
Haringey
Safeguarding
Children
Board

Annual Report
2016 – 2017



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DRAFT

1 Foreword by the Chair

I am honoured and privileged to have been the Chair of Haringey Safeguarding Children Board (HSCB) for 2016-17. After three highly enjoyable years, I stepped down as Chair in May 2017, and am delighted to have been able to hand over to Geraldine Gavin as the interim Chair.

This Annual Report is for the period 1st April 2016 to 31st March 2017 and is produced as part of the Haringey Safeguarding Children Board's statutory duty under section 14A of *The Children Act 2004* and Chapter 3 of *Working Together to Safeguard Children 2015*. As Chair of the Board I am required to publish an annual report in relation to the preceding financial year, on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

The year has once again been very productive, and I am immensely grateful to the Board Manager, Patricia Durr, and Board Administrator Eliese Gray, whose dedicated work have kept the partnership humming. Both have worked above and beyond the call of duty to allow us to deliver an ambitious work programme when the resources available to the partnership and the Board have been constrained.

We have continued to see demand for services increase, as austerity continues to bite, and the budgets available to all partners have continued to reduce.

Although we have not been subject to a Joint Targeted Area Inspection (JTAI), we have used the announcements of each new theme as an opportunity for us to review our own practice. Across the country, JTAs have focussed on Child Sexual Exploitation, on Domestic Abuse and on Neglect, and we have used the inspectorate's criteria to review our multi-agency services, in order to satisfy ourselves that we are meeting local needs in these key areas. Our new JTAI group has proved an important addition to our structures and systems.

It has been another year of changes amongst key personnel in most partners. Most notably perhaps, our vice chair Karen Baggley moved on from her post in the CCG to a strategic role in the Middle East; although we have missed her wisdom and commitment, we have been fortunate that she has been replaced so effectively by Pauline Fletcher. Good partnership should stretch beyond personal connections, but there is no doubt that personal trust and affection help to cement trusting partnerships. Changes in staffing always require a reconfiguration of relationships, and the rapid changes within London agencies in particular has always added an extra challenge. Mind you, since I too am moving on, I can hardly complain.

Many partner agencies have faced considerable change during the year. The Metropolitan Police were subject to a safeguarding inspection which produced some challenging conclusions; HSCB has been closely involved in supporting the Met to develop detailed and robust responses to the issues raised, through the input of the council's Director of Children's Services and the Met's Borough Commander on key planning groups. Health

services too have been reviewed, through the Sustainability and Transformation Planning processes, involving our local CCG and council in close partnership working with neighbouring areas. It is still very unclear what the outcome of much of this planning will be for the people of Haringey and the agencies supporting them.

In preparation for my departure, the board took the opportunity to reflect on how far we have travelled as a partnership over the last 3 years. We identified some significant strengths. The commitment of partners to working together has undoubtedly increased, and the systems we have in place to make use of that partnership have improved beyond doubt. We have seen consistent attendance from key partners, at a suitably senior level, and a willingness to engage directly and honestly in any challenges and issues that have arisen.

The levels of trust have improved. The history of child protection in Haringey still sometimes rears its head within the media, but partners are much more confident about raising issues with each other, responding to challenges from each other, and taking seriously the need for us all to be accountable to each other. The credo of “High Support, High Challenge” seems now to be a fair description of what we see most of the time within Haringey.

Three years ago, the impending publication of a Serious Case Review (SCR) created enormous anxieties amongst partners, all too conscious of the gross injustices meted upon some partners by the media in the past by any honest attempt to learn from past cases. SCRs will never be easy – they represent an exploration or practice when something has gone wrong in the life of a child – but now, three years on, we have shown ourselves able to publish SCRs calmly with less fear of the consequences. SCRs should always have been about learning from the past and improving services for the future – we can now say that we seem to have returned to that position locally.

We have improved the way in which we gather and analyse multi-agency data, though in common with much of London we still have challenges in receiving good data from some agencies. More importantly, we have become better at using data to review what is really happening within the services we jointly oversee. We have examples now of where data has alerted us to something which might be happening out there, giving us time to reshape our responses.

HSCB has enjoyed very positive engagement with Haringey’s schools. At a time when many of my colleague chairs from other areas worry about how to keep engaged with head teachers, we have benefitted from consistent committed input from heads, who ensure that the board understands what the range of Haringey Heads are thinking, and who ensure that the board’s messages are fed back. Haringey schools are very high performing; we know that children tend to be safer if they are in good schools.

But we have also been clear about what HSCB is not yet doing as well as we should. We have consistently been under-resourced and placed unreasonable expectations on our small staff team; we hope some of these pressures will reduce in the coming year. We have not been as successful as we intended in aligning our work with the Safeguarding Adult Board;

although Board Manager served both HSCB and the Haringey SAB, and many partners sit on both Boards, the work programmes are not as coordinated as we had hoped. We also know that our performance data needs further improvement.

We have still not been able to identify the resources to strengthen our engagement with the voices of young people themselves. Nor have we managed to equalise the budget contributions and reduce what is still an unreasonable financial burden on the local authority. Our input from lay members is currently not at the level we want.

These issues, and several others, may be tackled as Haringey responds to the new safeguarding expectations arising out of the most recent Children and Social Work Act. Government has failed to meet its own deadlines for implementing this new Act, but within Haringey we made early progress in considering what future safeguarding arrangements we would want to introduce, when the legal requirement to retain an LSCB in its current form is no longer in place. Partners were clear on the desire to build on what we are doing well, increase our partnerships with colleagues in neighbouring areas, and further streamline our working practices. Now that the Government consultation on the new arrangements is put back until the end of 2017, the outcome of these discussions is for the next annual report.

Part of the function of this regular annual report is to produce a statement on how safe the children of Haringey are, and an analysis of any particular threats and weaknesses in services. In common with many other Independent Chairs, I have been reaching the reluctant conclusion that the greatest single risk to the safety of the children of Haringey is a consequence of the budget decisions of the Government. I say more about this in section 8 of this report.

Haringey's children and families are well served by staff in many agencies who are sincerely committed to their wellbeing. I am proud to have been involved with them, and wish all agencies well for the future.



Sir Paul Ennals CBE

2 The Local Context

About Haringey:

Deprivation & Local and National Comparison

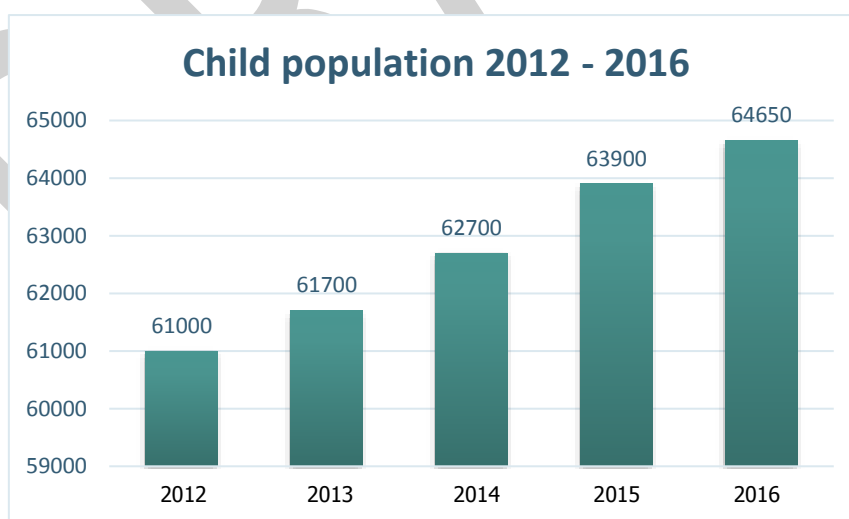
Situated in the north of London, Haringey is an exceptionally diverse and fast-changing borough. It is a place of contrast, having some of the most deprived and most prosperous wards in the country.

Sixty-two percent of our total population, and over 70% of our children and young people, are from minority ethnic backgrounds (BAME) and around 100 languages are spoken in the borough. Our population is the seventh most ethnically diverse in the country.

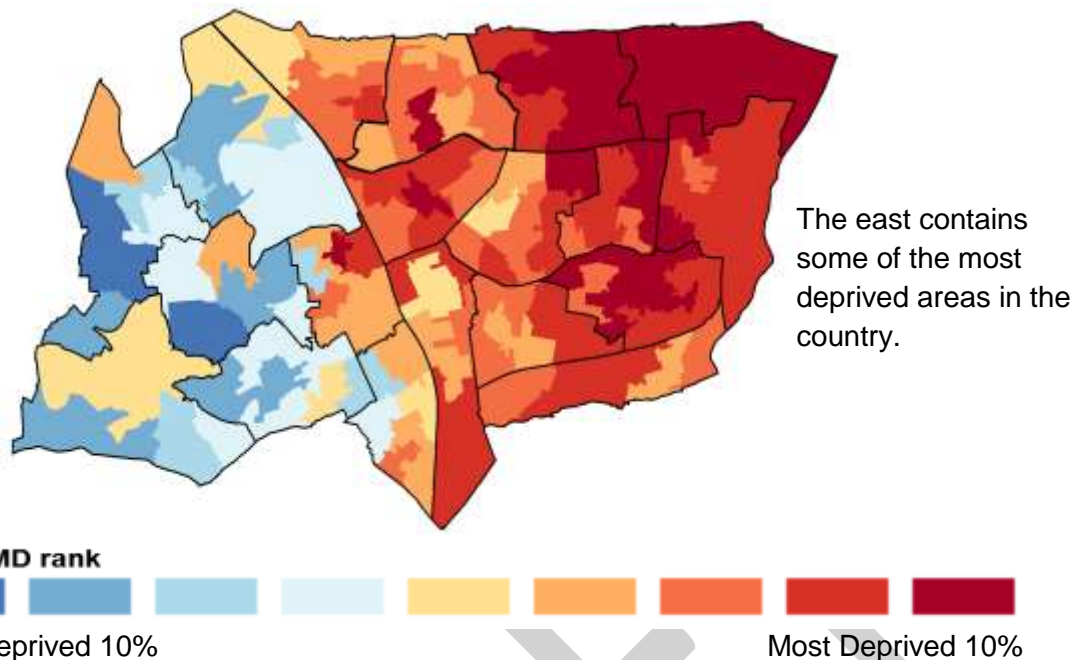
There are approximately 64,650 children (aged under 18) living in Haringey, making up 23% of the borough's population (Source GLA estimate). When we look at under 20's this figure rises to 66,500 (approximately a quarter of the total population).

The wards with the largest number of people aged under 20 in Haringey are: Seven Sisters, Northumberland Park, White Hart Lane, and Tottenham Hale. There are more children in the east of Haringey, which has higher levels of deprivation than the west. (2015 MYE by ward (experimental statistics)).

The child population in Haringey continues to increase steadily.



The borough still ranks among the most deprived in the country but has seen improvement in its ranking over the past six years. Haringey is the 30th most deprived borough in England and the 6th most deprived in London with the 10th highest level of child poverty in London. Seven of Haringey's 19 wards are within the most deprived 10% nationally. These wards are in the east of the borough where Northumberland Park remains the most deprived.



1 in 4 children in Haringey live in poverty and 1 in 5 children live in households with no working adult (17% compared to 14.5% in London).

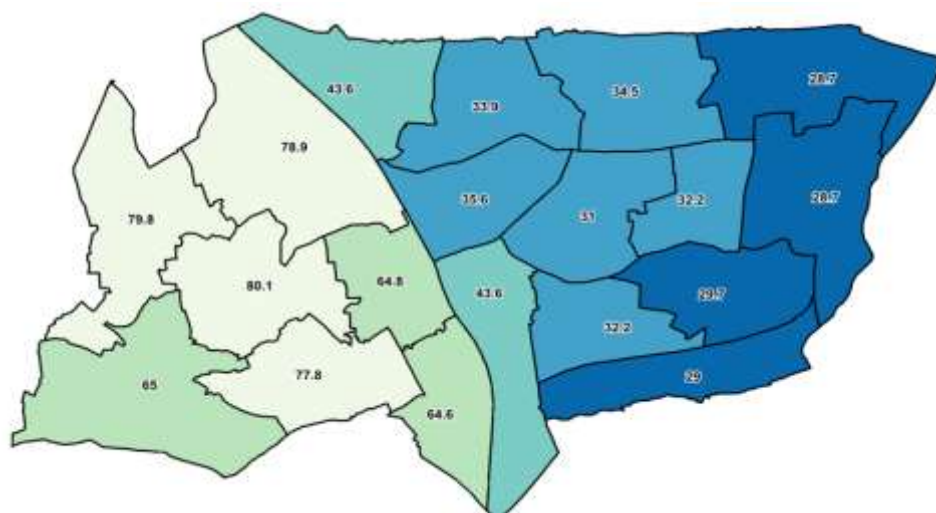
Over 10, 000 households are with lone parents (34% compared to 28% in London).

It is estimated that over 11, 000 children in Haringey live with some form of long-standing disability. (Children in poverty: 2014).

Over 6,000 children and young people have Special Educational Needs (SEN) in primary and secondary schools. Approximately 1,300 children have a Statement of SEN; of those, 43% had speech language and communication needs followed by social, emotional and mental health (15%) and moderate learning difficulties (14%) (SRF 37) 2017.

- Haringey has the 12th highest inflow rate for international migration in Britain
- A fifth of school pupils are White British and another fifth are “White Other” (a diverse group within itself).
- In total 186 different dialects are spoken by Haringey pupils.
- English is the first language of less than half (44%) of Haringey pupils – the next most common were Turkish (8%), Polish (4%), Somali (3%) and Spanish (3%).
- The more deprived East is much more diverse.

Pupils whose first language is English (%):



3. Progress on priorities, issues and challenges

2016- 2017 has been a successful year for the Haringey Safeguarding Children’s Board (HSCB). There is an effective response to safeguarding concerns with good systems and structures in place across the partnership.

The partnership has worked together to develop the **LSCB Strategy 2016 -2021** and our **Priorities and Business Plan 2016 – 2021** are both to take forward our agreed priorities across a longer timescale and to really embed the good progress that we have made thus far. These can be found on the HSCB website (<http://www.haringeylscb.org>).

This framework of priorities for our work enables us to monitor and track progress on identified actions whilst allowing us to be responsive to emerging themes and challenges.

During 2016-7 the following progress and achievements were made against the Business Plan:

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

Neglect affects children of all ages and can involve a single event, or more usually, the persistent failure to meet a child’s needs over time.

In 2016-17, 18.3% of referrals to Children’s Social Care in Haringey were for neglect, whilst a quarter of child protection plans started during 2016-7 were under the category of neglect.

Together we have been developing a common understanding of neglect, its impact on children and the indicators for improving outcomes for them, including prevention and early intervention to support children in their families.

We have already begun to focus on this area this year through the Practice and Performance Outcomes (PPO) and Joint Targeted Area Inspection (JTAI) Sub-groups that report directly to the LSCB. This includes planning for a multi-agency audit and the development of a new partnership 5-year Neglect Strategy. This is a key priority for further development in 2017-18.

Our multi-agency audit, building on the learning from the audit we undertook in 2015-16, will provide a baseline for partnership understanding from which to move further forward.

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

The HSCB partnership continues to make good progress in this area underpinned by the following:

- Further development of the work of the Child Sexual Exploitation (CSE) and Vulnerable Children Sub-group to respond to the demands of the Board strategy in widening its remit across a range of vulnerabilities;
- Continued focus on monitoring and implementation of the CSE Strategy and Action Plan through the work of three task and finish groups, included renewed emphasis on the gathering and analysis of robust data from a range of agencies regarding children that are vulnerable or at risk of CSE or of going missing.
- The Bi-borough CSE Innovation Project work in collaboration with our neighbouring borough Enfield culminated in a learning event in July 2016 and the work to embed better working across our boroughs has continued this year;
- We have developed cornerstones of improved CSE practice with a range of roles and responsibilities including CSE Strategic Leads, Single Points of Contact (SPOC) across agencies including Education, and a full set of CSE champions across the Haringey partnership. Identification and training of the champions took place this year and work to build on the roles and responsibilities is being taken forward through the CSE Champion's Forum.
- We have been involved in the development of improved practice for Multi-Agency Sexual Exploitation (MASE) meetings across London and our Board Manager represented the partnership on the London Safeguarding Board CSE Task & Finish Group and the development of a revised London CSE Operating Protocol.
- We have also secured agreement across the partnership for the need to develop an integrated plan to agree an approach, set targets and monitor improvements across the full range of vulnerabilities in 2017-18.

In August 2016, the report of an evaluation on services for those living with domestic abuse (DA) identified several areas for improvement including the need to strengthen the strategic focus on domestic abuse through tighter governance, a clear work plan and strategic commissioning that is aligned to need.

We have made significant progress in this area over the year to implement the recommendations and improve responses as follows:

- Tightened governance arrangements and developed work plans through VAWG Strategy and LSCB Strategy where DA is a stated priority;
- Drafted a referral pathway by VAWG lead officer;
- The VAWG Practitioners' Forum has been updated and is more closely linked to = both the LSCB and Safeguarding Adult's Board (SAB) and includes a specific thematic focus on work with children and vulnerable adults;
- Our MARAC is now co-chaired by partners from Police, Public Health and Children's Social Care;
- Made progress on achieving White Ribbon status across the borough;
- Increased the number of Haringey's schools that now employ pastoral staff and trained counsellors to support children experiencing DA;
- Agreed to adopt a rapid alert process to schools through Operation Encompass;
- Developed an improved IDVA service, co-located with the Police and strengthened the referral of lower risk cases to other commissioned services;
- Commissioned a DVIP programme for perpetrators of DA by our partners in Public Health and Children's Social Care, which is now co-located in our Children's Assessment Service. This includes access to YUVA – a service for young people who are violent against their parents;
- Developed multi-agency training on DA through the LSCB by our VAWG Co-ordinator .

Priorities for 2017-18 include the following:

- Develop a clear DA governance document, referral pathway and operating protocol in cases involving children and young people;

- Commission a review of all relevant information about DA across the borough, to arrive at an agreed understanding and picture of the problem so that we can agree a set of joint performance indicators that we work to across the partnership.
- Support the development of the VAWG Training and Development Framework and Standards, ensuring the training is embedded across all partnerships
- Improve awareness in our communities through information and other campaigns;
- Increase awareness and support through early intervention and parenting programmes such as the Family Nurse Partnership and Parent-Infant Programme.

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PRIORITY THREE – Priority Three: Strengthen cross-borough partnership

During 2016-17 the HSCB has focused on absorbing the key changes to partnership working set out in [The Wood Review](#) and the Government's response to it. This will change how partners work together both within Haringey and across boroughs.

These changes will coincide with several structural developments across partners in Health and the Police which will result in more collaboration across borough boundaries.

Our work around CSE with our neighbouring borough, Enfield, has provided a foundation for strengthening joint working and further opportunities have been identified.

In keeping with these developments, the Haringey LSCB has focused on improving our regional relationships through attendance at and participation in several working groups and Boards through the London Safeguarding Children Board including:

- Represented on the Metropolitan Police Service Gold Group by the Director of Children's Services and the Borough Commander. The group focused on improving safeguarding responses and implementing the HMIC Inspection report;
- Represented by the LSCB Business Manager on London Child Protection Editorial Board
- Represented by the LSCB Business Manager on the London CSE Task & Finish Group that included work to improve responses to missing children and young people, revising the London CSE Operating Protocol and developing the London-wide MASE network to improve the operation of the MASE;
- Represented by the LADO on the London Wide LADO Network and the National LADO Network, making links with Ofsted and the DfE to develop practice and

developing a set of common standards that can be applied across the country when dealing with allegations against professionals and volunteers who work with children.

- Represented by the LSCB Business Manager on the London Child Protection Procedures Editorial Board.

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

Haringey Safeguarding Children Board and its partners, including Haringey Children's Social Care have committed to implementing the **Signs of Safety (SoS) framework**. This means we are making significant changes to the way we work with children, young people and their families to ensure that they are always at the centre of the work we do.

What is Signs of Safety and why are we implementing it in Haringey?

Signs of Safety is an integrated framework for working with vulnerable children and their families, that is underpinned by key principles – developing and sustaining working relationships with children, families and professionals; having a questioning approach; remaining open minded; and keeping the work grounded in everyday practice.

- SoS is an internationally recognised model for work with children and families.
- It is an outcome focused, strengths-based model with a robust risk management framework and includes a range of principles, processes and tools to guide the work.
- SoS puts children, parents and everyone connected to the children at the heart of assessments and decision-making and gives them the opportunity to come up with their own ideas about how to make or keep their children safe before we offer or impose our own solutions.
- Clear leadership provides workers with the confidence to make the right decisions at the right time to support families to stay together

During 2016-17 we have continued to embed SoS model of approach to working with children and families (through phase 1 and 2 of our Implementation Plan) and have an accredited training program that is available across the partnership.

We are now in Phases 3 and 4 of an implementation plan which involves further practice development and practice leadership.

Conclusion and Challenges:

2016-2017 has been a very busy and productive year for the Haringey Safeguarding Children Board. We hope this report provides readers with reassurance of our firm commitment to ensuring that there are effective, joined-up local arrangements to safeguard and promote the welfare of children in Haringey.

This report demonstrates that safeguarding activity is progressing well and that the HSCB has clear agreement and focus on the strategic priorities and challenges. Reports from our partners and multi-agency sub-groups demonstrate that statutory and non-statutory members are consistently working toward the same goals as part of the multi-agency partnership and within their individual agencies.

The Board is committed to a programme of scrutiny, monitoring and quality assuring safeguarding activity across Haringey, and this programme of robust analysis and challenge will continue to ensure that children and young people in our borough are kept safe.

The Board is proud of our successes, but of course there is no room for complacency, the economic situation and organisational change affecting public services in Haringey and across the country continues to be a challenge for all concerned.

On a more local level, the Board has been challenged this year by several personnel changes including:

- LSCB vice Chair Karen Baggaley Assistant Director Quality and Nursing left in September 2016;
- We welcomed Sarah Alexander as interim Assistant Director Safeguarding and Social Care, taking over from Neelam Bhardwaja who left us in December 2016. Sarah now Chairs the Practice and Performance Outcomes Sub-group and MASH Strategic Board. More recently Sarah has become permanent as the Assistant Director Safeguarding and Social Care,
- We welcomed a new permanent Designated Nurse Safeguarding Children and Young People, Pauline Fletcher, who also took up the role of Vice-Chair of the LSCB following Karen's departure and assumed the role of Chair of the CSE Sub-group from April 2016;
- We welcomed Dr Kim Holt was appointed as interim Designated Doctor for Safeguarding in November 2016 following the departure of David Elliman in October 2016. Dr Holt has since become permanent in this role.
- We welcomed the new Borough Commander, DCS Helen Millichap and her team to the borough in May 2016;

- Long-standing lead member for children and young people, Cllr Ann Waters stepped aside in June 2016 when we welcomed Cllr Elin Weston to the Board.
- The partnership struggled to identify a permanent Chair for the Training, Learning and Development Sub-group through the year, however more recently, this role has been filled by Pauline Fletcher, Designated Nurse, CCG.

In 2016-17, child sexual exploitation and the Prevent agenda were the priorities that drove our practice. 2017-18 will see us continuing our focus on these important issues and, across the partnership, we will also be looking at ways that we can work together to continue to support children and young people affected by these and other risks such as neglect and domestic abuse. We will be working hard to explore and identify ways that we can bring the issues that affect vulnerable children and young people together to offer a robust and holistic approach to our work.

We have begun to have a renewed focus on domestic abuse, both on the ways that parental domestic abuse can impact on children and on abusive relationships between young people.

We are keen to improve our engagement with young people and will renew our commitment to ensuring that Haringey's young people's voices are heard at the Board, seeking new and innovative ways of achieving this.

We hope you find this report interesting and helpful.

4. Messages for Readers – your role and responsibilities in safeguarding children in Haringey.

Board Members

Identify and act on child protection concerns. Work effectively to share information appropriately. Collectively make decisions about how best to intervene in children's lives where their welfare is being compromised, and collectively monitor the effectiveness of those arrangements.

Staff working in Board partner agencies

Book onto [HSCB Multi-agency training and learning events](#) relevant to your role. Be familiar with the [Pan London Child Protection Procedures](#). Be familiar with the [Threshold Document](#) to ensure and appropriate response to children and families. Find out who your agency representative is to make sure that the voices of the workforce, children and young people are heard.

Children and young people

You are at the heart of the child protection system. We want to make sure that your voices are heard and that we know how you are experiencing services in our Board partner agencies. If you would like to know more about the work of the HSCB please contact us.

lscb@haringey.gov.uk

Chief Executives and Directors

Show HSCB that your agency is committed to a culture of safeguarding. Ensure your workforce contributes to the provision of [HSCB multi-agency safeguarding training](#). Have an open dialogue about any barriers that may impact on your organisation's ability to safeguard children and young people.

Local Politicians

Please continue to support us. Make sure the voices of children and their families are heard by the HSCB. Promote the work of the Board to members and communicate the core priorities and key safeguarding messages that everyone needs to be aware of. Keep the protection of children and young people at the forefront of thinking when scrutinising and challenging any plans for Haringey.

The Community

You are best placed to look out for children and young people and report your concerns. Safeguarding children and keeping them free from harm is everyone's responsibility. If you are worried about a child or young person please follow the steps on the [Haringey LSCB website](#)

5. Role of the Board, Governance, and Accountability

Haringey Safeguarding Children Board is made up of statutory and voluntary partners. These include (but not exclusively) partners from Health, Education, Children's Services, the Police, Youth Offending and the Community and Voluntary Sector as well as Lay Members.

Our main role is to coordinate what is done locally to protect and promote the welfare of children and young people in Haringey and to monitor the effectiveness of those arrangements to ensure better outcomes for children and young people. The effectiveness of the HSCB relies upon its ability to champion the safeguarding agenda through exercising and independent voice.

Safeguarding is everybody's responsibility. Our purpose is to make sure that all children and young people in the borough are protected from abuse and neglect. Children can only be safeguarded from harm if agencies work together, follow procedures and guidance on best practice and are well informed and trained.

The Government's statutory guidance, Working Together to Safeguard Children (2015) defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable children to have the best life chances and enter adulthood successfully.

HSCB is a partnership where collaboration, challenge and support are key to ensuring effective safeguarding by all agencies involved.

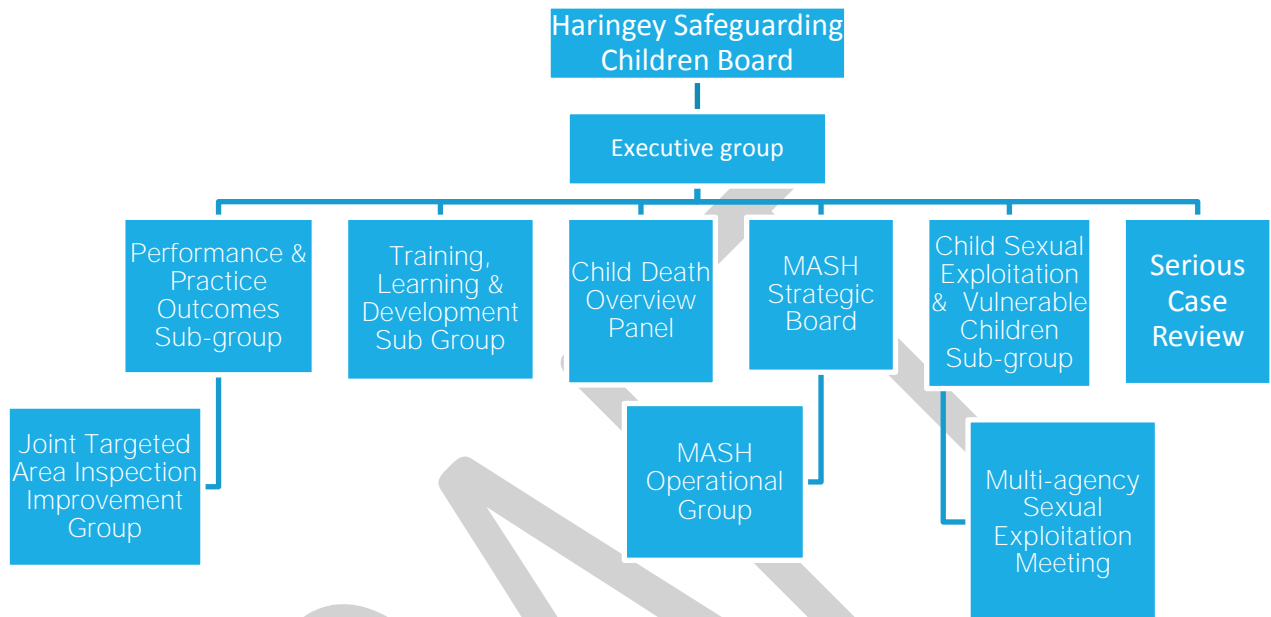
The Board met 5 times during 2016-2017 and was attended by senior managers from statutory and voluntary organisations, with a high level of engagement from most partners.

During 2016-17, the HSCB had 7 sub-groups, chaired by a senior member from across the partnership, through which a significant amount of the Board's work has been progressed. As with the full Board, membership of sub-groups is multi-agency.

The Chair is accountable to the Chief Executive of the Local Authority in chairing the LSCB and overseeing its work programme. However, he is only accountable to the Board for the decisions he takes in that role. The role of Vice-Chair is undertaken by the Designated Nurse from the CCG.

Governance continues to be strengthened with regular reporting from sub-groups through to the Executive and the Board. There is also a range of task and finish group activity with clear reporting lines.

Board Structure 2016/17



Key Relationships:

The Chair of the LSCB:

- Attends the Health and Well-Being Board;
- Meets regularly with Local Authority senior managers such as the Chief Executive and Deputy Chief Executive, the Director of Children’s Services, the Lead Member for children, the Council Leader, and the Chair of the Adult Safeguarding Board;
- Meets annually with the Chief Executives of other key partner agencies, and with Haringey head teachers.

Links are also maintained through representation on key strategic partnership meetings, such as:

- The Community Safety Partnership
- The Violence Against Women & Girls (VAWG) Strategic Group

- The Preventing Radicalisation & Violent Extremism (Prevent) Delivery Group

The Partnership:

Everyone who comes into contact with children and families has a role to play in safeguarding.

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

The Local Authority

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

The Local Authority, led by the Director of Children's Services, and the Deputy Chief Executive Officer, is represented at all levels of the HSCB and plays a lead role in the partnership.

Health

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

Haringey CCG fulfils and is compliant with statutory safeguarding children responsibilities and duties during the period of 01/04/16 to 31/03/17 in discharging its functions as a commissioner of healthcare services. The CCG monitors provider outputs to ensure effective and compassionate services, and, most importantly, that providers deliver services that are child focussed. Additionally, an independent partnership Domestic Abuse Diagnostic evaluation on the theme of 'those living with Domestic Abuse' was commissioned by partners in Haringey. This inspection took place from 19- 21 July 2016. The inspection highlighted area of good practice and a very significant commitment to address the impact of domestic abuse on children, families many impressive strengths across the partnership in Haringey. The inspection team made specific reference to:-

- Frontline health visitors and midwives mindful of the impact of Domestic Abuse on children and families
- Roll out of the IRIS (identification and referral) process to GP surgeries

The Designated Nurse Safeguarding Children, Designated Doctor, and Named GP were full and active members of the HSCB in 2016/17; regularly attending and contributing to the quarterly meetings. The Designated Nurse Safeguarding Children and Designated Doctor were also full and active members of the HSCB Executive.

The Designated Nurse Safeguarding Children brief the Executive Nurse and Director of Quality and Integrated Governance regularly to ensure in turn, the Chief Officer and Governing Body are appraised of HSCB developments and key issues.

The Designated Nurse for Safeguarding Children and Young People took over from the Assistant Director for Quality and Nursing as Vice Chair of the HSCB since October 2016, as well as Chair of the CSE Subgroup (which refreshed the borough's CSE Strategy, updated the CSE Integrated Action Plan and rolled out CSE champion's model).

The three main Provider Trusts are all also represented on the Board and hold internal quarterly safeguarding children committees attended by the Designated Doctor and Designated Nurse Safeguarding Children. The meetings provide an opportunity for information sharing and challenge regarding all aspects of safeguarding children. Any issues arising are discussed with the Executive Nurse/ Director of Quality and Integrated Governance and within the Haringey CCG Safeguarding Children Assurance meeting as appropriate. All Named Safeguarding Professionals in the Provider Trusts were up-to-date with safeguarding children training and accessed Safeguarding Supervision during 2016/17.

Some of our provider trusts have offered a perspective on the year 2016-7:

Barnet, Enfield and Haringey Mental Health NHS Trust remains committed to safeguarding all our service users, their families and carers. Our Safeguarding Strategy and associated three-year work plan reflects our commitment and drive to ensure effective safeguarding is a shared responsibility both at a local level and with partner agencies. We strive to continually improve systems and processes; and to develop a clear strategic approach to safeguarding across all our services. Our commitment to safeguarding is

reflected at Executive Board Level and the Executive Director of Nursing, Quality and Governance is Chair of our Integrated Safeguarding Committee.

2016-17 has seen a continuation of the strengthening and improvement of the arrangements in place within the Trust to safeguard children and young people; and to continue to develop and embed a culture that puts safeguarding at the centre of care delivery and planning.

Safeguarding children work undertaken and key achievements in 2016 – 2017

- We have been successful in securing funding from NHS England to pilot a domestic abuse project which aims to demonstrate the need for Independent Domestic Violence Advisors in mental health settings.
- Domestic Abuse training is given to all staff at Corporate Induction and our referrals to domestic abuse agencies continue to rise.
- We have improved oversight of data relating to safeguarding children activity across the Trust for the past 12 months.
- We have worked closely with the patient safety team and patient experience to ensure a triangulated approach to safeguarding.
- We have raised the profile of PREVENT across the organisation and Healthwrap3 training is included for all staff at Corporate Induction
- We have worked closely with the local Channel Panels to ensure information regarding concerns relating to potential radicalisation of young people is shared effectively.
- The aims and objectives of our safeguarding work plan for 2016-17 (year 1) have been largely achieved.
- We have reviewed our safeguarding children training requirement and expanded the number of staff who are required to complete level 3 training ensuring a competent workforce.
- Level 1 and 2 safeguarding children training have consistently remained at a compliance rate of 85% or above.
- Effective partnership working across the three boroughs of Barnet, Enfield and Haringey has continued.
- We have ensured that appropriate staff undertake specialist Child Sexual Exploitation (CSE) champions training.

- We are compliant with the reporting requirements with regard to FGM.
- We have actively contributed to Serious Case Review learning events and provided training in complex issues such as self-harm.

The London Ambulance Service

Overall the London Ambulance Service has had a busy year in safeguarding, working hard to increase awareness of the safeguarding across the Trust. We have increased the size of the team to support what has been a significant increase in activity and associated administrative work. A dedicated senior member of the North Central LAS Leadership Team continues to attend both adult and children's safeguarding boards. Key messages from the LAS Annual Safeguarding Report (May 2017) include:-

- The team have effectively increased awareness of safeguarding issues across the Trust throughout the year and during December an Improving Patient Experience Initiative focused on safeguarding which saw the team visit EOC, 111, and hold open days in EBS and with the Safeguarding Team, posters and safeguarding key rings on vehicles were also distributed.
- The London Ambulance Service is not compliant with the 85% level two training requirement for 2016- 17. Whilst operational CSR continues into April, both EBS and Bank staff are not compliant for a second year. With 90% compliance set for 2017-18 the Trust needs to consider how this can be achieved.
- General governance of Bank staff is still a concern and a full review has been approved by executive, led by Director of Transformation, Strategy and Workforce in April 2017.
- The safeguarding supervision project has begun to introduce safeguarding supervision into the Trust and has received a good response during the pilot.
- All London Ambulance Service safeguarding policies are in place and up to date with the Children and Adult policy being reviewed this year and the new Prevent policy to be approved imminently.
- Safeguarding risks are identified and appropriately managed and reviewed at the London Ambulance Service Safeguarding Committee.

Good progress has been made with the Safeguarding Work Plan for 2016-17.

There is evidence of learning from incidents within the Trust to improve the standard of care to vulnerable patients.

- The continued increase in safeguarding requests for information continues to put pressure on the safeguarding team (failed to provide information for 364 MARACs in 2016-17) and further administration support is required to ensure we can meet the requirements to provide information.
- The London Ambulance Service continues to work towards 24/7 telephone referrals for staff and hope to be able to achieve this in the next few months following recruitment to
- The percentage of London Ambulance Service staff referrals to local authorities via EBS has risen slightly in 2016-17 to 1.7% of incidents from 1.66% in 2015-16.

The Metropolitan Police

The Metropolitan Police are one of the safeguarding statutory members within the partnership and contribute by way of executive and strategic input at board and sub- group levels. The Borough have actively responded to recommendations made by the HMIC and fully engaged with the Haringey partnership in the various JTAs and reviews that have been conducted.

Operational activity and response is dependent on the level of risk that has been identified. A more collaborative response with local Public Protection Departments (PDD includes oversight of Gangs, CSE, missing children and high risk prolific offenders), Sexual Exploitation Team (SET) Child Abuse Investigation Team (CAIT) Social Services has provided opportunities to constantly evaluate service delivery and maximise an effective response across a cohort of young people in a complex spectrum of activity such as sect 47 joint investigation, child care-home management engagement through to creating opportunities to divert children in care out of the judicial system. The future planning of amalgamation with Enfield will enable us to bring the specialist units closer to local delivery enhancing capability in a consistent way.

HSCB Financial Arrangements

The work of the Board is financed by contributions from partner agencies, of which currently over 80% comes from the Council. In addition to financial contributions, partner agencies contribute significant amounts of staff time to support the delivery of the board's work programme, and to support training delivery.

Reports from the Chair of HSCB sub-groups:

Serious Case Review (SCR) Sub-group,

Chair: Independent Board Chair

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

In England, a serious case review takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future.

Activity, Progress and Achievements 2016-17

In Haringey, the HSCB SCR Sub-Group met 5 times during 2016-17. Attendance was good at all these events and the following issues were discussed and actions taken:

- Review and publication of an anonymous SCR onto the NSPCC website, and agreement of the resultant action plan.
- Review and publication of an SCR on [Child R](#), and monitoring of the action plan
- Consideration of a case of injury to a baby, which did not meet criteria for an SCR, but which triggered a Serious Incident Review (SIR), to which the group contributed.
- Consideration of another referral, which did not meet the criteria for an SCR but did trigger a multi-agency review
- Monitoring of the delivery of previous SCR action plans.

The SCR on Child R concerned a baby who was killed by his father. Publication of the Review had been delayed pending completion of criminal and care proceedings, during which the Mother was fully exonerated by the courts for any culpability in the death of her child.

The SCR on Child R recognized several areas of learning and improvement for partner agencies that resulted in the following:

- The arrangements for managing the Multi-Agency Safeguarding Hub (MASH) were thoroughly reviewed and refreshed, with changes to the working protocols.
- Assurance was sought on the effectiveness of the Council's Emergency Duty Team; the service was reviewed, and significant changes were made to practice
- The process for requesting welfare checks from the Metropolitan Police was reviewed.
- The training arrangements within the Metropolitan Police were reviewed.
- The role of magistrates in extradition courts was highlighted, in respect of identifying safeguarding risks. This was subsequently discussed with the Chief Magistrate, resulting in some suggested reviews to arrangements.

The case of Child R also highlighted some weaknesses in the role of partners in convening strategy meetings at appropriate times, which aligned with a wider review of the arrangements for strategy meetings.

In addition to work on our own SCRs, the sub-committee has also focused on other related issues. These include SCRs undertaken by other Local Authorities where a Haringey agency had some involvement.

The sub-committee also hosted two very successful learning events across the year to ensure that learning from our SCR activity was disseminated across the partnership. Both events were well attended and received by a range of multi-agency partners.

Quality Assurance & Best Practice Sub-group – now Practice and Performance Outcomes (PPO) Sub-group,

Chair: LB Haringey Assistant Director, Quality Assurance, Early Help & Prevention

Remit: *To monitor the effectiveness of multi-agency child protection and safeguarding work through data analysis and audit processes. To monitor and scrutinise the effectiveness of local arrangements to safeguard children and, through this, to ensure a demonstrable impact on services.*

The group met 5 times during 2016-17 and there was excellent attendance from a range partners including Children's Social Care, Schools and Learning, Local Authority Performance, the Police, Commissioning, Legal and Health.

The Group was chaired by the Assistant Director Safeguarding and Social Care, Neelam Bhardwaja, until July 2016 when it passed to Sarah Alexander as Head of Service and now Assistant Director, Safeguarding and Social Care.

Activity, Progress and Achievements 2016-17

- A Joint Targeted Area Inspection (JTAI) Improvement Group was established reporting to the Board via the PPO Sub-group. It had its first meeting on 23rd June 2016. Membership of key leads from across the partnership were agreed along with Terms of Reference.
- In December 2016, the Board agreed a new Terms of Reference making the work on the JTAI preparation an integrated part of the PPO sub-group.
- An independent multi-agency evaluation on the theme of Domestic Abuse has been undertaken, reflecting the criteria established for us by the JTAI process. Recommendations were considered by the group that will identify what improvements need to be made both in terms of data and practice in the coming year.

- The audit work of the group has involved a full multi-agency audit into the services provided to children experiencing domestic abuse and the identification of cases for an audit into services provided for children who are neglected.
- The MASH Operational Group has agreed a quarterly programme of auditing and a report for Q3 was produced and reported to the PPO Sub-group. MASE Chairs are currently undertaking an audit of CSE cases.

Work has continued to improve performance monitoring and more consistent use of the Performance framework by all agencies. Efforts are continuing to bring about improvements both in the timeliness and quality of data.

Child Death Overview Panel (CDOP)

Chair: Assistant Director for Public Health

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

CDOP is a multi-disciplinary sub-committee and in Haringey it is chaired by the Assistant Director for Public Health.

CDOP reviews each death of a child normally resident in the borough up to the age of 18, excluding babies who are stillborn and planned terminations of pregnancy within the law. Relevant information is collected and each case is discussed to determine if the death could have been prevented. The intention is not to assign blame, but to determine if there were any modifiable factors that may have contributed to the death, and decide if any actions could be taken to prevent such deaths in the future. If it is determined that there are such actions, recommendations are made to the Haringey Safeguarding Children Board (HSCB) or other relevant organisations so that action can be taken accordingly.

Where a death is unexpected, a rapid response meeting is usually convened. These are chaired by a designated senior officer from the local health services and are held as soon as possible. The aim of the meetings is to ensure that all the relevant information is gathered as soon as possible and any relevant actions are taken accordingly.

The panel also has a role in identifying patterns or trends in local data and reporting these to the HSCB. Information or health promotion campaigns are then carried out as appropriate.

Sadly, 14 children who were resident in Haringey died during 2016- 2017, 8 of which were neo-natal deaths (i.e. before the child was 28 days old)

Activity, Progress and Achievements 2016-17

During the year, there were two rapid response meetings in relation to unexpected deaths, as well as three meetings of the CDOP panel itself.

Two seminars were held during the year for frontline staff from across the partnership who work with children and families to raise awareness on two important issues and to share learning:

- Sudden Unexpected Deaths in Infancy (SUDI) seminar – although the number of sudden, unexplained infant deaths has declined over the years, there remains a need to remind frontline staff of the prevention messages they need to share with families.
- Vitamin D seminar –this seminar was organised following lessons learned from a child death in 2015-16. The seminar focussed on the new national guidelines and the prevention messages frontline staff should share with families.

2016-17 saw CDOP partners reviewing the work of the Panel for the period 2008-9 to 2015-16. The resultant report, which considered a total of 187 children, gave an overview of the role of the CDOP and analysis of all child deaths in the borough from April 2008 to March 2016. The report provided valuable insight into the causes of child deaths in Haringey over this period, and the learning that has taken place. This identified that the highest proportions of child deaths in Haringey were due to congenital disorders (27%), or events before or around the time of delivery (42%).

It is no surprise that the risk of death in childhood is greatest in the first year of life, and disproportionately within the first week of life. These statistics are almost identical to those for England overall. The report further identified relatively few modifiable factors in most cases, the exception to this being in cases of trauma, SUDIs and intrapartum deaths. With regard to the prevention of child deaths, the report concluded that in Haringey a robust partnership approach is essential, and that nationally efforts to reduce inequalities are needed.

Other Activity:

The Healthy London Partnership (HLP) has a work stream to support local CDOP's. Haringey CDOP members have actively engaged by attending seminars and meetings on such issues as suicide prevention.

The HLP has further seminars arranged during 2017/18 (e.g. tackling asthma death, understanding and tackling neonatal deaths, bereavement support in the London CDOP system and process mapping workshops) and CDOP members will be attending.

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

Chair: Designated Nurse, CCG

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

The CSE sub-group comprises a wide range of relevant partners who met four times during 2016-17.

On the 12th April 2016, the CSE Sub-group elected a new Chair, Pauline Fletcher, Designated Nurse, Safeguarding Children for Haringey CCG.

Following the agreement by the Board to move to new governance proposals, the Terms of Reference (ToR) were fully ratified by the subgroup on the 5th July 2016. The board also agreed to extend the remit of the CSE Sub-group to include a wider range of vulnerabilities and risk factors in recognition of the interconnectedness particularly of risks associated with missing and running away, trafficking, gangs, and serious youth violence; also in recognition of the desire of members not to lose focus on CSE. This reflects the priorities in the Board Strategy and Business Plan.

Activity and progress during 2016-17:

This has again been a very active year in relation to our work to identify and tackle Child Sexual Exploitation (CSE).

In February 2017, the Department for Education (DfE) published a new definition of CSE:

“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can occur through the use of technology.” (DfE 2017)

The CSE Sub-group priorities for 2016/17 were identified from the CSE Diagnostic completed in 2015, Haringey CSE Strategy & Action Plan 2016, and the recommendations from the Bi-borough CSE & Vulnerable Children Project 2016 delivered through the CSE Integrated Action Plan (IAP).

Hard work and progress has been made with regards to the delivery of the IAP. Our actions were grouped into three key areas; **communication, children’s experiences, and victim response**; and addressed through three task and finish groups.

Progress:

- Between September 2015 and June 2016, we joined with our neighbours in Enfield to deliver bi-borough innovation work to consider the needs of children and young people at risk of CSE. This resulted in a number of collaborative projects

being established within and across respective boroughs. The project culminated in a Bi-borough Learning Event for partners on the 4th July 2016.

- The refreshed CSE strategy was ratified at the March 2017 HSCB.
- Haringey Education CSE Single Point of Contact (SPOC) is in place and attending relevant meetings alongside partners from Health, Children and Young People's Services and the Metropolitan Police SPOCs. These people are the conduit for information flow into and Missing and Multi-Agency Sexual Exploitation (MASE) meetings.
- Facilitated CSE training by Safe London was held on the 13th December 2016.
- Multi-agency CSE champions are now in place across the Haringey partnership. Work to build on their roles and responsibilities are underway.
- A CSE Champion's Forum has been established and the first meeting of this will take place in June 2017.
- CSE Strategic Leads are in place and known across the partnership.
- Our CSE list (of our children most vulnerable to or at risk from CSE) is discussed regularly at our MASE panel and includes details of children on the high-level risk register who are missing from care, home, education or subject to Looked After Children and/ or Child Protection Plans.

Much progress has been made since March 2016, however there remains much to do to ensure that the work already achieved has a positive impact on children and young people. In May 2017, in keeping with the Boards strategy 2016-21 and agreed widening of the remit to consider range of vulnerabilities, a small task and finish group carried out an initial mapping exercise to establish the full extent of all meetings looking at vulnerable children and young people across Haringey to establish robust governance and reporting arrangements.

The three task and finish groups have worked well to drive the pace of delivery of actions from the CSE IAP. The timeline for the current task and finish groups will be reviewed with a view to using them again for distinct, time limited pieces of work as required.

Next Steps:

- Revision of the HSCB Child Sexual Exploitation Pathway & Governance in light of the [London Child Sexual Exploitation Operating Protocol; 3rd Edition](#) (June 2017)

- Development and dissemination of Local CSE publicity materials to engage with stakeholders including young people and professionals
- Development of a fully Integrated Strategy to cover all vulnerabilities which will make the work of the group much clearer
- Link the work undertaken in the Vulnerability mapping exercise with the DCS Haringey stat (a review of all relevant information about DA across the partnership to arrive at an agreed understanding of the problem) to establish clear governance, reporting arrangements and agreed performance indicators
- Improve understanding and interrogation of the Victims, Offender, Location, Themes (VOLT) and risk list in the borough to inform commissioning of services and evidence improved outcomes
- Agree what the Haringey advocacy model will look like and provide clarity to the role being included so it runs across everyone's role.
- Take forward recommendations from our bi borough 2015-6 DfE Innovation Fund project on CSE and Vulnerable Children.
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The Disabled Children's Policy and Practice Review group

The Disabled Children's Policy and Practice Review group was established in response to the DCSF Practice Guidance for Disabled children which recommended that the LSCB consider the specific safeguarding needs of Disabled children in a Multi-agency group. In November 2012 the working group was accepted as a sub group by Haringey's Local Safeguarding Children's Board. In 2016 it was agreed that the Disabled children's policy and practice group would not report directly as a Sub Group to the LSCB. The group now reports to the CSE and Vulnerable Children's Sub group and meets on a six weekly basis.

From the 1st April 2016 – 31st March 2017 the group has met on five occasions and comprises membership from a broad range of professionals who work with Disabled Children.

In terms of the evidence of the impact of the group on the outcomes for Disabled children the following has happened this year due to the work of the group.

1. Haringey's Autism team met with a CAIT officer and the Met's training officer in response to the group's request that the Police's Autism awareness training should be reviewed following a specific incident involving a young autistic man and the Police. The Autism team shared information with the CAIT team and agreed to compile a Fact sheet to be shared with Police Officers and are also in the process of arranging dates to provide training to the officers at the Met.
2. Following a number of reported incidences involving issues in relation to the mismanagement of medication, a Medication letter has been written for parents whose children require medication.
3. The chair of the group meets with and writes to the Joint Special School Council which meets termly and comprises of six student councils from special schools and provision across Haringey with approx. 30 young people in attendance to hear views and concerns and report back to them.

Each special school has a Multi-Disciplinary Team meeting and the Signs of safety model is being used systematically in practice in these settings in order to support safeguarding of disabled children in Haringey.

MASH Strategic Board

Chair: Assistant Director, Safeguarding and Social Care. LB Haringey

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

The group met 6 times during 2016-17. Attendance across the year was good with representation from Health, Children's Social Care and Police at all meetings.

The Chair of the group was Neelam Bhardwaja until December 2016. From January 2017, there was a co-chairing arrangement, agreed by the Executive, across borough Police and Children's Social Care by Luke Marks and Sarah Alexander.

Activity and progress during 2016-17:

Significant work was undertaken this year to interrogate the contacts and referrals coming in to the Haringey Children's Services front door and MASH in response to concerns about an overall increase in demand. This work, together with the development of MASH auditing and self-review led to better understanding of the pressures in the system and identification of key areas for focus and improvement.

The work undertaken has resulted in increased collective ownership and accountability and an improving partnership approach.

Staffing of the MASH was a significant area of focus this year including a review of Health representation and agreement has been reached to increase Health and Police resourcing in this vital area.

Other work this year included establishing the MASH Operational Group and clear reporting line and accountability into the HSCB and a reinstatement of the MASH Improvement Plan.

Next Steps:

We will be commissioning a full MASH Review in early 2017-18 to make significant changes and improvements to the operation of the front door.

Key areas for improvement include the need for work to improve the quality of referrals from partners; better application of the agreed Thresholds Guidance; addressing demand created by police reporting of all children coming to notice to them and the need for more consistent recording.

Training, Learning & Development Sub-group

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

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

Temporary chair from Child Protection Unit, CYPS from late 2016-mid 2017

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

The Training, Learning and Development Sub-group is tasked with addressing the training needs of the partnership and is generally well-attended by members, who are motivated and reflective partners and are deemed at the appropriate level of responsibility within their organisations to make the decisions required. However, the group struggled through 2016-17 with the lack of a permanent chair. Despite this, the group met 3 times during 2016-17.

The Group ended the year with a plan for the Designated Nurse, Pauline Fletcher, to take on the role of Chair from Q2 2017-18 which will help to strengthen and stabilise the group and its focus. The group was temporarily chaired by the interim Training Coordinator, Dawn Green, whose substantive post is Child Protection Adviser. Dawn was coordinating training and delivering some courses up until the end of March 2017. There has also been a vacancy for an LSCB training officer post which has been vacant throughout the period under review. Therefore, it has not been possible to provide a meaningful analysis of attendance and impact of multi-agency HSCB training.

Activity, Progress, and Achievements 2016/17

The group oversaw the 2016-17 HSCB multi agency training programme which delivered 13 training courses over 23 sessions including:

- Introduction to Child Protection
- Signs of Safety briefings
- Allegations Against Staff
- Introduction to Child Sexual Exploitation
- Supporting Young People Affected by CSE
- Child Protection for Designated Leads
- Introduction to Domestic Abuse
- Peer on Peer Abuse
- Domestic Abuse
- Harmful Sexual Behaviour
- CSE training for Champions
- Child Protection Conferences & Core Groups
- County Lines Gangs & Safeguarding
- Safer Recruitment

The Safer Recruitment training was a key addition this year. It is a one-day Level 4 training and we are offering three sessions over the course of 2017-18.

The LADO has also developed an online training course about Safer Recruitment which we are hoping to make available to partners in the coming year.

Training for Designated Safeguarding Leads continues to be a most popular course. As a result of increased demand from schools across the borough and anticipated further increase following the review of the statutory guidance [Keeping Children Safe in Education \(September 2016\)](#), Schools and Learning Traded Services continue to provide this course for schools as part of their wider training offer in addition to the HSCB multi-agency offer.

Training feedback and evaluation shows that:

- All courses are meeting participants' expectations;
- Trainers are scored as either good or excellent;
- The content for all courses is felt to be right, with the exception of the Introduction to Child Protection which some participants found too basic;
- We had very good feedback about the new Safer Recruitment course with feedback from the trainer that we need more involvement of HR staff.

Next Steps:

A review of the single agency training offer identified the following that we will be taking forward in 2017-18:

- Training the Trainers
- Level 4+ training and peer support for safeguarding leads
- Neglect training
- Briefing session and tools to support better quality referrals and responding appropriately to safeguarding concerns

6. Board effectiveness and challenge

The Haringey Safeguarding Children Board continues to provide opportunity for rigorous challenge of the work of partners.

During 2016-2017 the Board has focused in some detail on the work of our front door and MASH, seeking assurance on engagement by all partners, delivery of objectives, and understanding of thresholds. This work has resulted in improvements in the data regarding contacts – we have seen a reduction in contacts, and reduction in the number that required no further action.

The Board has also provided consistent challenge regarding the use of strategy meetings, engagement in these of all relevant partners, ensuring that meetings always take place when required.

Throughout the year there has been significant improvement in the frequency and quality of strategic joint working with high risk young people. A pattern of monthly breakfast meetings has been established, which in turn has spawned the creation of a new strategic group (reporting to the LSCB) to review practice in areas covered by the Joint Targeted Area Inspections. These processes have injected some vigour and pace into the processes of joint working.

Board members continue to report positively upon the impact of the work of the Board on the practice and policies within their own agencies.

Feedback on the quality and range of training offered by the Board continues to remain high. Key frameworks such as Signs of Safety (SoS) are endorsed and promoted widely, including through training.

Overall, the Board considers itself to be broadly effective, providing rigorous challenge and scrutiny across partners, combined with increased levels of support.

Future Challenges:

- Board members have noted the need for further strengthening of direct engagement with children and young people.

- Those partner agencies which operate across more than one authority boundary are supportive of identifying ways in which the numbers of meetings can be reduced.
- Members are supportive of increasing further collaboration with the Safeguarding Adults Board and with neighbouring LSCBs.
- Appropriate levels of funding have been hard to secure from some partners.
- The Board is supportive of proposed national changes - streamlining meetings and membership, reviewing coordination of Child Death reviews and Serious Case Reviews, and looking imaginatively at cross-borough arrangements.

Next Steps:

- The Board has streamlined its work into quarterly meetings, with a consequent reduction in the frequency of some sub-committees.
- Links with the Safeguarding Adults Board has been further strengthened.
- Joint work is planned and collaboration, in particular with the Enfield LSCB, has become significant and influential.

7. Quality and Performance

Our Performance and Practice Outcomes Sub-group takes the lead on our performance, audit and quality assurance work to monitor and scrutinise the effectiveness of multi-agency child protection and safeguarding work across the borough. Our Training, Learning and Development Sub-group works to support practice development and improvement. There continues to be a healthy and effective culture of challenge and accountability but we recognise that there is still much work to be done to improve our quality assurance processes. In reviewing the content of this report, it was felt that more work needed to take place to produce a comprehensive and useful multi-agency dataset around the HSCB priorities. Additionally,

Audit activity:

There was an audit regarding the outcomes of MASH cases during this period which has supported the more recent review and planned relaunch of the MASH during 2017-8. The outcomes from our auditing programme have been used to inform our priorities, strategies and action plans going into 2017-18 and are referred to throughout this report.

Next Steps:

The PPO Sub-group has agreed the audit cycle for 2017-18 following the request from the HSCB to include the application of thresholds, and it has been agreed that this will be incorporated into the Q2 audit next year. This being so, the agreed audit cycle is:

- Q1- Neglect
- Q2- Child Protection Pathways; including welfare checks, strategy meetings and the application of thresholds
- Q3- Child Sexual Abuse; including Harmful Sexual Behaviours (HSB) and abuse by children and young people

Safeguarding children from extremism and radicalisation (The PREVENT Agenda)

PREVENT is part of the Government's **CONTEST strategy**, of which the Prevent strand is aimed at preventing people from developing extremist ideas, radicalisation and supporting terrorism. Since July 2015 the Prevent duty placed an ownership on named sectors to recognise and refer vulnerable individuals for Prevent support.

Haringey has continued to receive a steady flow of referrals about those at risk of extremism and radicalisation, with a slight increase noticeable following the cluster of terrorist attacks in the UK over recent months. The quality of referrals has remained good, with all that have been referred either directly to the local authority, or through police, being considered at the Channel Panel.

Young people continue to make up the largest proportion of Haringey's referrals. We have had a number of referrals where liaison with external services to understand the detail of the case has been necessary, e.g. Social Care in neighbouring boroughs, and information sharing in these cases has worked well.

Haringey is one of several Local Authorities across the country selected to take part in the Dovetail Pilot which sees the Local Authority taking more responsibility for the function of the Channel Panel (an early intervention, multi-agency support panel) from Police, who remain key partners along with Health and schools. Participation in the Channel process is voluntary and aligns well with the local authority's wider safeguarding duties. The Local Authority is now leading on assessing cases and holding initial meetings with those referred to Channel, where appropriate.

The Local Authority will also take responsibility for commissioning Intervention Providers and other appropriate professionals to provide support to individuals where this is recognised as useful. Most cases provided with support through Channel will have this support coordinated through existing services. This means that there have been few cases where a specialist Intervention Provider with experience in extremist ideology, theology or a specific extremist group has been commissioned to work with a young person.

Much of the work with young people involves coordination with social workers, arranging assessments and/or appointments with CAMHS, and liaising with schools to ensure appropriate support packages are in place. **We haven't had any re-referrals** for young people in recent years, meaning that the wider support we coordinate for their health and wellbeing (whilst addressing the concerns specific to extremism) seems to have been successful in reducing their vulnerability to radicalisation and extremism.

Beyond the support provided through the Channel Panel, Prevent training has been delivered in all schools across the borough. Governors also receive Prevent training to ensure they can monitor the implementation of the strategy in their schools. Refresher sessions are being delivered to school's Senior Leadership Teams and/or Designated Safeguarding Officers as part of the Continued Professional Development programme.

To add to the support we currently provide, the recruitment process has started for a Prevent Engagement Officer; the post holder will deliver training to education settings in Haringey, as well as developing lesson plans, projects and awareness raising materials to increase resilience to extremist narratives. This will be done in part through subjects such as Citizenship and PSHE, encouraging discussion about issues such as identity, diversity, intolerance, and utilising critical and analytical thinking to approach them.

Local Authority Designated Officer (LADO):

The Local Authority Designated Officer's statutory role and remit are clearly defined in [Chapter 7 of the London Child Protection Procedures](#) as well as in the Government guidance "Keeping Children Safe in Education". Contact is made with the LADO when there are concerns that a professional or volunteer working with children has:

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

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

This is the second full year in the London Borough of Haringey that there has been a permanent LADO in post. This has led to consistency of thresholds and recording, to enable a comparison with last year.

This year there were a total of 301 relevant consultations with the LADO which averages at 5.7 a week. This is slightly higher than last year; however the numbers fluctuate across the

quarters, with school holidays having an impact, for example contacts were significantly lower in the quarter with the long summer break in it.

In 2016-2017 out of the total 301 contacts to the LADO:

- 94 were from the education sector (31%). These contacts were usually from Head Teachers or Designated Safeguarding Leads.
- 91 contacts were for advice, consultation or referral, from social workers either within the London Borough of Haringey, or in other neighbouring authorities about children or carers in Haringey (30%).
- 24 contacts were from the Early Years' Service (8%); and 12 contacts or referrals direct from the police (4%). The remainder of contacts were from various partners in both statutory agencies and within the community.
- 27 contacts were from Ofsted in the last 12 months (9%). A number of these contacts did not reach the threshold for a referral and were signposted elsewhere, directed to the relevant agency to respond to, or passed back to Ofsted as a regulatory matter.

The largest number of consultations was about those working in the education sector. These amounted to 137 or 45% of the total which is about the same proportion as last year. This included both allegations about teachers and school support staff and a very small number of school governors.

The next highest number of contacts was about staff in Early Years settings, nurseries, pre-school settings, and childminders. This accounted for 43 of the contacts, which is 14%. This is the same proportion as last year.

Foster carers, both in-house and from the private, voluntary or independent sector, and residential care workers, are the next biggest group, accounting for 39 (13%) of the total which is slightly higher than last year.

The rest of the consultations and referrals include: qualified social workers, professionals or volunteers involved in sports and leisure clubs, health workers, police (civilian workers in the police rather than officers), and a small number of contacts from the faith sector.

In those sectors where there are a small number of contacts there are ongoing efforts to identify why this might be; whether there are indeed very few incidents or whether there is a low level of reporting due to a lack of understanding about thresholds and statutory guidance

8 How Safe are Children & Young People Here in Haringey?

It is never possible to say categorically that all children are safe. Whilst use of data and external inspections suggest that our services across Haringey are at least as good as in most areas, we have seen another year handling the impact of austerity on core services, and there is no doubt that vulnerabilities exist across several parts of the public and voluntary sector. Haringey is a complex urban authority, facing reductions in budgets in all its public services, and enduring much higher than average effects of the cuts in welfare benefits. The population within Haringey is under severe pressure.

In this report, I am required to assess the performance of local services, identify areas of weakness and the causes of those weaknesses. In common with many other independent Chairs, I have come to the reluctant conclusion that the single largest weakness that local agencies face is the continued reduction in the budgets available to them from Central Government. All agencies have faced reductions. The Council's budget has seen the greatest proportional reductions; at a time when the numbers of children within the borough have increased by 16% since 2009, with an increased proportion of deprived families relocating from inner London, the budgets available to children's services have reduced by about 50%. CCGs are seeing increasing levels of budget tightening, with the current STP planning process including an expectation that changes will allow for significant reductions in costs. The National Probation Service and Community Rehabilitation Company faced budget reductions alongside a fundamental restructuring. The Met Police have handled at least a 20% reduction up to now. Schools, having been partially protected in the past, now anticipate significant reductions.

At the same time, the impact of welfare benefit changes has increased pressures on many families and ratcheted up rates of child poverty. Demands on public services have continued to rise. Whilst professional policy makers understand that shifting resources to early intervention is the right direction of travel for everybody, Government actions make this extremely challenging to achieve.

I think agencies have done extraordinarily well to continue to maintain services at their current levels of quality and size until now. I can no longer state with confidence that all agencies will be able to do so in the next few years, unless the budget provision made available by central Government improves.

We can be reassured that the quality of schools and education in Haringey remains largely very high, with very high proportions being rated as good or outstanding, and this provides a significant source of protection to children and young people. Good schools are normally safe schools. I remain anxious, however, about the apparent increase in the numbers of children being educated at home, and an apparent increase in permanent exclusions.

Some public health indicators are showing positive trends – the rates of obesity are better than might be expected, as are the low levels of hospital admissions due to injury, and teenage pregnancy rates have fallen faster than in any other areas. However other data,

such as levels of tooth decay, remain worrying, and there has been some evidence of the reappearance of some conditions associated with severe poverty, such as rickets.

Last year I reported a significant rise in referrals in the final months of the previous year. Our review of MASH and early help arrangements seems to have helped to counter the impact of this, although we have seen a small rise in the numbers of children in need, children on Child Protection Plans and Looked After Children – a disappointment after the reductions in all these numbers the previous year. We can feel broadly positive about outcomes for children in care, and performance in relation to assessment timescales.

We have retained a close focus on many of the most vulnerable children – those missing, or at risk of child sexual exploitation, and our arrangements are strong.

Our partnership remains strong, and ready to respond to the continued external challenges.

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