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## Children's Safeguarding Policy and Practice Advisory Committee

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MONDAY, 25TH JANUARY, 2010 at 19:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Davies, Jones, Lister, Mallett and Oatway

### **AGENDA**

**1. APOLOGIES FOR ABSENCE**

**2. URGENT BUSINESS**

The Chair will consider the admission of late items of urgent business. Late items will be considered under the agenda item they appear.

**3. DECLARATIONS OF INTEREST**

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is being considered must disclose to that meeting the existence and nature of that interest at the commencement of the consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest.

**4. MINUTES (PAGES 1 - 4)**

To consider the minutes of the meeting held on 17 December 2009.

**5. THRESHOLDS FOR CHILDREN AND YOUNG PEOPLE'S SERVICES (PAGES 5 - 16)**

To provide the Committee with an understanding of the basis on which practitioners and manager in Children's services make decisions about referral, levels and types of assessment and case or service allocation.

**6. REVIEW OF ROLE OF INDEPENDENT PANEL MEMBER (PAGES 17 - 18)**

To review the role of the Independent Panel member and to consider options.

**7. COMMITTEE'S ROLE REGARDING MECHANISMS FOR MONITORING AND AUDITING SAFEGUARDING IN HARINGEY (PAGES 19 - 22)**

To consider the Committee's priorities for scrutiny for the remainder of this Municipal Year.

**8. EXCLUSION OF THE PRESS AND PUBLIC**

That the press and public be excluded from the meeting for consideration of item xx as it contains exempt information as defined in Section 100 a of the Local Government Act 1972 (as amended by section 12A of the Local Government Act 1985) paras 1 & 2 namely information relating to any individual, and information likely to reveal the identity of an individual.

**9. CHILD PROTECTION PROCESSES (PAGES 23 - 50)**

To inform members of the Committee of the child protection process.

**10. ANY OTHER BUSINESS**

Date of next meeting: 23 February 2010.

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15 January 2010

## MINUTES OF THE CHILDREN'S SAFEGUARDING POLICY AND PRACTICE ADVISORY COMMITTEE

THURSDAY 17 DECEMBER 2009

Councillors Jones (Chair), Lister, Mallett and Oatway

Apologies Councillor Davies

Also Present: Sylvia Chew, Hilary Corrick, Marion Wheeler.

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CSPPAC21	<p><b>APOLOGIES</b></p> <p>Apologies were received from Cllr Davies.</p>	
CSPPAC22	<p><b>URGENT BUSINESS</b></p> <p>There were no items of urgent business.</p>	
CSPPAC23	<p><b>DECLARATIONS OF INTEREST</b></p> <p>Cllr Oatway declared that she was involved in the disciplinary Panels with regard to Baby P.</p>	
CSPPAC24	<p><b>MINUTES RESOLVED:</b></p> <p>That the minutes of the meeting held on 8 September 2009 be agreed as an accurate record.</p>	
CSPPAC25	<p><b>LEARNING FROM SERIOUS CASE REVIEWS</b></p> <p>Sarah Peel, Manager of the Local Safeguarding Children's Board (LSCB) gave the presentation that had been previously given to all practitioners regarding the lessons to be learnt from the case of Baby Peter.</p> <p>The make up of the Local Safeguarding Children Board's was a multi disciplinary one with partners across the voluntary sector. A serious case review (SCR), could be requested by anyone and was carried out when factors such abuse or neglect were know or suspected or when a child died or was seriously injured. The importance of having an independent Chair of a SCR was explained, and it was noted that the focus was on learning not apportioning blame. Since the case of Baby Peter OFSTED had produced further guidance on SCR's and reviews were now graded. The exercise was a complicated but robust one. They should be self critical with a good action plan.</p> <p>Good social work was about being clear about the risks, not being uncompassionate but keeping the priority and focus on the child. Child protection work was complex and assessment was a process constantly under review. In Baby Peter's case it was known from the outset that</p>	

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there were indicators of risk and later it became known that every agency had not taken the opportunity to review their assessment. The facts had been reduced in significance in the face of adult's apparent willingness to comply and professionals' willingness to believe. Agencies needed to be authoritative, to create challenge and to share information appropriately. Files across the agencies had to be accessed and research into a family's background should be seen as part of a core assessment for a social worker. Good child protection involved all agencies and child protection plans had to be clear about what a task was intended to achieve and who was responsible for what. A background of abuse could suggest vulnerability. It should be accepted that parents told lies, often based on a fear that their children could be taken away, Authorities were told what they wanted to hear. However social workers had to be sceptical of the accounts given and should test thoroughly against the facts. Also they should not confuse an apparent good adult/child interaction with a strong attachment. Nor should willingness to comply be confused with an actual willingness to accept the need for change. A proper assessment of the quality of attachment took time and required expertise. A seen child should not be considered a safe one; the social worker had to have empathy with the child.

The presence of domestic violence in a household was another indicator of risk, and where there was domestic violence in a family with a child under 12 months old (including an unborn child) a single incident of domestic violence should trigger a child protection investigation. In Haringey there were many vulnerable families and it was easy to be too tolerant of levels of neglect and miss the individual risk indicators. The Committee noted that the Council's Domestic Violence Co-ordinator was working on awareness training for all front line staff and a workshop was to be held on the issue. Also there had been a raised level of awareness and around 20% of referrals were related to domestic violence.

Members noted the checklist of expectations for all professionals working in this field.

The Committee were advised that in order for the situation to improve there had to be adequate time, training, and supervision.

**RESOLVED:**

That the Local Safeguarding Children Board's child protection handbook be given to all Councillors.

**CSPPAC26**

**EXCLUSION OF THE PRESS AND PUBLIC**

**RESOLVED:**

- That as the following items contained exempt information (as defined in Section 100a of the Local Government 1972; namely information likely to reveal the identity of an individual, and information relating to any individual) members of the press and

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	public should be excluded from the remainder of the meeting.	
CSPPAC27	<p><b>SERVICE USER FEEDBACK: OCTOBER 2009</b></p> <p>The Committee received feedback from a snapshot survey carried out as part of the ongoing audit of cases referred to the Referral and Assessment Service on 1 July 2009. The survey involved follow up conversations with a sample of 10 service users and referrers.</p> <p>The survey had considered a) the timeliness of the response from the Children and Young People's Service b) the extent to which service users and referrers felt listened to and their views respected and c) whether they had received any feedback about what would happen next.</p> <p>Members noted that any conclusions from the survey had to be seen as tentative and would need to be subject to further investigation. It was accepted that parents whose children had been referred to Children's Services could be hostile and might find communication difficult. Social workers were expected to develop specific skills to overcome these barriers. However it was disappointing that under 50% of the parents felt that they had the chance to say what they wanted to say or felt that they were listened to. It was agreed that parents should feel listened to and respected, although not always agreed with. Members noted that the Service was made aware of conflicts in personality between social workers and parents and further follow up work would take place in around 20 case files per month.</p> <p>The major issue for referrers was also communication and knowing what happened to their referrals. The three schools involved were keen to work with Children's Services, to build long term relationships with individual workers and to work closely together. Also they were aware of pressures on social workers and constraints of confidentiality, but felt that they should be kept more in the loop when a social worker was involved in one of their families.</p> <p>Details of the Action Plan prepared in response to the concerns raised in survey were given.</p> <p>It was noted that it was a huge administrative task to respond to around 350 referrals per week. Upon completion of cases, it was important that closing letters were sent. Since the survey the issues raised had been discussed with managers and social workers via supervision and also at full staff meetings. Additionally all cases interviewed had been audited by a senior manager; individual staff had been spoken to and three were participating in the capability process.</p> <p>Issues around the facilitation of a private space at the North Middlesex Hospital had been discussed with the social work team based at the hospital.</p>	

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	<p><b>RESOLVED;</b></p> <p>That the responses from the service users survey be noted, together with the subsequent Action Plan.</p>	
CSPPAC28	<p><b>UPDATE ON CASE FILE QUALITY AUDITING</b></p> <p>The Committee received an update on the five cases that they were tracking.</p>	
CSPPAC29	<p><b>NEW ITEMS OF EXEMPT URGENT BUSINESS</b></p> <p>There were no items of exempt urgent business.</p>	
CSPPAC30	<p><b>ANY OTHER BUSINESS</b></p> <p><b>DATE OF NEXT MEETING</b> – Changed to Monday 25 January 2010. Items for meeting to include:-</p> <p>Exploration of Child Protection safeguarding processes, particularly following those children referred on the 1st July who were subject to child protection processes. Eligibility and thresholds for children's social care</p> <p>Meeting in April to receive a follow up report on the matters previously referred to Cabinet and in particular on transition arrangements from children's to adult services.</p> <p>In response to a request from the Chair to focus on Under 5s and the provision of health visitors at a future meeting, Cllr Mallet agreed to seek clarification on the issues to be considered at Overview and Scrutiny Committee on this matter.</p> <p><b>MEETING WITH CHAIR OF LSCB</b></p> <p>Cllr Mallet and Ms Corrick agreed to meet with the Chair of the LSCB to discuss and clarify the remit and boundaries of this Committee.</p>	AD Safeguarding

Cllr Emma Jones

Chair



**Haringey Council**

<b>Briefing for:</b>	<b>Children's Safeguarding Policy and Performance Advisory Committee</b> 25 <sup>th</sup> January 2010
<b>Title:</b>	Thresholds for Children and Young Peoples Services
<b>Lead Officer:</b>	Marion Wheeler AD Safeguarding Children and Young People's Service <a href="mailto:Marion.wheeler@haringey.gov.uk">Marion.wheeler@haringey.gov.uk</a> 0208 489 1912
<b>Date:</b>	7 <sup>th</sup> January 2010

**1. Describe the issue under consideration (no more than 2 sides of A4)**

The Thresholds of Need and Service document has been developed by Children and Young Peoples' service in collaboration with Haringey Children and young people's partnership agencies to set out agreements about levels of need and risk which will trigger referrals to universal or targeted services. It provides a guide to practitioners in all agencies that work with children to assist in assessing and identifying children's level of need and think about which services might be available to meet those needs.

**2. Background information**  
**See document**

**3. Options for consideration**

This item is for members information. The documentation will assist members in understanding the basis on which practitioners and managers in Children's services make decisions about referral, levels and types of assessment and case or service allocation.

**4. Financial Implications**  
None

**5. Legal Implications**



**Haringey** Council  
None

## **6. Policy Implications**

The Thresholds guidance has been agreed by local agencies through the Local Children's Safeguarding Board.

## **7. List the proposed routing for the report through the formal decision making process**

Not for decision making

## **8. Appendix can be added and issues paper template used as a cover page for more complex issues requiring fuller explanation i.e. Achieving Excellence reports**

**Appendix 1 Thresholds of Need and Service Response Guidance**



## THRESHOLDS OF NEED AND SERVICE RESPONSES: GUIDANCE FOR STAFF

The following is a guide for practitioners and managers in every agency that works with, or is involved in, children, young people and their families. Its aim is to assist practitioners and managers in assessing and identifying a child's level of need, what type of services/resources may meet those needs and what processes to follow in moving from an assessment to a provision of services. It describes needs in terms of 'Tiers' - which is essentially a schematic way of helping to understand children's needs and how they could be met. It does not provide a rigid or concrete set of procedures – it is important that all agencies understand the needs of each individual child within their own context and realise that each child's situation is unique and specific to them. What follows is therefore a **guide to offer clarification**, not a rigid set of procedures.

In any tiered approach, the following is crucial to ensure a range of service provision is **available** to meet the range of need of children in the community and to ensure that the appropriate services are **accessed** to meet the range of need of children in the community. Everyone should understand that:

- children can and do move from one level to another;
- children in levels 2-4 also need and use universal services;
- repeated assessments should not be necessary to move children from one tier to another, and that children's stories can follow them as they progress through service provision;
- there will be some children - for example, those with complex needs – who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each level;
- for most children, the service aspiration is to secure them as low down the level of need as possible.

Below is Haringey's version of a continuum of need and intervention triangle similar to those found in other local authorities. For some children/young people it is clear where they fall on the continuum; for other children/young people a practitioner may need to use the Threshold Guidance in the appendix to try to decide whether or not the child/young person has additional needs, and where they might fall on the continuum; this process can help decide whether a CAF would be appropriate, to help further clarify need and appropriate response.

Together we ensure that every child matters

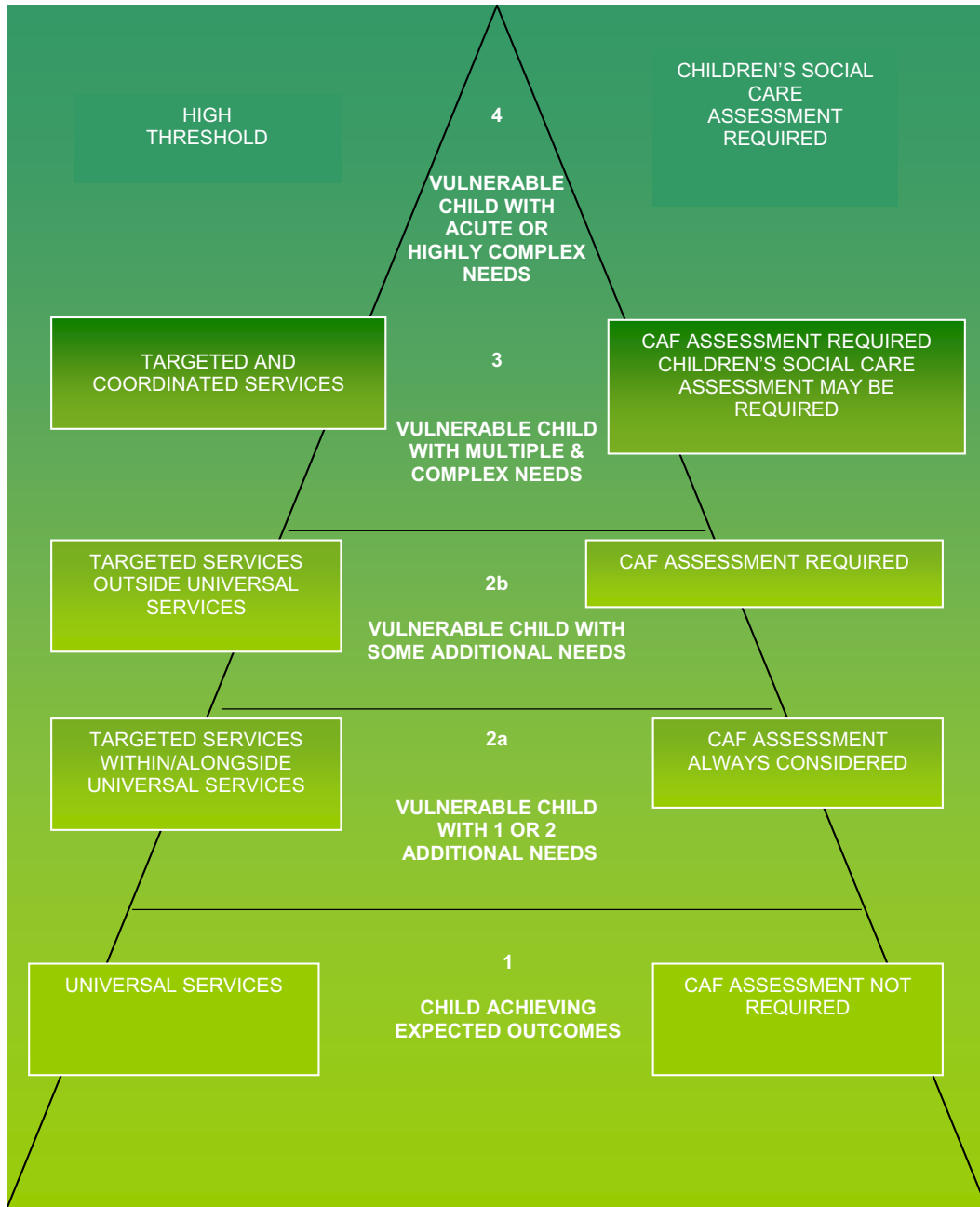
Sometimes it is only by completing a CAF that practitioners can gain a clear understanding of the child or young person's level of need and what would be the appropriate service response.

Just because a child is assessed at a point in time as meeting certain threshold criteria does not mean that they always will. An assessment is an on-going process, not an event; children and young people's needs often change over time and may cross different levels, i.e., high in some areas and low in others. The age of the child/young person and protective factors that may enhance resilience are also important contributory factors. Of central importance in understanding where a child's needs might lie on this continuum, is the cooperation and engagement of the parents and carers – a lack of cooperation or appreciation about the concern may of itself raise the level of the need and required response.

Most children and young people's needs will be met through universal services (Level 1) – for example, schools, youth services, GP surgeries – as well as from support from within the family, friendship, and community networks. A relatively very small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support (Level 4), usually led by Children's Social Care.

In between Levels 1 and 4 are the vulnerable children/young people who have additional needs and are in need of targeted support. These children/young people's needs do not obviously rise to Level 4. Those in Level 3 will have met the criteria for assessment by social care – it will become a matter of judgment and consultation whether in fact their needs do need to be referred or can be met 'lower' down the hierarchy. Level 2 is where the majority of vulnerable children will have their needs assessed and met – it has been subdivided into (a) and (b) to reflect this fact and to acknowledge that some children actually sit just above universal provision and some sit only just under entry into social care. Some of the children who are most at risk are those that sit just below one or more thresholds and any assessment should be mindful of this.

# HARINGEY CONTINUUM OF NEED AND INTERVENTION



Refer directly to Children's Social Care (Level 4) straightaway with any concerns that a child/young person has suffered or may be at immediate or acute risk of suffering

Your intervention should be designed to reduce the risk factors and increase the protective factors the child/young person is subject to

## SAFEGUARDING CHILDREN: CONTINUUM OF NEED AND INTERVENTION

<p>4.VULNERABLE CHILD WITH ACUTE OR HIGHLY COMPLEX NEEDS</p>	<ul style="list-style-type: none"> <li>• <i>Has suffered or is at risk of suffering significant harm/significant impairment to health or development</i></li> <li>• <i>Children who are at risk if they remain at home. Children requiring specialist and integrated support. Allegations of abuse physical, sexual, emotional or neglect. <b><u>Children who fall into this category will always need an immediate referral to Social Care and/or the Police</u></b> and the Pan London Child Protection Procedures must be followed.</i></li> <li>• <i><u>Assessment:</u> Assessing the needs of children in this category is almost always initiated by a Section 47 investigation, will be directed by a Strategy meeting or Discussion with the Police CAIT and which may lead to the completion of a core assessment and the convening of a an Initial Child protection Case Conference.</i></li> <li>• <i><u>Service Provision:</u> Service provision will generally take the form of a child protection plan or a care plan for a child in care. Service plans will be constructed and reviewed within Child protection Conferences or Children in Care Reviews and other statutory planning fora.</i></li> </ul>
<p>3. VULNERABLE CHILD WITH MULTIPLE AND COMPLEX NEEDS</p>	<ul style="list-style-type: none"> <li>• <i>Children in this category may have crossed the threshold into social care as defined by the Children Act and are or may be children in need.</i></li> <li>• <i>Children in this category are the ‘blue folders’ as assessed by health</i></li> <li>• <i>Before referring to social care, ask what their involvement will add to the intervention</i></li> <li>• <i>If in doubt, always contact the First Response Service in Children and Families for advice and consultation</i></li> <li>• <i><u>Assessment:</u> CAF Assessment, Lead Professional and Team around the Child may already be in place – if not, consideration should always be given to them. If social care takes the lead, they will complete an assessment under the Department of Health’s Framework for Assessment, which must be completed within seven working days of the referral. If a CAF has been undertaken it will feed into the Initial Assessment. Social Care may initiate a Core Assessment if the child/young person’s needs cannot be fully identified from the Initial Assessment</i></li> <li>• <i><u>Service Provision:</u> services to children will either be developed by the borough-wide CAF Panel, the social care Safeguarding Panel or through children in need planning</i></li> </ul>
<p>2 (B) VULNERABLE CHILDREN WITH SOME</p>	<ul style="list-style-type: none"> <li>• <i><u>Assessment:</u> CAF assessments are always required for these children. The CAF may lead to the identification of a Lead Professional and a team around the child response.</i></li> </ul>

ADDITIONAL NEEDS	<ul style="list-style-type: none"> <li><i><u>Service provision:</u> Will be developed either through the network CAF panels or the borough wide panel depending on complexity of need and range of service provision required.</i></li> </ul>
2 (A) VULNERABLE CHILDREN WITH ONE OR TWO ADDITIONAL NEEDS	<ul style="list-style-type: none"> <li><i><u>Assessment:</u> If a child's needs have been identified and can be met by the agency with the concern, it is not always necessary to complete a CAF. However, it should always be considered</i></li> <li><i><u>Service Provision:</u> if additional services are required then the network panels will oversee their coordination and delivery</i></li> </ul>
1. CHILD ACHIEVING EXPECTED OUTCOMES	<ul style="list-style-type: none"> <li><i>Most children's or young people's needs are met by universal services alone</i></li> <li><i>Some children may require a slight amendment or addition from those universal services to ensure their needs are well met</i></li> </ul>

**WHEN WOULD I CONSIDER REFERRING TO CHILDREN'S SOCIAL CARE?**

<b>PHYSICAL ABUSE</b>	An act of physical aggression causing injury to a child, even if the injury was unintended
<b>SEXUAL ABUSE</b>	Includes any violation of the child's bodily privacy. Includes exposure of the child to adult sexuality
<b>EMOTIONAL ABUSE</b>	An attitude, behaviour, or failure to act that represents a risk to a child's emotional or social development; it is almost always present when another form of abuse is found. It might include exposing the child to physical violence, ignoring or rejecting the child.
<b>NEGLECT</b>	A pattern of failing to provide for a child's physical, emotional, or educational need. A single act of neglect might not constitute abuse but repeated acts of neglect do constitute abuse. The most common form of abuse but the most difficult to identify as it is an act of omission.

**Risks to a child/young person's health or development can be of broadly two kinds:**

- Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/young person's health or development*
- A chronic and long-term risk of harm to the child's health or development*

## Appendix 1: Threshold Guidance

**The following is a guide only. In particular, the examples of indicators can only offer a sense of the threshold. Degrees of severity and combinations of indicators for individual children need to be understood and assessed. The examples cannot be a substitute for professional judgment.**

Level 4: Vulnerable Child with Acute or Highly Complex Needs	
<p><b>Developmental needs of infant/child/ young person</b></p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Has severe / chronic health problems</li> <li>• Persistent substance misuse, smoking</li> <li>• Developmental milestones unlikely to be met</li> <li>• Early teenage pregnancy</li> <li>• Serious mental health issues</li> <li>• Dental decay &amp; no access to treatment</li> <li>• Sexual exploitation/ abuse</li> </ul> <p><b>Education &amp; Learning</b></p> <ul style="list-style-type: none"> <li>• Is out of school</li> <li>• Permanently excluded from school or at risk of permanent exclusion</li> <li>• Has no access to leisure activities</li> </ul> <p><b>Emotional &amp; Behavioural Development</b></p> <ul style="list-style-type: none"> <li>• Regularly involved in anti-social/ criminal activities</li> <li>• Puts self or others in danger – missing</li> <li>• Suffers from periods of depression</li> <li>• Self-harming or suicide attempts</li> </ul> <p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability</li> <li>• Is socially isolated &amp; lacks appropriate role models</li> <li>• Alienates self from others</li> </ul> <p><b>Family &amp; Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Periods of being accommodated by Local Authority</li> <li>• Family breakdown related in some way to child's behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse/ neglect</li> <li>• Is main carer for family member</li> </ul> <p><b>Social Presentation</b></p> <ul style="list-style-type: none"> <li>• Poor &amp; inappropriate self-presentation</li> </ul> <p><b>Self-care Skills</b></p> <p>Neglects to use self-care skills due to alternative priorities, e.g. substance misuse</p>	<p><b>Parent &amp; Carer Factors</b></p> <p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>• Parents unable to provide “good enough” parenting that is adequate &amp; safe</li> <li>• Parents' mental health problems or substance misuse significantly affect care of child</li> <li>• Parents unable to care for previous children</li> </ul> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>• There is an instability &amp; violence in the home continually</li> <li>• Parents are involved in crime</li> <li>• Parents unable to keep child safe</li> <li>• Victim of crime</li> </ul> <p><b>Emotional Warmth</b></p> <ul style="list-style-type: none"> <li>• Parents inconsistent, highly critical or apathetic towards child</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• No constructive leisure time or guided play</li> </ul> <p><b>Guidance &amp; Boundaries</b></p> <ul style="list-style-type: none"> <li>• No effective boundaries set by parents Regularly behaves in an anti-social way in the neighbourhood</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Beyond parental control</li> <li>• Has no-one to care for him/ her</li> </ul> <p><b>Family &amp; Environment Factors</b></p> <p><b>Family History &amp; Functioning</b></p> <ul style="list-style-type: none"> <li>• Significant parental discord &amp; persistent domestic violence</li> <li>• Poor relationships between siblings</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>• No effective support from extended family</li> <li>• Destructive/ unhelpful involvement from extended family</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Physical accommodation places child in danger</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Chronic unemployment that has severely affected parents' own identities</li> <li>• Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse</li> </ul> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>• Extreme poverty/ debt impacting on ability to care for child</li> </ul> <p><b>Family's Social Integration</b></p> <ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> <li>• No supportive network</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>• Poor quality services with long-term difficulties with accessing target populations</li> </ul>

### Level 3: Vulnerable Child with Multiple and Complex Needs

#### **Developmental needs of infant/child/ young person**

##### **Health**

- Concerns re: diet, hygiene, clothing
- Has some chronic health problems
- Missed routine & non-routine health appointments
- Overweight/ underweight/ enuresis
- Smokes, substance misuse
- Developmental milestones are unlikely to be met
- Some concerns around mental health

##### **Education & Learning**

- Identified learning needs & may have Statement of Special Ed. Needs Not achieving key stage benchmarks
- Poor school attendance/ punctuality
- Some fixed term exclusions
- No interests/ skills displayed

##### **Emotional & Behavioural Development**

- Difficulty coping with anger, frustration & upset
- Disruptive/ challenging behaviour
- Cannot manage change
- Unable to demonstrate empathy

##### **Identity**

- Subject to discrimination – racial, sexual or due to disabilities Demonstrates significantly low self-esteem in a range of situations

##### **Family & Social Relationships**

- Has lack of positive role models
- Misses school or leisure activities
- Peers also involved in challenging behaviour
- Involved in conflicts with peers/ siblings
- Regularly needed to care for another family member

##### **Social Presentation**

- Is provocative in behaviour/ appearance
- Clothing is regularly unwashed
- Hygiene problems

##### **Self-care Skills**

- Poor self-care for age – hygiene
- Precociously able to care for self

#### **Parent & Carer Factors**

##### **Basic Care**

- Difficult to engage parents with services
- Parent is struggling to provide adequate care
- Previously a LAC child
- Professionals have serious concerns

##### **Ensuring Safety**

- Perceived to be a problem by parent
- May be subject to neglect
- Experiencing unsafe situations

##### **Emotional Warmth**

- Receives erratic/ inconsistent care
- Care is often poor quality
- Parental instability affects capacity to nurture
- Has no other positive relationships

##### **Stimulation**

- Not receiving +ve stimulation – lack of new experiences or activities

##### **Guidance & Boundaries**

- Erratic/ inadequate guidance provided
- Parent not a good role model by behaving in an anti-social way

##### **Stability**

- Has multiple carers
- Has been a LAC child

#### **Family & Environment Factors**

##### **Family History & Functioning**

- Incidents of domestic violence between parents
- Acrimonious divorce/ separation
- Family have serious physical & mental health difficulties

##### **Wider Family**

- Family has poor relationship with extended family/ little communication
- Family is socially isolated

##### **Housing**

- Poor state of repair, temporary or overcrowded

##### **Employment**

- Parents stressed due to “overworking” or unemployment
- Parents find it difficult to obtain employment due to poor basic skills

##### **Income**

- Serious debts/ poverty impact on ability to have basic needs met

##### **Family's Social Integration**

- Parents socially excluded
- Lack of a support network

##### **Community Resources**

- Poor quality universal resources & access problems to these & targeted services



<b>Level 2: Vulnerable Child with Some Additional Needs</b>	
<p><b>Development needs of child/ young person</b></p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Defaulting on immunisations/ checks</li> <li>• Is susceptible to minor health problems</li> <li>• Slow in reaching developmental milestones</li> <li>• Minor concerns re diet/ hygiene/ clothing</li> <li>• Starting to default on health appointments</li> </ul> <p><b>Education &amp; Learning</b></p> <ul style="list-style-type: none"> <li>• Have some identified learning needs that place him/ her on “School Action” or “School Action Plus” of the Code of Practice</li> <li>• Poor punctuality</li> <li>• Pattern of regular school absences</li> <li>• Not always engaged in learning, e.g. poor concentration, low motivation &amp; interest</li> <li>• Not thought to be reaching educational potential</li> <li>• Reduced access to books/ toys</li> </ul> <p><b>Emotional &amp; Behavioural Development</b></p> <ul style="list-style-type: none"> <li>• Some difficulties with peer group relationships &amp; with some adults Some evidence of inappropriate responses &amp; actions</li> <li>• Can find managing change difficult</li> <li>• Starting to show difficulties expressing empathy</li> </ul> <p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Some insecurities around identity expressed, e.g. low self-esteem for learning</li> <li>• May experience bullying around ‘difference’</li> </ul> <p><b>Family &amp; Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Some support from family &amp; friends</li> <li>• Has some difficulties sustaining relationships</li> </ul> <p><b>Social Presentation</b></p> <ul style="list-style-type: none"> <li>• Can be over-friendly or withdrawn with strangers</li> <li>• Can be provocative in appearance &amp; behaviour</li> <li>• Personal hygiene starting to be a problem</li> </ul> <p><b>Self-care Skills</b></p> <ul style="list-style-type: none"> <li>• Not always adequate self-care – poor hygiene</li> <li>• Slow to develop age appropriate self-care skills</li> </ul>	<p><b>Parent &amp; Carer Factors</b></p> <p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>• Parental engagement with services is poor</li> <li>• Parent requires advice on parenting issues</li> <li>• Professionals are beginning to have some concerns around child’s physical needs being met</li> </ul> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>• Some exposure to dangerous situations in home/ community Parental stresses starting to affect ability to ensure child’s safety</li> </ul> <p><b>Emotional warmth</b></p> <ul style="list-style-type: none"> <li>• Inconsistent responses to child by parents</li> <li>• Able to develop other +ve relationships</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• Spends much time alone</li> <li>• Child not exposed to new experiences</li> </ul> <p><b>Guidance &amp; Boundaries</b></p> <ul style="list-style-type: none"> <li>• Can behave in an anti-social way</li> <li>• Inconsistent boundaries offered</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Key relationships with family members not always kept up</li> <li>• May have different carers</li> <li>• Difficulties with attachments</li> </ul> <p><b>Family &amp; Environment Factors</b></p> <p><b>Family History &amp; Functioning</b></p> <ul style="list-style-type: none"> <li>• Parents have some conflicts/ difficulty that can involve the children Experienced loss of significant adult</li> <li>• May look after younger siblings</li> <li>• Parent has health difficulties</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>• Some support from family/ friends</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Adequate/ poor housing</li> <li>• Family seeking asylum or refugees</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Wage earner has periods of no work</li> <li>• Parents have limited formal education • Parents stressed by unemployment</li> </ul> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>• Low income</li> </ul> <p><b>Family’s Social Integration</b></p> <ul style="list-style-type: none"> <li>• Family may be new to the area</li> <li>• Some social exclusion problems</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>• Adequate universal resources but family may have access issues</li> </ul>



Level 1: Child Achieving Expected Outcomes - has no current additional needs	
<p><b>Developmental needs of child or young person</b></p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Physically well</li> <li>• Adequate diet/ hygiene/ clothing</li> <li>• Developmental checks/ immunisations up to date</li> <li>• Dental &amp; optical care as needed</li> <li>• Health appointments are kept</li> <li>• Developmental milestones appropriate</li> <li>• Speech &amp; language development met</li> <li>• Appropriate height &amp; weight</li> <li>• Healthy lifestyle</li> <li>• Sexual activity appropriate for age</li> <li>• Good state of mental health</li> </ul> <p><b>Education &amp; Learning</b></p> <ul style="list-style-type: none"> <li>• Skills/ Interests</li> <li>• Success/ achievement</li> <li>• Cognitive development</li> <li>• Access to books/ toys, play</li> </ul> <p><b>Emotional &amp; Behavioural Development</b></p> <ul style="list-style-type: none"> <li>• Feelings &amp; actions demonstrate appropriate responses</li> <li>• Good quality early attachment</li> <li>• Able to adapt to change</li> <li>• Able to demonstrate empathy</li> </ul> <p><b>Identity</b></p> <ul style="list-style-type: none"> <li>• Positive sense of self &amp; abilities</li> <li>• Demonstrates feelings of belonging &amp; acceptance</li> <li>• A sense of self</li> <li>• An ability to express needs</li> </ul> <p><b>Family &amp; Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Stable &amp; affectionate relationships with care givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> </ul> <p><b>Social Presentation</b></p> <ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good level of personal hygiene</li> </ul> <p><b>Self-care Skills</b></p> <ul style="list-style-type: none"> <li>• Growing level of competencies in practical &amp; emotional skills, such as feeding, dressing &amp; independent living skills</li> </ul>	<p><b>Parent &amp; Carer Factors</b></p> <p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>• Provide for child's physical needs: food, drink, appropriate clothing, medical &amp; dental care</li> </ul> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>• Protect from danger or significant harm, in the home &amp; elsewhere</li> </ul> <p><b>Emotional warmth</b></p> <ul style="list-style-type: none"> <li>• Show warm regard, praise &amp; encouragement</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• Facilitates cognitive development through interaction &amp; play</li> <li>• Enable child to experience success</li> </ul> <p><b>Guidance &amp; Boundaries</b></p> <ul style="list-style-type: none"> <li>• Provide guidance so that child can develop an appropriate internal model of values &amp; conscience</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Ensure that secure attachments are not disrupted</li> <li>• Provide consistency of emotional warmth over time</li> </ul> <p><b>Family &amp; Environment Factors</b></p> <p><b>Family History &amp; Functioning</b></p> <ul style="list-style-type: none"> <li>• Good relationships within family, including when parents are separated</li> <li>• Few significant changes in family composition</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>• Sense of larger family network &amp; good friendships outside of the family unit</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Accommodation has basic amenities &amp; appropriate facilities</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Parents able to manage the working or unemployment arrangements &amp; do not perceive them as unduly stressful</li> </ul> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>• Reasonable income over time, with resources used appropriately to meet individual needs</li> </ul> <p><b>Family's Social integration</b></p> <ul style="list-style-type: none"> <li>• Family feels integrated into the community</li> <li>• Good social &amp; friendship networks exist</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>• Good universal services in neighbourhood</li> </ul>

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**Haringey Council**

<b>Briefing for:</b>	Children's Safeguarding Policy and Performance Advisory Committee
<b>Title:</b>	Review of the Role of the Independent Member
<b>Lead Officer:</b>	Hilary Corrick, Independent Social Work Consultant, and Independent Panel Member
<b>Date:</b>	25th January 2010

## 1. INTRODUCTION

- 1.1** The Children's Safeguarding Policy and Performance Advisory Committee was set up in April 2009 to
- ensure that members have some understanding of the key child protection issues;
  - ensure that members have confidence in the safeguarding arrangements and practice in Haringey;
  - ensure that members have developed a range of questions which enable them to consider all aspects of safeguarding and which can be shared with other members.

**1.2** At its first meeting the Committee agreed that it would be helpful to the Committee to appoint an independent Member to provide advice to Members and facilitate the work of the Committee. A draft person specification and role profile for the independent Member incorporating report writing was circulated to Members.

**1.3** At their second meeting in June 2009 the Committee was advised that Hilary Corrick had extensive experience in a wide range of social service work including senior positions at local authority and national level and now worked as an independent social work consultant.



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1.4 It was agreed to confirm Hilary Corrick as the independent Member to the Committee for an initial period of 6 months, and review her role after that time.

## **2. Background information**

2.1 Hilary has attended every Committee meeting since that time (3) and represented the Committee at Overview and Scrutiny Committee meetings on two occasions and also at Cabinet.

2.2 She has undertaken a brief feedback survey with service users and referrers on behalf of the Committee.

2.3 She has provided a number of reports to the Committee and also supported Members in scrutinising a number of referrals.

2.4 She has provided training on a range of matters in relation to the Committee's work, such as referrals.

## **3. Options for consideration**

3.1 Members may wish to dispense with the role of the independent Member, change the role and /or the person filling the role, or maintain the role in its present form.

## **4. Financial Implications**

4.1 There are financial costs to an independent Member.

## **5. Legal Implications**

N/A

## **6. Policy Implications**

N/A

## **7. Conclusions**

Given the fact that the Committee has only met operationally on three occasions since the appointment of the independent Member it may be too soon to comment in detail about the role or its performance. A further time scale and more detailed criteria could be set.



**Haringey Council**

<b>Briefing for:</b>	Children's Safeguarding Policy and Performance Advisory Committee
<b>Title:</b>	Role of Children's Safeguarding Policy and Performance Advisory Committee
<b>Lead Officer:</b>	Hilary Corrick, Independent Social work Consultant, and Independent Panel Member
<b>Date:</b>	25th January 2010

### 1. Introduction

The Children's Safeguarding Policy and Performance Advisory Committee was set up by the council in April 2009 to enable it to examine in more detail the work of children's services and:

- ensure that members have some understanding of the key child protection issues;
- ensure that members have confidence in the safeguarding arrangements and practice in Haringey;
- ensure that members have developed a range of questions which enable them to consider all aspects of safeguarding and which can be shared with other members.

It was intended that the Committee would be short life, possibly only until the elections in May 2010. It would include an independent Member with safeguarding experience.

### 2. Background information

Members had felt that they had insufficient knowledge and experience in safeguarding children to challenge or scrutinise the work of Children's Social Care; the Committee would give them more in-depth understanding, the opportunity to consider cases in detail, and meet with service users, referrers and front line workers when appropriate.



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The Members on the Committee all brought specific, relevant experience and skills to the group. The Committee is smaller and more intimate than some other council Committees, and experience has been that officers have been open and engaged in supporting Members to increase their understanding.

There is a range of other mechanisms for scrutinising safeguarding work in Haringey, and it now seems relevant to consider where this Committee “sits” alongside other work, and whether Members feel that the Committee should have an on-going role, or are confident that the safeguarding work of the authority is adequately scrutinised by these other mechanisms.

**Haringey Safeguarding Children Board** is a multi-agency group, independently chaired, and constituted under nationally laid down terms of reference. The Board undertakes multi-agency audits of randomly selected cases on a regular basis. The future work plan will involve cross cutting audits around the key areas identified across numbers of Serious Case Reviews:

- Substance misuse;
- Domestic Violence;
- Mental illness;
- Learning disability;
- Parent previously in care or abused.

There is very limited Member involvement in the Safeguarding Children Board: the Executive Member for Children sits on the Board.

**The Overview and Scrutiny Committee** is an all-party committee of members, mainly backbenchers, with some community representation. This Committee has set up 4 special meetings throughout 2009 – 2010 to focus on children’s services, which are attended by the Executive member and relevant officers. These meetings are open to the public. The Committee focuses on indicators rather than individual cases.

**The Executive Member for Children** commissions regular audits from an independent consultant. These focus on individual cases and particularly the quality of initial and core assessments.

**Children’s Services** themselves now have a robust programme of internal audits of cases, using a validated audit tool so that performance can be scrutinised over time.

### 3. Options for consideration

The Children’s Safeguarding Policy and Performance Committee should consider their priorities for scrutiny for the remainder of this session in the light of these other auditing bodies. After May there should be some debate as to whether there is a continuing role for such a Committee.

The areas where there is less external audit are:



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- the voice of service users (children and their parents) and referrers;
- tracking cases over a period.

These are pieces of work which this Committee has already begun to tackle.

It might also be worth considering a focus on particularly vulnerable groups of children, such as the under two's. There are also groups of vulnerable children who fall just below the eligibility thresholds, and the Committee might wish to explore the robustness of preventative services by tracking some of those children.

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