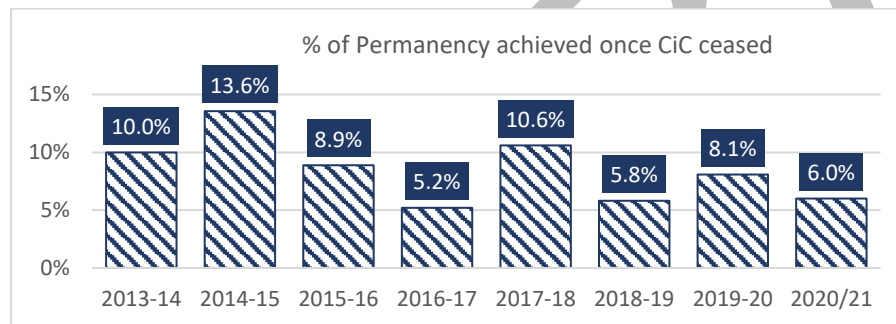
7.6 There is currently a lack of suitable residential placement options for children approaching 16 years of age.

7.7 To impact on levels of out of borough expenditure, a feature of our strategic drive is to leverage investment to increase placement capacity in the borough. A series of capital projects will be explored to address increased demand for accommodation and reduce expenditure of out of borough provision over time.

7.8 **Adoption**

One of the key measures is the timeliness of adoptions over a three-year period. Haringey has now improved to below the national average number of days from a child first being taken into care to being finally placed with their eventual adoptive parents. In 2021/2022 Haringey had 8 children adopted.

In 2020/21, 6% of looked after children had achieved permanency when leaving care.



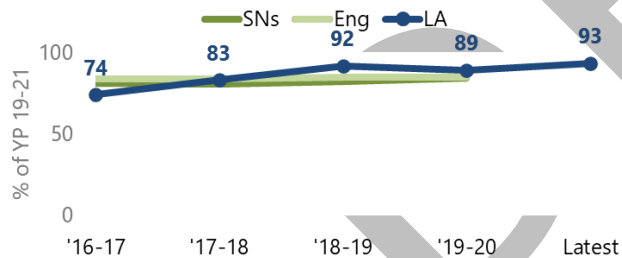
This is a reduction on previous year and perhaps reflects the effect of the pandemic. Improving permanency options continues to be a focus.

7.9 Care Leavers

For young people qualifying for a service as Care Leavers there is a requirement to stay in touch with the young person, keep the Pathway Plan under review, continue the appointment of a Personal Adviser and provide financial assistance where the young person is employed or seeking employment/to enable the young person to pursue education or training. These duties continue until the former relevant child reaches 21 or, where the child's pathway plan sets out a programme of education or training which extends beyond their 21st birthday, they continue for so long as the child pursues that programme. At the end of March 2021 there were 438 care leavers receiving leaving care support. The number of care leavers being supported has increased by since March 2020, following significant yearly increases since 2017.

7.10 The percentage of care leavers aged 17-18 in education, employment and training fell slightly from 80% in 2019/20 to 76% last year. There has also been a slight fall for older care leavers aged 19-21 where 53% are in education, employment and training this year compared to 55% in 2018/19 and 54% average for our statistical neighbours. Haringey also continues to perform extremely well on care leavers aged 19-21 in higher education and at 12% is double the national rate and higher than our statistical neighbours.

7.11 Over the past four years there has been a significant improvement in the percentage of care leavers aged 19-21 in suitable accommodation at 93%. The percentage of care leavers aged 17-18 in suitable accommodation has remained stable at 92% and is in line with last reported data nationally (90%) and slightly better than statistical neighbours (86%).



8 Sufficiency

8.1 In relation to **sufficiency**, there has been found to be a:

- Gap in market for semi-independent provision suitable for 16–18-year-olds. Current choices are limited and offer few local options.
- Lack of provision locally and in other parts of the country for children being discharged from Tier 4 beds (mental health provision)
- Lack of shared accommodation in the local area for young people transiting from fostering or residential.
- Lack of provision (across all provision types) with the appropriate skills to support more complex needs (disability, challenging behaviour), especially in-borough and locally
- Challenges with parent and child foster placements for parents with Learning difficulties and personality disorders
- High demand for secure units nationally with varying therapeutic potential, resulting in long waiting lists for placement and challenges in stepping down children already placed in secure units.
- Shortage of providers able to work with children on Deprivation of Liberty Safeguards (DoLS) orders.

8.2 Virtual Schools

Getting a good education is not only a fundamental human right; in many respects, it holds the key for individuals' future happiness and quality of life. This is why good parenting should strive to actively support their children in education. This is true for all children but has a particular relevance for looked after children. For children who have experienced such disadvantage, education can be the means through which they are able to create a positive and hopeful life for themselves. One of the causes of poor educational outcomes are the higher levels of non-attendance of too many looked after children. As good corporate parents, we are planning to reverse this and ensure our children do attend school or access meaningfully their learning . This will not be an easy task as the circumstances of some young people are not

straightforward. To achieve it, co-operative work will be needed by all involved, including social workers, foster carers, residential staff, teachers, safer neighbourhood police and the Virtual School.

Our aim is to create a sense of urgency and determination to improve the attendance of our looked after children and hold the expectations that any good parent would in respect of their own child.

The Achieving Stability in Placement Protocol sets out our role as part of the partnership that goes beyond convening a PEP meeting and moves towards robust educational arrangements being in place for children and young people and make it clear that such arrangements are as important as having “care” arrangements in place.

The Protocol commits to the following principals

- Except in extreme emergencies (usually requiring PPO or EPO) no child or young person is to become looked after without there being robust arrangements in place for that child's
- education.
- No looked after child or young person is to change placement unless there are robust arrangements for their education in place which have been agreed with the Virtual School.
- The Virtual School should be consulted on every school move.
- No agreement will be given for children to miss school in order to go on prolonged holidays.
- Every effort should be made to arrange dental and medical appointments to take place outside of school hours.
- On-going CAMHS appointments must take place outside of school hours.
- School attendance will be routinely discussed during every PEP meeting
- We will actively monitor school attendance and absence and develop bespoke action plans with the schools to ensure immediate remedial measures are in place.
- We will work actively with SEND teams in the placement area to ensure children with EHCP's are supported to access transport and their educational needs met without delays

9. Priorities for Action

9.1 Determining the key actions for this refreshed strategy has involved a comprehensive review of the needs of our children, young people and families and the current placement market. As we refresh our Sufficiency strategy and reflect on the impact of COVID-19 pandemic on the most vulnerable children, young people, and families our objectives remain to ensure that children and young people in care live in stable, high-quality settings, where the environment supports them to thrive, enables their needs to be met and contributes to improved outcomes in the short and long term. There is an overarching need to understand resources across an increasingly challenging landscape and pursue opportunities for collaboration and joint funding to achieve the core objectives of this strategy over the next three years. Future developments, such as the ICS and NCL CCG partnership and the implementation of the Thrive Framework will

9.2 We recognise that a sustained effort is needed to continue:

- Working in partnership to strengthen our discharge planning from Tier 4 services –Tier 4 Panel arrangements through Complex Care panel .
- Building the infrastructure to support increased capacity in our fostering offer – whether delivered by in-house foster-carers or Independent Fostering Agencies
- Increasing the number of in-house foster carers
- Developing our Edge of Care therapeutic respite and out of hours support
- Increasing the step-up and step-down options with appropriate therapeutic and restorative capability for high-risk young people.
- Developing in-borough options across all areas of need and demand
- Ensuring our practice addresses disproportionality, is trauma-informed and supports the development of all children and young people

9.3. **Our priorities for 2021-2024**

Achieving our vision for children in care, and children leaving care requires a focus on the following priority areas:

- **Priority 1 - Expand our 'Edge of Care' offer and non-residential placement step down options.**

- We will seek to expand our edge of care offer. Current capacity to offer intervention and support suggests a need to grow our offer and target risk associated with: Mental Health issues /Substance misuse/Criminal behaviour/Learning difficulties/Gang affiliation/Abuse and Neglect
- We will continue developing a diverse range of options to support families and increasing the number of children and young people able to remain at home. This will include increasing access to respite and short break as part of a drive to improve the early help offer for children and young people with SEND and their families. The focus of our “edge of care” work will be to maximise the opportunities for families to access local support, when needed, to prevent issues escalating.
- **Priority 2 - Increase the sufficiency of placement provision both in, and out of borough.**
 - We will work to increase the number of in-house foster carers, through a sustained drive to increase interest and the numbers recruited. A robust training and support offer will be in place to maintain our current cohorts and enable us to grow the number of specialist foster carers.
 - Work will be undertaken, in collaboration with sub-regional and regional partners, to determine an approach to developing the right supply of provision to meet complex social emotional and mental health (SEMH) needs.
 - We will develop and implement a robust quality assurance framework and seek to increase the quality of provision, supporting providers to contribute to improved outcomes for children and young people through the implementation of a refreshed outcomes-based commissioning and contract management model.
 - We will ensure all practitioners are supported to deliver on our strategic priorities through a training offer that encompasses trauma-informed and enabling practice.
- **Priority 3 – Increase step up and step-down options for high-risk young people.**
 - We will seek to increase Placement options for children and young people with complex needs. In achieving this, we will continue our efforts to develop the capacity of independent fostering agencies to support children and young people with more complex needs.
 - We will engage in Pan-London work to explore the development of a semi-secure residential unit for young people.
 - We will review our high cost, low incidence placements to inform future commissioning options.

- **Priority 4 – Strengthen discharge planning from Tier 4 services.**

- We will reduce gaps in provision for children and young people being discharged from Tier 4 and increase the timeliness of discharge by building on current work with health partners and the provider market, to improve the range and supply of appropriate provision to support step down from Tier 4 services.
- We will continue our plans to jointly commission step down provisions from Tier 4 with the CCG .
- We will engage in a Pan-London initiative to develop a London Secure Service.

- **Priority 5 - Expand placement options for 16- to 18-year-olds.**

- We will improve longer-term planning for children in care by developing and embedding an end- to end planning approach for our rising 16 cohort.
- We will explore options for increasing the availability of sufficiently high-quality accommodation options for 16- to 18-year-olds.

- **Priority 6 - Improve permanency options for children in care and care leavers.**

- We will continue our focus on developing the number of in-house foster carers who can support children and young people to step-down from residential care.
- We will increase our focus on “Staying Put” long term permanent fostering arrangements and promote decision-making based on placement best suited to deliver positive outcomes for children and young people in relation to their attachment relationships, education, and social relationships.
- We will explore ways in which the number of available beds for 18 years + care leavers could be increased.

- **Priority 7- Strengthen our approach to meeting the needs of children and young people with disabilities and their families.**

- We will be informed by work that has already begun in Haringey to develop our Preparation for Adulthood Strategy, which will ensure an approach is in place to provide all children and young people with SEND, with the right, timely support to make decisions about their future.

- We will develop proposals and seek to secure resources needed to develop two transition units for young people with learning difficulties.
- We will implement a refreshed short breaks and respite offer.
- We will align this strategy with Haringey's All Age Autism Strategy and collaborate with the voluntary and community sector to develop current provider market and access to local support. In addition, this strategy shares a focus with the Autism Strategy in seeking to increase support and accommodation options for children and young people with complex needs.
- **Priority 8 – Build a workforce with the skills, expertise, and qualities to ensure children and young people develop during their period in care – the Haringey Way across the wider Haringey workforce.**
- We want to increase the availability of local provision with the skills and confidence to support the needs of children and young people with disabilities and complex behaviour support needs.

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Appendix 1

Sufficiency Action Plan 2022 -2024

	Priority	How will we deliver change?	What will tell us we are making a difference?	Measure	Timescale
1.	Expand our 'Edge of Care' offer and non-residential placement step down options.	Continue to engage with the independent foster carer and IFA market to increase the sufficiency of places			
2.	Increase the sufficiency of placement provision both in and out of borough.	Develop and implement a robust market development and commissioning plan.	In-borough placement capacity for children and young people		
		Develop in house services	Opening of Haslemere in house Children's Residential home		
		Engage with local and regional provider market to increase the availability of specialist and therapeutic placement provision.	The number of in-house foster carers.		
		Explore the development of an in-borough mother and baby unit.	The number of children placed in good and outstanding provision		
		Collaborate with neighbouring boroughs in the development of respite residential provision.			
3.	Increase step up and step-down options for high-risk young people.	Develop the capacity of independent fostering agencies to support children and young people with more complex needs.			
		Explore the development of a semi-secure residential unit for young people with Deprivation of Liberty Orders.			
4.	Improve discharge planning from Tier 4 services.	Joint commissioning of step-down facilities with CCG			

Looked After Children Sufficiency Strategy 2022-2026

		Engage in a pan-London initiative to develop a London Secure Service.			
5.	Expand placement options for 16 to 18-year-olds.	Work collaboratively with neighbouring and regional local authorities to identify and develop the provider market.			
		Develop and embed an end-to-end planning approach for our rising 16 cohort.			
6.	Increase permanency options for children in care and care leavers.	Develop the number of in-house foster carers who can support children and young people to step-down from residential care.	The number of children and young people stepping down from residential care into family-based placements or supported semi-independent provision.		
7.	Strengthen our approach to meeting the needs of children and young people with disabilities and their families.	Implement a refreshed short breaks and respite offer.			
		Develop proposals and seek to secure resources needed to develop two transition units for young people with learning difficulties.			
		Undertake focused work to develop a more robust commissioning framework for residential education provision – engaging with the market and establishing an outcome and transition focus in our approach to quality assurance.			
8.	Build a workforce with the skills, expertise, and qualities to ensure				

Looked After Children Sufficiency Strategy 2022-2026

children and young people develop during their period in care – the Haringey Way across the wider Haringey workforce				
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Linked Documents

1. Haringey Borough Plan 2019 – 2023
https://www.haringey.gov.uk/sites/haringeygovuk/files/borough_plan_2019-23.pdf
2. Early Help Strategy 2021 – 2023
https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey_early_help_strategy_2021-2023.pdf
3. Haringey All-Age Autism Strategy 2021 – 2031
<https://www.minutes.haringey.gov.uk/documents/s126646/Appendix%201%20-%20Haringey%20All%20Age%20Autism%20Strategy.pdf>
4. Young People at Risk Strategy 2019 – 2023
https://www.haringey.gov.uk/sites/haringeygovuk/files/young_people_at_risk_strategy.pdf
5. Haringey SEND Strategy 2022 – 2025 (Draft)
https://www.haringey.gov.uk/sites/haringeygovuk/files/draft_haringey_send_strategy_2022-25.pdf
6. Haringey CAMHS Transformation Plan
<https://www.minutes.haringey.gov.uk/documents/s114368/Haringey%20CAMHS%20Transformation%20Plan%202019-20%20v21%20Executive%20Summary.pdf>
7. The Care Planning, Placement and Case Review (England) (Amendment) Regulations 2021
<https://www.legislation.gov.uk/uksi/2021/161/made>

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Report for: Children and Young People's Scrutiny Panel – 23rd March 2023

Title: Children and Young People's Scrutiny Panel - Work Programme 2022-24

Report authorised by: Ayshe Simsek, Democratic Services and Scrutiny Manager

Lead Officer: Robert Mack, Principal Scrutiny Officer
Tel: 020 8489 2921, E-mail: rob.mack@haringey.gov.uk

Ward(s) affected: N/A

**Report for Key/
Non Key Decision:** N/A

1. Describe the issue under consideration

1.1 This report reports on progress with the development and delivery of the work plan for the Panel.

2. Recommendations

2.1 That the Panel considers its work plan for 2022-24, attached at Appendix A, and whether any amendments are required to it; and

2.2 That the Panel gives it's views on potential areas of focus for a review on housing and children, to be undertaken once the current review on physical activity and sport has been completed.

3. Reasons for decision

3.1 The work programme for overview and scrutiny was approved by the Overview and Scrutiny Committee at its meeting on 28 November 2022. Arrangements for implementing it have progressed and the latest plans for the Children and Young People's Scrutiny Panel are outlined in **Appendix A**.

4. Describe the issue under consideration

4.1 The Overview and Scrutiny Committee has developed a work programme for itself and the scrutiny panels with the aim of ensuring that the scrutiny function is used to its best effect. This was informed by engagement with representatives of the local community. There were two main elements to its development:

- An on-line scrutiny survey; and
- A "Scrutiny Café."

- 4.2 The scrutiny survey ran from 26th July until 26th August and was open to Councillors, officers, partners, community groups and local residents. It asked respondents to identify the areas within each scrutiny body's terms of reference that should be given highest priority. People were also asked for any other specific issues or problems that they felt warranted special attention.
- 4.3 The Scrutiny Café took place on 16th September at the Selby Centre in Tottenham and brought together Council officers, partners and community and voluntary sector representatives to discuss matters that might merit consideration by Overview and Scrutiny. The results of the scrutiny survey were used to inform the discussion. The event was very well attended, including a number of young people who were able to provide useful feedback on the areas that were most important to them.
- 4.4 The outcomes of the survey and discussions at the Café were put together for consideration by the Committee and its Panels so that they could finalise proposals for their workplans. Relevant Council officers were also invited to advise on suggestions. In addition, the Panel met informally to discuss proposals.
- 4.5 There is finite capacity within work plans and it is not possible to cover everything within them in great depth, hence the need to prioritise. There are a number of different options for how issues can be addressed:
- In depth scrutiny reviews;
 - "One-off" reports to Panel meetings; or
 - Questions to Cabinet Members.
- 4.6 It is not obligatory for scrutiny bodies to undertake scrutiny reviews but they enable issues to be looked at in greater detail. This approach is particularly suited to complex issues involving a wide range of stakeholders. A key consideration in selecting issues is the extent to which reviews may be able to deliver tangible outcomes. It is also important that the scope of reviews is sufficiently focussed to allow the detailed gathering of evidence and consideration of issues that is most likely to bring about outcomes.
- 4.7 "One-off" items are normally dealt with through a report from relevant officers or partners. Scrutiny is a flexible process though and other approaches can be incorporated, including inviting external witnesses to give evidence and site visits. It is recommended that sufficient space is allowed on each agenda for a meaningful discussion of items selected by avoiding overloading agendas.
- 4.8 There is an expectation that each Cabinet Member will attend a relevant scrutiny body at least twice per year for Cabinet Member Questions. This provides an opportunity for scrutiny bodies to hear about key developments within each Cabinet portfolio and answer questions.

5. Review on Physical Activity and Sport

- 5.1 At the informal meeting of the Panel to consider the work plan, it was agreed to undertake a review on leisure and recreational activities for children and young

people. The issue had been raised by young people who attended the Scrutiny Café and there had also been some feedback on this from the Scrutiny Survey.

- 5.2 Following further discussion with officers and the Chair on the scope and terms of reference, the Panel agreed that the review would focus specifically on one particular aspect of leisure and recreation; physical activity and sport. The narrower scope of the review made it better placed to go into sufficient depth to make meaningful recommendations and for the necessary work to be completed in a reasonable length of time. In addition, the recommendations from the review will assist in the development of the new physical activity and sport strategy for the borough.
- 5.3 Two evidence sessions of the review have taken place so far. The first was on 16 February, where the Panel considered:
- An overview of the Council's role in promoting and commissioning and physical activity and sport within Borough, including provision for marginalised groups; and
 - The aims and objectives of "Active Together", the Council's current 4 year physical activity and sport strategy and progress against the targets within them.
- 5.4 The second session was on 9 March, when the Panel met with a group of providers of physical activity and sport opportunities within the borough to receive their views. On 6th April, the Panel will be looking at the role of schools in the third evidence session, which will be the last of the current municipal year. The review will continue and be completed in the new year.

6. Review on Housing and Children

- 6.1 At the meeting of the Panel on 3rd January, the Panel agreed to commission a review on housing and children. This will be started once the current review on physical activity and sport has been completed. It was also agreed that some options on areas for the review to focus on would be presented to the Panel for consideration. Housing is a very large and complex policy area. It will therefore be necessary to select a specific area of it that it is possible to look at in sufficient detail within a reasonable period of time.
- 6.2 It is proposed that the review begins by examining the link between housing and poverty and how it can affect vulnerable families as this will provide a background to more detailed examination of whichever area is selected for more detailed examination.
- 6.3 The following potential areas have been identified:
- The Private Rental Sector;
 - Roll out and expected outcomes of the Council's private licensing scheme;
 - Linking of vulnerable families placed in Haringey by other local authorities to safeguarding and support services;
 - Safeguarding responsibilities of social housing providers, including housing associations;

- Housing allocations policy and how it impacts on children, especially those with disabilities, those considered vulnerable or part of large families; and

6.3 The above issues can be split into ones relating to private sector housing and ones relating to social housing. It is proposed that Panel select which sector they wish to focus upon and that further work be undertaken to develop a detailed scope and terms of reference. This will require engagement with officers in Housing as well as those within the Children's Services. The topic for the review has some overlap with both the terms of reference of the Housing and Regeneration Scrutiny Panel and of the Overview and Scrutiny Committee, which has responsibility for cross cutting issues. This should not be an obstacle to the Panel undertaking the review provided that the Committee is agreeable to the proposed scope and terms of reference and that duplication is avoided.

7. Contribution to strategic outcomes

7.1 The contribution of scrutiny to the corporate priorities will be considered routinely as part of the OSC's work.

8. Statutory Officers comments

Finance and Procurement

8.1 There are no financial implications arising from the recommendations set out in this report. Should any of the work undertaken by Overview and Scrutiny generate recommendations with financial implications these will be highlighted at that time.

Legal

8.2 There are no immediate legal implications arising from the report.

8.3 In accordance with the Council's Constitution, the approval of the future scrutiny work programme falls within the remit of the OSC.

8.4 Under Section 21 (6) of the Local Government Act 2000, an OSC has the power to appoint one or more sub-committees to discharge any of its functions. In accordance with the Constitution, the appointment of Scrutiny Panels (to assist the scrutiny function) falls within the remit of the OSC.

8.5 Scrutiny Panels are non-decision making bodies and the work programme and any subsequent reports and recommendations that each scrutiny panel produces must be approved by the Overview and Scrutiny Committee. Such reports can then be referred to Cabinet or Council under agreed protocols.

Equality

8.6 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

8.7 The Committee should ensure that it addresses these duties by considering them within its work plan and those of its panels, as well as individual pieces of work. This should include considering and clearly stating;

- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;
- Whether the impact on particular groups is fair and proportionate;
- Whether there is equality of access to services and fair representation of all groups within Haringey;
- Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.

8.8 The Committee should ensure that equalities comments are based on evidence. Wherever possible this should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

9. Use of Appendices

Appendix A: Children and Young People's Scrutiny Panel – Draft Workplan 2022-24

9. Local Government (Access to Information) Act 1985

N/A

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Children and Young People’s Scrutiny Panel

Work Plan 2022 - 24

<p>1. Scrutiny review projects; These are dealt with through a combination of specific evidence gathering meetings, that will be arranged as and when required, and other activities, such as visits. Should there not be sufficient capacity to cover all these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further detailed development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e., ones that cover the terms of reference of more than one of the panels.</p>		
Project	Comments	Priority
Physical Activity and Sport	To look at how the Council promotes and commissions physical activity and sporting opportunities for children and young people in all parts of the borough. This will include how their views are considered in planning provision, the impact of activities on mental health and well-being and how the needs of marginalised groups are addressed.	1.
Housing and children	To look at how housing impacts on children and young people and, in particular those who may be vulnerable or where there might be safeguarding concerns.	2.
Listening to children and young people	To consider how the Council obtains and responds to the views of children and young people in the planning and provision of services.	3.

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4. **“One-off” Items;** These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.

Date	Potential Items
2022-23	
04 July 2022	<ul style="list-style-type: none"> • Terms of Reference • Appointment of Non-Voting Co-opted Member • Cabinet Member Questions – Cabinet Member for Children, Education and Families • Haringey Travel Assistance Policy (Consultation Update) • Support to Refugee Children
06 September 2022	<ul style="list-style-type: none"> • Financial Monitoring • Domestic Abuse and Safeguarding • Haringey Youth Justice Strategic Plan • Rising Green Youth Hub – Opening

<p>07 November 2022</p>	<ul style="list-style-type: none"> • Cabinet Member Questions – Cabinet Member for Children, Education and Families • Support for Children and Families in Cost of Living Crisis • Opening of Haslemere Road Children’s Home. • Summer Programme for Children and Young People
<p>3 January 2023 (Budget Meeting)</p>	<ul style="list-style-type: none"> • Budget scrutiny • Haringey Safety Valve Programme • Exam and Test Results • Review on Haringey Family of Schools – Update on Implementation of Recommendations • LGA Peer Review Update
<p>9 February 2023</p>	<ul style="list-style-type: none"> • Transitions from Children to Adult Services (Joint Meeting with Adults and Health Panel)
<p>23 March 2023</p>	<ul style="list-style-type: none"> • Cabinet Member Questions – Cabinet Member for Children, Education and Families • Haringey Children’s Safeguarding Partnership – Annual Report • Children’s Social Care; Annual Report

	<ul style="list-style-type: none"> • LAC Sufficiency Strategy
2023/24	
26 June 2023	<ul style="list-style-type: none"> • Terms of Reference • Appointment of Non-Voting Co-opted Member • Cabinet Member Questions – Cabinet Member for Children, Education and Families • Stop and Search • SEND – Prevention and Early Intervention • Review on Child Poverty – Update on Implementation of Recommendations
12 September 2023	<ul style="list-style-type: none"> • Haringey Youth Justice Strategic Plan • Skills and Careers • Mental Health and Well-Being

13 November 2023	<ul style="list-style-type: none"> • Cabinet Member Questions – Cabinet Member for Children, Education and Families
8 January 2024 (Budget)	<ul style="list-style-type: none"> • Budget Scrutiny • Exam and Test Results
20 February 2024	<ul style="list-style-type: none"> • Cabinet Member Questions – Cabinet Member for Children, Education and Families • Haringey Children’s Safeguarding Partnership – Annual Report • Children’s Social Care; Annual Report

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