

Islington Safeguarding Children Board

Annual Report 2010 - 2011



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Contents

Page

Chair's Introduction	4
Governance and accountability arrangements	4
Child protection data	11
Monitoring / evaluation / quality assurance	17
Training and development	23
Child Death Overview Panel Report	24
Conclusion and evaluation	25
Appendix 1 – Training statistics	27
Appendix 2 – ISCB priorities 2011/12	28
Appendix 3 – Structure chart	29
Appendix 4 – Membership	30
Appendix 5 – Attendance	32
Appendix 6 – Budget	34
Appendix 7 – Glossary of acronyms	36

1. Chair's Introduction

We can look back at a year that has seen partners working really well together to keep children safe. But we know that more difficult times lie ahead with the governments spending review and consequent reductions in budgets for all partner agencies. ISCB has been discussing the future of safeguarding and identified risks from an individual and multi-agency perspective.

Concerns have been identified in relation to the loss of preventative work, supporting vulnerable groups and the impact on multi-agency working. All agencies have put in place actions to assure the Board of the effectiveness of their safeguarding practices. We are looking at how we will continue to work together to minimise the impact as much as possible and to continue to safeguard Islington's children.

This report details the actions taken by various agencies to implement the priorities agreed in 2010-11. We believe that these actions have served to make children and young people safer and there is some evidence to support this conviction. For instance, domestic violence, a key factor in many safeguarding cases, has reduced significantly through Think Family and the work of the Family Intervention Project. Hard work by the Bronze Group and others has resulted in a significant reduction in serious youth violence.

These are improvements, but the overall Islington context has not changed significantly and so safeguarding needs remain essentially the same. We have therefore agreed to maintain the same priorities for 2011-12 under an overarching commitment to maintaining effective working together.

This report provides an overview of work undertaken in 2010-11 to meet Islington's specific safeguarding needs. Where possible, it assesses the impact of that work and reports on the overall effectiveness of key areas of safeguarding in Islington.

2. Governance and accountability arrangements

ISCB operates within a legislative and policy framework created by the Children Act 2004 and Section 7, Working Together 2010. ISCB updated its constitution this year to comply with Working Together 2010. ISCB drives agreed aspects of the safeguarding agenda in collaboration with Islington Children's Trust Board, co-ordinates safeguarding services and evaluates the effectiveness of safeguarding within Islington.

To promote its independence ISCB has had an independent Chair since April 2009. ISCB works across the safeguarding continuum, although prioritises 'core business' as being the co-ordination and scrutiny of policy, practice and services to protect children and young people within Islington.

The objectives of ISCB are:

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

The functions of the ISCB are to:

- Develop and agree thresholds, policies and procedures
- Communicate and raise awareness
- Monitor and evaluate

- Plan, participate and commission
- Undertake functions related to child death
- Undertake Serious Case Reviews as necessary

The functions of the Board are discharged through the Sub-groups each of which has an annual work plan agreed by the Board. (Appendix 2 – ISCB structure chart)

Members of ISCB are senior managers within their organisations who hold strategic roles in relation to safeguarding / child protection. Their role is to speak for their organisations with authority, commit their organisations on policy and practice issues, and to hold their organisations to account on their safeguarding / child protection practice.

ISCB submits its annual report to the Children’s Trust Board. The protocol between the Children’s Trust Board and ISCB clarifies their respective roles and responsibilities. The protocol recognises that the two Boards have complementary roles and need to work together in partnership whilst recognising their distinct functions. The protocol identifies that the Children’s Trust Board is a strategy development Board which promotes strong joint planning and effective commissioning of services, and acknowledges that ISCB is not a delivery body, but has responsibility for co-ordinating, scrutinising and evaluating practice and initiating activities which investigate and improve safeguarding.

The Protocol identifies that the two Boards will:

- Have an ongoing and direct relationship
- Communicate regularly
- Work together to ensure action taken by one body does not duplicate that taken by the other
- Ensure they are committed to working together to ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice

ISCB has an interface with the following Boards which are responsible for delivering safeguarding services:

- Safer Islington Partnership – which leads on crime reduction in respect of Domestic Violence and Youth Crime
- Multi Agency Public Protection Arrangements (MAPPA)
- Corporate Parenting Board
- Children’s Trust Board

There is dual membership with these Boards to ensure effective communication and information exchange.

3. Effectiveness of safeguarding - Delivery of ISCB priorities 2010/11

3.1 The 2010/11 Business Plan identified the following priorities:

- Child protection – core business – To ensure that work remains focused on child protection
- Domestic violence – A significant factor in referrals to Children’s Social Care and those with Child Protection Plans
- Children and young people affected by gang activity – Vulnerable children / young people are put at risk through participation in and as victims of gang activity
- Teenage parents – An SCR undertaken in 2009/10 identified areas to improve practice
- Transitions between Children’s and Adults’ Services – An Interagency Management Review undertaken in 2009/10 identified areas for improvement

In addition, last year’s quality assurance work identified some key areas for development:

- Implementation of CAF and LP
- Thresholds for section 47 enquiries, child protection
- Quality of assessments and timely implementation of child protection plans
- Involvement of fathers
- Impact of race, culture, language and religion in case work
- Supervision processes and oversight of casework in health and social care
- Knowledge and understanding of child protection procedures across agencies

Child protection – core business

The following are some of the key actions taken by member agencies to improve child protection services:

- Safer recruitment practices implemented and monitored in the Council and Cambridge Education
- ISCB safer recruitment guidance updated and reissued as joint document with Adult Safeguarding. This has been distributed to a wider range of agencies
- Safeguarding requirement included in service level agreements for commissioned services
- Further embedding CAF
- Improved understanding of thresholds
- Reduced number of children subject to a Child Protection Plan due to improved preventative work
- Improved response to missing children to better ensure their safety
- Improved monitoring to evidence that children with Child Protection Plans are visited every two weeks
- Strengthened approach to working with fathers to ensure that they are included in assessments so that more children are placed within extended paternal families and fathers
- Development of multi-agency data set that includes key safeguarding priorities developed and monitored to provide ISCB with an early alert to significant variances
- Safeguarding policies and procedures reviewed and updated
- Joint operational meetings held to enhance partnership working and communication, increased mutual awareness of aids / blockages to effective working and implementation of strategies to address blockages
- Lead responsibilities for safeguarding children and adults aligned to improve outcomes for children
- Improved information sharing
- ISCB website is regularly updated for easy access of new guidance / regulations
- Communications strategy being updated to further raise awareness of safeguarding

Domestic violence

The following are some of the key actions taken by member agencies to improve services for children affected domestic violence (DV):

- Training delivered to raise staff awareness of the correlation between domestic violence and child abuse
- Safe Landings programme for women and under 5s. As a result of the programme women are more likely to engage in other services and protect their children
- Children's Centres places allocated to children affected by DV
- DV training became mandatory for social workers
- Barnados risk matrix implemented in Children's Social Care (CSC) to improve better identification of DV and protection of children
- Reduction in DV by 54% on cases worked with by the Family Intervention Project (FIP) and Think Family
- CAIT attendance at Initial and Review Case Conferences to monitor children subject to a Child Protection Plan as a result of DV

- Adult Safeguarding have a representative on the Multi-Agency Risk Assessment Committee (MARAC), attend the Islington DV Steering Group, and include DV in adult safeguarding training material
- Co-ordinated Action Against Domestic Abuse (CAADA) process used within Adult Social Services
- Audits of adult safeguarding include scrutiny of appropriate response and liaison with Children's Services when there are children involved
- Routine enquiry training for Health Visitors and Family Health Advisors
- Family Nurse Partnership (FNP) pilot's re-assessment and involvement of fathers, record-keeping and supervision
- Level 2 health child protection training includes the range of ways survivors and their children can be protected
- CAADA risk indicator check list introduced to Health Visitor teams
- Everyone that comes into A&E at the Whittington Hospital is to be asked, "Is anyone hurting you?"
- Whittington Hospital is picking up earlier DV in pregnancy and referrals are being made earlier
- DV awareness project run in schools
- ISCB forced marriage and honour based violence sub-group joined with Safer Islington Partnership (SIP) to form combined ISCB / SIP harmful traditional practices sub-group chaired by SIP DV co-ordinator for improved information sharing, joint working and transitions between Children's and Adult's Services

Children and young people affected by gang activity

The following are some of the key actions taken by member agencies to improve services for children affected by gang activity:

- Work undertaken by the Safer Islington Partnership (SIP) , Young People's Division and the Metropolitan Police has secured a significant reduction in serious youth violence, through:
 - ♦ The Bronze Group. This multi-agency partnership shares intelligence on geographic trends and reviews young people most at risk of perpetrating, or being a victim of, serious youth violence
 - ♦ The Gangs Prevention Team (GPT) works with young people, often in schools or youth provision. They have a partnership with the NIA Project, which provides support to young women affected by gangs
 - ♦ The Youth Engagement Team is a partnership of police and youth workers who respond to young people at risk. This may include home visiting, detached work in the community or responses to local intelligence
 - ♦ Foundation for Life (F4L) is a new programme providing support to young black men, who are disproportionately over-represented in the youth justice system. Reducing this over-representation is a key partnership priority
 - ♦ The mainstreaming of successful projects such as Triage in custody and the Family Intervention Project
- Children's Social Care created an adolescent risk management panel to deal with young people who pose a danger to themselves or others linking to the Bronze group
- Housing and Adult Social Services (HASS) have implemented a draft protocol to support families threatened by gang violence
- Mainstream youth work curriculum covers issues such as personal safety and making positive choices

Teenage parents

The following are some of the key actions taken by member agencies to improve services for teenage parents:

- Early Years Services has supported teenage parents to access nursery places.
- Children's Social Care strengthened its approach to working with fathers to ensure that they are included in assessments. They have developed a "Hit the Ground" crawling project which includes young fathers. A young fathers' worker has been commissioned from Coram. The worker is supporting young fathers and is working with services to improve identification and support of young fathers
- The Family Nurse Partnership (FNP) team continue to deliver the service to young parents. Referral pathways have been agreed between Targeted Youth Services (TYS), FNP and midwifery services
- Whittington Hospital's specialist midwifery team is in place to work with pregnant teenagers. There is close working with the FNP. The team provides ante natal and post natal clinics at PULSE (adolescent service) one day a week, which provides access to a Connexions worker
- Draft guidance has been developed for schools on supporting pregnant school aged teenagers and young mothers
- A statutory initial assessment by CSC is now undertaken for all pregnant women under the age of 16 and their unborn child
- A monthly operational forum including CSC, FNP and the Whittington teenage parents midwifery team reviews complex cases
- Young People's Division has secured additional funding from the "Young Parents to Be" programme to increase accredited educational support to young mothers. Inspire continues to provide educational and parenting support

Transitions between Children's & Adults' Services

The following are some of the key actions taken by member agencies to improve transitions between Children's & Adults' Services:

- Children's Social Care created a 16+ panel to deal with care leavers who fall below the threshold for adult services to provide multiagency packages of support whilst they develop to independence
- Camden & Islington Foundation Trust (mental health):
 - ♦ Meet with CAMHS services to monitor and support transition in mental health
 - ♦ Established a designated Islington associate director with CAMHS / transition lead
 - ♦ Joint Learning Disabilities / Mental Health partnership interface policy was agreed in April 2010 and launched in September 2010. This includes transition agreement
 - ♦ Aspergers' service developed locally with clear transition agreement for those under 18
 - ♦ Transition within early intervention service serves 14 to 32 year olds
- HASS has improved the assessment and accommodation available for homeless 16 and 17 year olds

3.2 Further priorities, not highlighted in the 2010/11 Business Plan, were also addressed:

Anti-bullying

As part of national anti-bullying week, in November 2010, Cambridge Education hosted an anti-bullying conference for Islington schools. Most of the 130 participants were students. The focus was on how to work collectively to stop bullying in schools and communities. There were presentations by adults, children and young people, alongside workshops covering a range of anti-bullying issues: sexual, racist, homophobic, disability and cyber bullying and restorative justice.

Hungerford Primary School presented their Playground Buddy Scheme which has succeeded in reducing bullying incidents in the school and created a happier learning / working environment. Pupils from Mount Carmel RC Technology College used artwork to deliver a presentation on sexual bullying, gender-based violence issues and the impact of domestic violence.

Participants worked on strategies they could implement to tackle bullying.

Mental health joint working protocol

In January 2011 the Mental Health Joint Working Protocol was launched. The protocol's objective is to improve the way Camden & Islington Foundation Trust (mental health) and Islington Children's Social Care (CSC) work together to improve outcomes for children and their parents.

The aims of the protocol are to: ensure professionals are clearly aware of their duty to work together to safeguard and promote the welfare of children; recognise the needs of adults as both mental health service users and as parents; acknowledge and understand the impact of mental illness on parenting and children; support family life and positive parenting; improve communication and joint and multi-disciplinary working across services and organisations; provide a non-stigmatising service that encourages social inclusion for all users; understand the role of young carers and recognise the impact of their caring role upon them.

The implementation and impact of this protocol is being monitored by Camden & Islington Foundation Trust (mental health) and CSC. An action plan has been developed to focus the Mental Health Trust Work.

Interagency protocol for working with children and families affected by parental substance misuse

This protocol was launched in November 2010. It was developed to enable services to fully implement the requirements of the National Drug Strategy and the recommendations of the Hidden Harm report.

The aims of the protocol are to: increase in number of parents with substance misuse problems accessing treatment and receiving family focused care; increase in number of families whose cases are jointly worked across children's social care and adult treatment; increase in number of children of drug or alcohol users receiving support; increase in timely removal of children not safely cared for at home; increase in professional competence across all sectors in identifying and responding to parental substance misuse; decrease in number of children looked after due to parental substance misuse; decrease in number of children with a child protection plan affected by parental substance misuse.

The multi-agency Hidden Harm Steering Group is monitoring the implementation of the protocol.

Private fostering

Islington's private fostering service reports to the ISCB every year. It is responsible for: safeguarding and promoting the welfare of privately fostered children; reducing the numbers of unknown private fostering arrangements. During the past year the service has: implemented a strategic work plan inline with the national minimum standards for private fostering and Ofsted's recommendations for good practice; regularly updated its communication strategy to raise awareness; conducted a pilot audit in 2 schools which identified 14 privately fostered children; in partnership with Children and Families Across Borders (CFAB) began auditing Islington schools to identify any unknown private fostering arrangements; worked with CFAB to develop a model of good practice to identify privately fostered, unaccompanied children and young people from overseas which involves

improving the work to identify and contact their parents, regulate their immigration status and explore the safety of their return home.

During 2008/9 Islington's private fostering service received 8 private fostering notifications. Of these, 5 were UK born children, 2 were from Africa and 1 from Asia. Three quarters of these children were aged 15 or younger. As a result of the specialist social worker for private fostering running an awareness raising campaign during 2009/10 the notifications increased to 16. Of these, 8 were UK born children, 5 African, and 1 each from Asia, Canada USA, Caribbean, Central and South America. Half the children were aged 15 or younger.

E-safety

ISCB's E-safety Sub-group promoted safer use of the internet among children and young people by encouraging and supporting agencies to organise activities on Safer Internet Day on the 9th of February 2011. The awareness day aimed to promote safer and more responsible use of online technology and mobile phones, especially amongst children and young people. It focussed on the online gaming world of virtual lives and social networking. Schools were particularly supported to hold events.

Home alone DVD

This project came out of discussions at ISCB as there is no government guidance stating a legal age when children can be left on their own. Barrie O'Shea, ISCB Member and Head Teacher of Duncombe Primary School, lead the work on this project. Its aim was to look at parents', children's and professionals' perceptions, concerns and fears of when it is safe to leave children home alone. Duncombe School produced a DVD involving pupils, staff members and parents in its production as well as local MP Jeremy Corbyn. The DVD was launched at the Houses of Parliament. The DVD is being used as a training tool to enable others to explore this issue.

4. Child protection data

This section presents some of the key measures and analysis relating to our child protection work.

Contacts / Referrals by source to Children's Social Care (CSC) – showing main referrers

Contact Source Type	Percentages
Education Establishment/School	11.2%
Extended Family/Household/Carer/Parent	4.0%
GP	1.1%
Health Visitor/District Nurse/Midwife	1.0%
Hospital	14.4%
Housing Department	3.0%
Other Health Authority Agents	1.9%
Other Individual	2.0%
Other Local Authority	5.8%
Other SW Staff (OT EDT HC Meals etc.)	2.1%
Police	35.4%

Number of children with Child Protection Plans

Month	Number with CPP	Population under 18 years	Number with CPP per 10,000 Islington under 18
Mar-09	132	33,743	53 SN (39)
Mar-10	132	33,743	33
Mar-11	112	33,743	33

Category of Abuse

Category	Mar-09	Mar-10	Mar-11
Emotional	58	46	43
Neglect	75	79	61
Physical	4	7	4
Sexual	1	0	0
Multiple Categories	1	0	0
Total	138	132	112

Age Range of children with child protection plans

Age Range	England % (Mar-09)	England % (Mar-10)	London % (Mar-09)	Mar-09 %	Mar-10 %	Mar 11 %
Unborn	2	2	1	1	0	2
Under 1	12	12	12	12	9	12
1 to 4	31	31	29	36	33	31
5 to 9	28	28	29	28	31	31
10 to 15	25	26	26	22	27	24
16+	2	2	1	1	0	0
Total %	100	100	100	100	100	100

Parental Characteristics of parents who have children with child protection plans

Contributory Factor	2008-09	2009-10	2010-11
Domestic Violence	166	151	159
Drugs	90	68	85
Alcohol	67	78	59
Adult Mental Health	67	84	88
Other	24	27	30
Child mental health	12	15	15
Disabled child	8	16	10
Learning difficulties	24	20	22
Sexual exploitation	1		3
Young parent under 18	15	10	16
Disabled adult	2	3	5
Suspected trafficking			3
Physical chastisement		17	10
Total	476	489	505

Attendance at Child Protection Conferences by professionals

April 2010 - March 2011						
Agency	Number of conferences	Invited	Attended	Provided reports	Did not attend or a provide report	% Attending or providing a report
Police	320	319	172	136	11	97%
Health Visitor	320	199	183	5	11	94%
School Health Adviser	320	164	119	27	18	89%
Paediatrician – hospital	320	23	15	1	7	70%
Paediatrician – community	320	4	4	0	0	100%
Midwife	320	9	4	2	3	67%
Other hospital clinician	320	2	1	0	1	50%
Education	320	219	189	11	19	91%
Probation	320	315*	9	6	300	N/A
GP	320	311	3	33	275	12%
CAMHS	320	20	13	0	7	65%
Other Mental Health	320	312*	30	4	278	N/A
Substance Misuse	320	26	22	3	1	96%
Voluntary	320	21	18	1	2	90%
Other	320	116	66	6	44	62%
Total	320	2060	848	235	977	53%

* These figures represent standard alerts sent to these agencies requesting them to check if the parent/carer is known to them. An invitation to attend a conference is then sent if the parent/carer is known to the agency.

Attendance by Families at child protection conferences

Family member	April 2010 - March 2011				
	Number of conferences	Conferences with children eligible for invitation to attend (12 or over)	Invited	Attended	% Attending
Mothers	320		307	227	74%
Fathers	320		224	122	54%
Extended family members or close friends	320			64	-
Children	320	58	24	6	25%

Numbers of Care proceedings issued

Date	Proceedings Issued	Number of children
April 2008-March 2009	33	45
April 2009-March 2010	56	81
April 2010 - March 2011	57	83

Analysis

- From 2009/10 to 2010/11 there was a 13% increase in contacts to CSC - highest number from police, followed by hospitals and education (*this relates to police Merlins work to co locate police with CSC will reduce this*)
- There was a decrease in contacts converting to referrals from 23% to 19% i.e. 4% (*could relate to high volume of police Merlins which are for information rather than referral*)
- From 2009/10 to 2010/11 there was an 8.5% decrease in referrals to CSC (*suggests that CAF is becoming embedded*)
- There was a 10.2% increase in the number of re-referrals between 2009/10 and 2010-11. The percentage of re-referrals has increased from 17.6% to 20.8% (*suggests that cases may be prematurely closed*)

- From 2009/10 to 2010/11 there was an 8% decrease in initial assessments by CSC (*suggests that CAF is more consistently in use and referrals are more appropriate*)
- The number of children per 10,000 with child protection plans has reduced from 58 at 31 March 2009 to 33 at 31 March 2011 (*this is likely to be reflected in the increase in care proceedings*)
- Reducing rate of section 47 enquiries with 27.4% fewer leading to Initial Child Protection Conferences compared to 2009-10 (*suggests that thresholds for starting child protection enquiries are becoming more appropriate*)
- Low number of repeat child protection plans comparable with SN – 14.5% for Islington and 13% for SN for 2009-10 (*good outcome suggests child protection plans are effective*)
- Increase - 60% of young parents whose children have child protection plans (*a higher profile of young parents in all agencies following serious case review findings*)
- Increase of 25% in parental drug use as a factor in child protection plans
- Recognition of trafficking within children who have child protection plans (*ongoing awareness raising has been effective*)
- Length of time with a child protection plan is low – the percentage of those ceasing to be the subject of a CP Plan in 2009-10 who had been the subject of a plan for two years or more was 2.9% for Islington and 8% for SN (*good outcome suggests child protection plans are effective*)
- Higher levels of mixed parentage children with plans at 31 March 2011 compared to local population. The % of children with plans who are black has reduced from 23% at 31 March 2010 to 11.5% at 31 March 2011 which is low compared to the local population (*not representative of local population but numbers are very low so not statistically significant*)
- There is a 2.5% increase in CLA when comparing number of 30/03/10 (316) to 31/03/11 (324) (*the evaluation of all newly looked after children confirms that the decisions are correct*)
- Overall decrease of 32% in CLA since 2004. (*suggests family support is keeping children out of care and that permanent solutions are being found*)
- The number of care proceedings are virtually the same for 2009-10 and 2010-11 (*suggests children are being protected appropriately as no concerns about thresholds expressed by courts*)
- GPs do not regularly attend Initial Child Protection Conferences or provide reports unlike other agencies. It should be noted that probation and mental health services are notified of all Initial Child Protection Conferences, but only attend or send a report if the parents are known to their service (*needs attention as GP have significant contributions to make*)
- Mothers attended 74% and fathers 54% of the Initial Child Protection Conferences they were invited to (*reinforces partnership working known to produce good outcomes*)

- DV is a consistent characteristic in families with children with plans, followed by mental health and substance misuse (*key indicators that place children at risk*)
- The predominant category of abuse is neglect, followed by emotional abuse (*this is a national finding*)
- Compared to 31 March 2010, the percentage of disabled children with CP Plans has decreased by 23% at 31 March 2011. This counts those children allocated to the Disabled Children's Team (*suggests early intervention by specialist services*)
- Compared to 31 March 2010 there has been a decrease of 19% in privately fostered children identified at 31 March 2011 (*we need to continue to raise awareness about private fostering*)
- 4% agency social work staffing (*indicates stable staff group*)
- Multi agency risk assessment committee (MARAC) considered 171 cases, 13 were repeats, an average success rate per month of 13.2 cases (*suggests that interventions are effective*)
- Compared to 2009/10, in 2010/11 there was a 5.1% reduction in serious youth violence (*diversion and early intervention is having an impact on reducing serious youth violence, and children and young people are safer as a result*)
- For the same period as above, there was a 1.2% increase in knife crime (*targeted interventions, diversion and early intervention is having an impact on reducing knife crime and children and young people are safer as a result*)
- 29% reduction in young people entering the criminal justice system (*targeted interventions, diversion and early intervention is having an impact on reducing offending and children and young people are safer as a result*)

5. Monitoring / evaluation / quality assurance

In order to drive continual improvement the Board is committed to undertaking a range of quality assurance activity to ensure that children and young people in Islington are safeguarded and their welfare promoted.

This year we have used a range of techniques to assure the quality of our services to complement the inspection regime of Ofsted and the Care Quality Commission (CQC).

We conducted a multiagency:

- Deep Dive of safeguarding focusing on education and economic wellbeing
- Peer Review of safeguarding led by Local Government Improvement and Development (LGID)

Ofsted also carried out a survey of Social Workers and third sector providers and inspected:

- Unannounced Inspection of Contact, Referral and Assessment
- Private Fostering

In addition our own quality assurance framework complemented this with audits of:

- The duty to safeguard and promote the welfare of children (Section 11, Children Act 2004)
- Care Proceedings
- Parental Mental Health

- Section 47 Enquiries

All audits and inspections resulted in action plans to further improve our safeguarding work. Compliance with these action plans is regularly monitored by the QA Sub-group.

5.1 The following summarises the outcomes:

Section 11

All Board members and wider partners e.g. Council department of Environment and Regeneration, completed an evaluation of their compliance with the safeguarding requirements of Section 11 of the Children Act 2004. This audit evaluated safeguarding across a wide range of standards from senior management commitment to safeguarding, the organisation having a clear line of accountability for safeguarding, effective interagency working, safe recruitment and service development being informed by the views of children and families. Agencies demonstrated compliance in all key areas. Progress on areas identified for further work is regularly updated by member agencies.

Care proceedings

This audit analysed 20 cases in current or recent child care proceedings to determine whether the recent increase in Islington's proceedings (and corresponding reduction in child protection plans) was appropriate. The audit was conducted by an independent person who ascertained that proceedings were necessary in most cases (17/20) in order to protect children from significant harm. He judged that cases were managed efficiently with legal proceedings used to achieve extended family solutions whilst cutting out drift. Of the 17 cases appropriately made the subject of orders, 12 resulted in plans that involved the children living with extended family members rather than in care provision.

Suggestions for achieving the same outcomes and reducing care proceedings included pursuing kinship based solutions through family group conferences, promoting child focussed assessments and reviews, promoting better co-working between the Children in Need (CiN) teams and the solicitors, and promoting closer integrated working between vulnerable adults and CiN workers.

Parental mental health – 2010/11

This audit focused on families allocated to Community Mental Health Teams (CMHT) and Children's Social Care (CSC). It was a repeat of the 2008/9 audit and 10 cases were audited. CMHT had made some improvements in the documentation of children's needs, wellbeing and safety. Improvements are needed to ensure that the needs of all children of adults allocated to CMHT are considered. All CSC files contained accurate evidence of the adult's mental illness and described how its impact on parenting. The impact on the child as a carer and identification of the impact of the caring role need improvement. Evidence of working together was demonstrated though more consistency is needed.

Section 47

The 2010 audit of 51 case records of children subject to child protection enquiries was a repeat audit of the 2009 audit of 45 case records. The 2009 audit was undertaken because of concerns that Islington Children's Social Care (CSC) was undertaking a significant number of s47 enquiries that did not progress to Initial Child Protection Conferences' significantly higher than neighbouring boroughs and statistical neighbours. The 2009 audit resulted in the implementation of an action plan to ensure a more consistent and appropriate application of thresholds.

The repeat audit sought to establish whether the correct threshold for Section 47 enquiries was being applied and whether the actions from the previous audit had been successful.

The repeat audit found that although there was a reduction in the numbers of s47s undertaken, and more enquiries resulted in initial child protection case conferences which indicate that thresholds were more appropriate; Islington's rate remained significantly higher than most other London boroughs.

The 2010 audit identified the following key issues: a quarter of cases did not meet the s47 threshold; the majority of physical abuse cases that did not meet the s47 threshold involved police making tentative enquiries to ascertain whether an offence had been committed, after which they closed the case; agencies not being consulted about the commencement of s47 enquiries; strategy meeting/discussion notes not being distributed.

As a result the following actions have been implemented: CSC staff have been reminded to refer to the London CP procedures threshold table; a flowchart has been circulated to CSC staff to assist with the process; CSC and CAIT staff have been reminded of the London Procedures information sharing duties; joint practice meetings between CSC and the police have been established.

Telephone survey

In October 2010 ISCB conducted a small telephone survey of staff from a range of agencies and posts. Agencies and staff were randomly chosen to get a mix of respondents. For example, Adult Social Services, children's centres, CAMHS, nurseries, police, probation, Children's Social Care, health centres, dentists, opticians and pharmacists. Schools were not included as they have recently undergone a similar survey. The purpose of the survey was to ascertain if staff had knowledge of / were able to locate their agency's child protection (CP) Policy, and if they knew what to do if they had concerns about a child or a member of staff.

Key findings were that most agencies were able to answer the questions appropriately; even if respondents did not know if they had a CP Policy or where to locate it, they were able to identify who to speak to within their agencies if they had concerns

Key areas for further work are to ensure that staff new to post received safeguarding / child protection training in their induction in the first week of coming into post; private / independent / small providers and those working with adults access safeguarding / child protection training; guidance on responding to harmful traditional practices and concerns about another member of staff are disseminated.

Child W

This multi-agency review was undertaken as a result of instructions from a judge who presided over the care proceedings for Child W. Child W formerly resided in Islington. The borough where Child W currently resides applied for a care order. The judge instructed Islington to review its decision-making in relation to Child W. This was a case spanning 12 years of CSC activity where care proceedings had been brought by Islington on 2 occasions with the court refusing to grant orders. Some very good practice was identified despite the refusal of the court to grant final orders to protect the child.

The following issues were identified: need for more in depth understanding of neglect; difficulty in working with non-compliant, threatening and violent families; importance of chronologies: support for Social Workers in court by a manager familiar with the case; senior CSC managers and legal services involvement in joint discussions on managing cases in the child's best interests where there is sustained non-compliance or aggression. Actions to address all these issues have been implemented through training and implemented by CSC operational, team and deputy team managers.

Ofsted survey of social work practitioners

From February to April 2010 Ofsted conducted a national survey of social work practitioners. Eighty-two Islington social workers responded. Compared to the national average Islington's response was very positive. The areas particularly noted for improvement in Islington and nationally are having sufficient time to work effectively with children and young people, and effective communication and information sharing between agencies.

The following are the key results of the survey:

QUESTION	ISLINGTON SOCIAL WORKERS %	NATIONAL AVERAGE %
Newly qualified Social Workers - My caseload has been protected sufficiently to allow me to undertake my responsibilities in relation to safeguarding children and young people	88	55
The training organised for me is relevant to my role in safeguarding children and young people	94	81
I feel I have sufficient time to work effectively with the children and young people who are on my workload	38	22
My line manager gives me appropriate support to safeguard children and young people by helping me to manage risks in my casework	87	78
I receive regular, dedicated time for supervision and review of my performance	73	73
The local authority is open to new ideas of how ways of working can be improved	56	37
I feel informed of the relevant issues raised in local serious case reviews and actions plans put in place	60	50
There is effective communication and information sharing between the local authority and other organisations who contribute to safeguarding	50	40
The local authority provides or commissions safeguarding services that meet the diverse needs of children and young people	74	49
Senior managers govern services for safeguarding children effectively	70	48

Repeat child protection plans (2009-10)

There was a small increase in repeat child protection plans which was analysed so see whether any findings could drive improvements.

Repeat plans for 19 children from 11 families were reviewed. In all but 1 family there was a long gap between plans. For 10 families the repeat plans occurred between 3 to 9 years. For 1 family there was a repeat plan in a year. In 2 cases there were failed attempts to obtain care orders. The repeat plan for 1 family of 4 children was the result of the family being transferred into Islington. The outcome was that in one case the plan ended too soon.

Peer review case file mapping group exercise

The peer review outlined below (5.2) included interagency mapping of case files. Multi-agency teams comprising a frontline social worker and frontline worker from a partner agency, for example, health, CAMHS, young people's division (YPD), Education and the voluntary sector audited 10 cases. The cases covered the following categories: domestic violence, drugs, alcohol, adult mental health and learning disabilities; cases which required a s47 enquiry but was not taken to an Initial Child protection Conference; cases of children aged 10-15 who were newly looked after; cases of children made the subject of a Child Protection (CP) Plan who had previously been subject to a CP Plan.

The following findings emerged: Interagency work that focused on outcomes for children and their families was prevalent in all cases; all children had plans that involved a multi agency network who were clear about who the lead professional was and their role; Children's Social Care and health records were of a good quality and reflected the child's plan; improvements were needed in schools' recording systems; staff in partner agencies reported changes in social work staff even though CSC have a stable workforce with only a handful of vacancies/agency staff at the time; professionals knew more about a case than what was written on their agencies records; the absence of these recordings did not affect outcomes for a child and family; there was a delay in ABE interviews being convened; there was no evidence of CAF; there was some duplication of assessments as each agency completed their own assessment in the format required of them.

The findings on the individual cases were shared with the professional network working with that child. The overall findings were shared with CSC teams and with senior managers in partner agencies so that lessons learned were cascaded to all agencies.

5.2 The following inspections / reviews were undertaken:

Local Government Improvement and Development Peer review of Safeguarding

In November 2010 the Local Government Improvement and Development Peer Review team conducted a Peer Review to look at whether safe outcomes for children and young people were being achieved across the Children's Partnership. They identified the following strengths: good strategic thinking with a strong vision of improvement and good political commitment to safeguarding, child protection and children looked after (CLA); operational management teams with experience, expertise; high quality teams of social work staff; excellent examples of multi-agency working; manageable case loads for Social Workers, leading to many positive outcomes; accessible and skilled Children's Social Care teams; good programme of audit and quality assurance; good quality and range of performance data; strong partnership working which contributed to a continued reduction in serious youth violence, a substantial reduction in children looked after and improved information flows for child protection.

Areas noted for further development included the following: lack of clarity and consistency in the use of the CAF, especially in schools; further embedding of safeguarding in schools; consideration of the impact of budget reductions and government policy changes on vulnerable children and families; working out how to maintain a high standard of performance monitoring in light of budget cuts; reviewing opportunities for reflective practice and quality assurance; more engagement of GPs in commissioning.

All suggestions for improvement are being addressed through action plans.

Deep Dive of safeguarding related to education and economic wellbeing

The aim of the Deep Dive was to provide us with an in depth review of the wider aspects of our safeguarding service. It took place in February 2011 and was conducted by Janet Mokades, ISCB's independent chair and former HMI with Ofsted. The service was judged to be good overall, with outstanding capacity to improve, though there was some variability across the spectrum from satisfactory to outstanding.

The following were the overall outcomes of the inspection:

- Integrated and partnership working has improved considerably, and there was evidence that this was effectively embedded in both culture and front line practice
- Partner agency files for the same individual children show consistency across them which indicates real progress
- We know who our children are, where they should be and what they should be doing

- It is not always clear from the written files where the children actually are or what they are actually doing
- Systems are strong and children are mostly safe
- Systems and programmes are not yet impacting strongly enough on outcomes. For example, Key Stage 4 outcomes for Children Looked After (CLA)

The following key strengths were identified: individuals interviewed are knowledgeable, aware, and thinking about improvements; data systems are very good and much improved, there is good read across between systems; good network of appropriate processes in place effectively supported by protocols; many aspects of SEN are strong, such as the exemplar work undertaken to review Short Breaks provision; outcomes for some care leavers are a significant strength; communication between services is good.

The following areas for improvement were identified: early intervention for vulnerable young people; embedding CAF; poorer outcomes for children leaving care who have greater needs, for example, those with learning difficulties; poor attendance at Pupil Referral Units (PRUs); low reintegration from students attending PRUs.

An action plan addressing all these areas has been implemented.

Private Fostering Service – Ofsted Inspection, February 2011

Ofsted's highlighted Private Fostering as an example of young people being effectively safeguarded through targeted services. The Private Fostering Service was rated as good with outstanding features. Ofsted stated that this service: is emerging as a national leader; has outstanding capacity to improve; has a positive impact on the lives of the children; great attention is given to the children's individual needs, including cultural identity and social integration. The children expressed feeling safe, saw their social workers regularly and found them helpful. An area identified for improvement is a timelier request for CRB checks. An action plan has been implemented to address this.

Children's Social Care (CSC) - Unannounced Ofsted inspection, November 2010

Ofsted Inspectors focussed on contact, referral and assessment arrangements and their impact on minimising child abuse and neglect. They found: services are as safe and secure as they can be; outstanding practice in the Referral and Advice Service and its engagement with the voluntary sector, approaches to children on the edge of care through the Adolescent Multi-Agency Support Service (AMASS) and services to children who are trafficked or privately fostered; good progress in areas for development from the last inspection, for example, implementation of CAF.

Seventeen areas where practice meets requirements were identified. These included: commitment to maintaining reasonable caseloads for social workers; strong performance culture leading to service improvements; children and young people in need of protection appropriately safeguarded through child protection processes; regular, thematic audits which identify specific areas for further investigation and analysis; children and young people including those with disabilities and their families receiving support including direct work

Areas identified for development included: improving the quality of referrals into CSC; avoiding the need for young people to be detained in police cells overnight; ensuring social workers record timescales set for actions in their plans with families and update records before they are closed.

All areas identified for development are being addressed through action plans.

Local Authority Designated Officer (LADO) annual report

Islington's Local Designated Officer (LADO) has management and oversight of individual cases where allegations are made against people who work with children. The majority of referrals are made regarding staff in educational settings, followed by foster carers. The majority of referrals are dealt with well within a one month timeframe.

All key ISCB member organisations have named Senior Officers to manage allegations in their organisations. Early Years have produced guidance and a referrals flow chart to assist in LADO referrals. Cambridge Education (CE) have disseminated guidance and CSC have a flow chart available to assist agencies.

Agencies who work closest with children, Education, Early Years, CSC have demonstrated an increased awareness and competence in managing referrals about allegations / concerns about staff. To ensure that each agency is adequately safeguarding children in cases where allegations are being made the LADO group has drawn up a work plan which includes training delivered by ISCB for officers who manage allegations.

The table below demonstrates an increase in LADO referrals since the guidance was issued in 2006.

2006/7	2007/8	2008/9	2009/10	2010/11
15	20	35	38	41

Child A – Serious Case Review

Ofsted judged the serious case review conducted in respect of Child A as Good.

The Executive summary has not been published as there are ongoing criminal proceedings.

The key learning points to emerge from the review were:

- Strengthening local procedures for implementing the Common Assessment Framework and lead professional arrangements to promote thorough assessment, appropriate sharing of information and effective multi-agency working
- Strengthening local agencies' understanding of thresholds for inter-agency discussion or referral. This includes circumstances where discussion or referral can be triggered by failure to make progress or achieve engagement
- Developing systems of auditing the quality and effectiveness of staff supervision across all the relevant agencies
- Seeking assurance from all agencies that assessments and work plans take proper account of issues of faith, culture and ethnicity
- Developing systems of auditing the work of relevant agencies to ensure that they are taking into account of the needs of fathers
- Verifying that systems in place are ensuring that records of children or young people coming to the notice of police (known as "Merlins") are appropriately risk assessed and shared with partner agencies

All areas identified for improvement were completed during the year.

6. Training and development

This year the Training Sub-group combined with LBI's Workforce Development Group to avoid overlap and provide a more integrated training programme. It became the Training and Professional Development Sub-group and is chaired by the Head of Workforce Development.

The work of the Sub-group has included the following:

- Development of a safeguarding training strategy and pathways which identifies which staff should attend which level of safeguarding training. Once approved by the Board the Sub-group will monitor its implementation by partner agencies
- Partner agencies have completed annual training returns to identify staff that have and have not attended safeguarding training and gaps in attendance. These returns are being evaluated
- Loughborough University was commissioned to evaluate the longer-term impact on practice of single and multi-agency safeguarding training. The research is currently being completed
- An introductory e-learning course has been disseminated amongst agencies for staff that need a basic awareness of safeguarding. It covers how to recognise and respond to abuse

For the second year, ISCB has produced the training programme in conjunction with other training providers within the borough. The “One Workforce” training brochure provides staff and volunteers with one multi-agency training brochure to refer to. Anyone that works / volunteers with children / families in Islington can attend ISCB training free of charge. The courses are at Levels 2 & 3. Integral to the training is the development of better communication and understanding between different agencies to improve safeguarding. Topics covered are those identified as needed by member agencies and course participants.

The following courses were offered: foundation course in safeguarding / child protection; engaging with adolescents; safeguarding / protection needs of disabled children; domestic violence and safeguarding / child protection; e-safety and online exploitation; faith communities – exploring different belief systems; gangs and safeguarding; mental health and safeguarding / child protection; named / designated child protection person – roles and responsibilities; neglect; obesity and safeguarding / child protection; updates on new guidance / procedures; serious case reviews – lessons learnt; women who sexually abuse; sexual exploitation of children; child trafficking.

7. Child Death Overview Panel Report

The Islington Child Death Overview Panel (ICDOP) met four times during the year. The meetings are multi-disciplinary and very well-attended.

Set out below are the summary results for the first three years of ICDOP:

	2008-2009	2009-2010	2010-2011
Total deaths	19	13	17
Male	15	7	9
Female	4	6	8
Age bands			
0-1 month	9	8	6
1-12 months	5	3	2
1-5 years	1	0	2
5-10 years	3	1	4
10-15 years	0	0	1
15-18 years	1	1	2

Categorisation of deaths	2008-2009	2009-2010	2010-2011
1 Deliberately inflicted injury, abuse or neglect	1	1	2
2 Suicide or deliberate self-inflicted harm	0	0	0
3 Trauma and other external factors	1	0	1
4 Malignancy	1	0	4
5 Acute medical or surgical condition	1	0	1
6 Chronic medical condition	3	1	2
7 Chromosomal, genetic and congenital anomalies	4	2	1
8 Perinatal / neonatal event	8	8	5
9 Infection	0	1	0
10 Sudden unexpected, unexplained death	0	0	0

The total numbers of deaths at 17 is similar to the preceding two years and the male: female ratio is approximately equal. There is the expected preponderance of neonatal death, and while there is a trend downwards the numbers are too small to draw any statistically significant conclusions.

Of the 17 deaths there is one that has not been in the categorisation of deaths as information is still being gathered.

The main difference in the categorisations is that there have been 4 deaths from childhood cancers. These were across the age range – 1 year 5 months, 4 years 9 months, 6 years 8 months and 17 years 10 months. Again, these numbers are too low to draw any statistically significant conclusions.

The two cases of 'deliberately inflicted injury, abuse or neglect' are currently the subject of a serious case review.

Four of the cases were classified as unexpected deaths as defined in Working Together, and a multi-agency rapid response was conducted in all cases.

8. Conclusion and evaluation

Our partnerships continue to be a great strength. We have collectively worked hard to meet our agreed priorities, made improvements in areas identified for development such as:

- Management of the transition between children's and adult services in part through the 16+ panel for care leavers who don't meet the threshold for adult services
- Supporting teenage parents through offering support to mothers and fathers
- Protecting children affected by domestic violence in part through delivering training and Implementing the Barnardos risk matrix in CSC
- Addressing the impact of race, culture, language and religion
- Strengthened our approach to working with fathers through including them in assessments; improving supervision processes

We have worked more closely with adult safeguarding and issued joint safer recruitment guidance. There have been some clear areas of impact such as reduced youth violence and safer recruitment in schools. External scrutiny by Ofsted has confirmed the effectiveness of our core processes. The Ofsted survey shows that staff satisfaction levels continue to be

high and so we continue to benefit from staffing stability. Our confidence is founded on the effectiveness of our staff that is our greatest strength.

Our other strengths include:

A reduction in child protection plans as a result of improved preventative work
Appropriate use of care proceedings to protect children and identify permanent solutions
Effective use of CP planning
Increasing use of CAF and TAF
Realistic caseloads for social workers
Robust systems to identify potential risks
Excellent support services, for example, parenting groups, family support
Good use of evidence-based interventions, for example, edge of care services, FNP

Our detailed quality assurance work shows slow but steady improvements in the way we communicate and work together. We will continue to investigate how things are being done and improve our arrangements where necessary. Areas for continued development include:

- Further embedding CAF and the Team Around the Family (TAF)
- Monitoring and evaluating supervision processes
- Safeguarding children affected by domestic violence
- Reducing the number of child protection enquiries
- Working with fathers
- Improving the transition to adult services for the wide range of young people affected
- Hearing the voices of children, young people and parents

We know that financial challenges ahead will test partnerships but we have kept abreast of the changes in all our agencies and their implications for safeguarding. We are proud of the progress we have made and will continue to focus on doing the basics well. We are confident that we will continue to work effectively together to increase the safety and wellbeing of Islington's children over the next year.

Appendix 1 – Training statistics

The ISCB training year runs from September to July so the statistics below cover the period from September 2010 to March 2011. Total attendance during this period was 384.

ISCB training is delivered in addition to safeguarding training delivered by individual agencies which their staff attend. The figures below are for attendance at multi-agency safeguarding training.

The following is the ISCB course attendance breakdown by organisation:

SECTOR

Statutory	254
Voluntary	104
Private	26

SERVICE AREA

Islington Council

Adult Services	7
CSC	56
Early years	32
Environment & Regeneration	6
Housing	7
Young People's Division	22

Education

Non-School Based	12
School Based	38
University/College	3

Health

Hospital	12
Mental health	2
NHS/PCT	59

Non Council

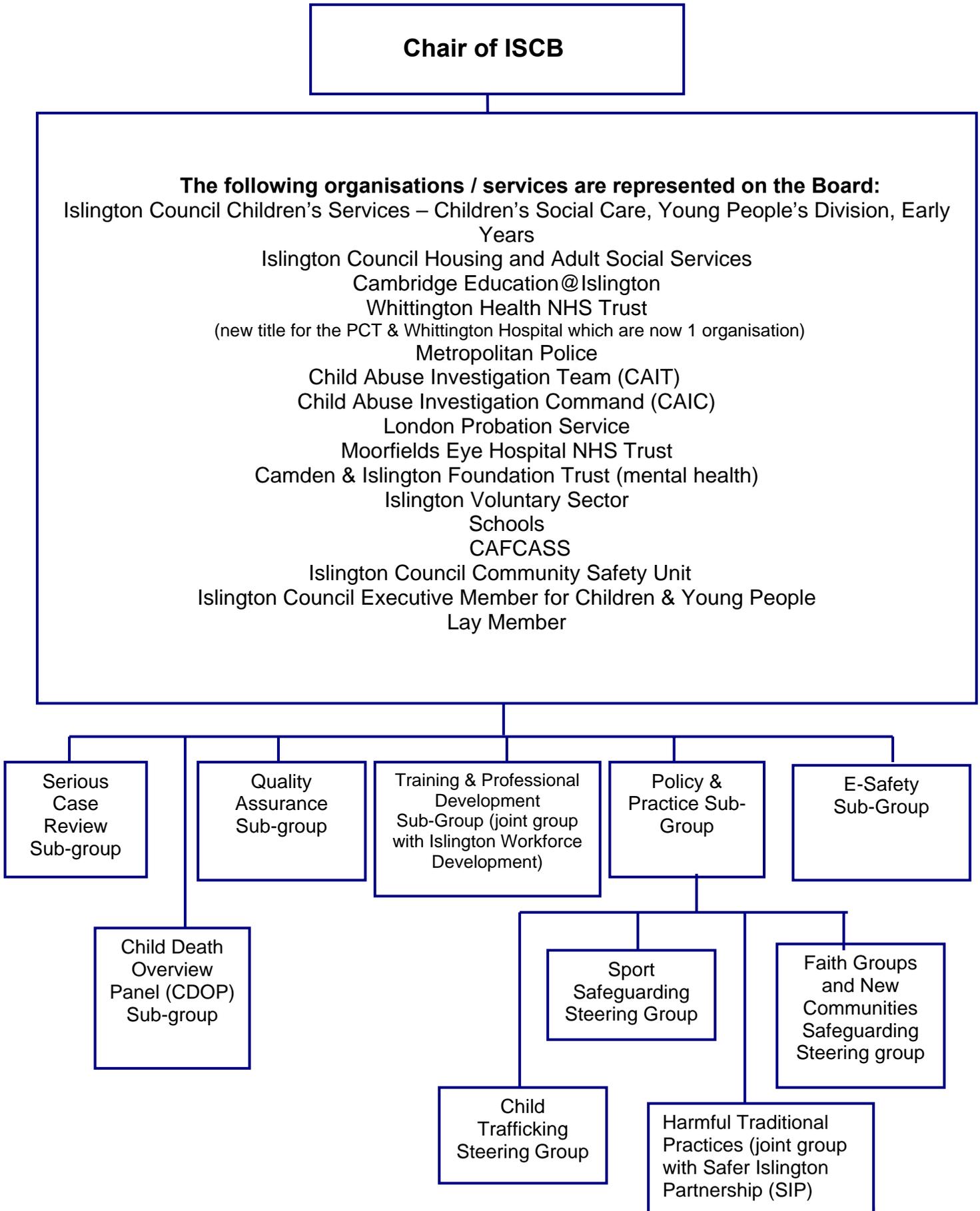
Adult Services	25
Children's Services	10
Early Years	41
Faith Group	2
Housing	9
Police	1
Probation	3
Sport and Leisure	1
Young People	33
Other	3

Appendix 2 – ISCB priorities 2011/12

In light of Government Spending Review and reductions in budgets to all partners, the following priorities have been identified for 2011/12:

- I. Ensure that we continue to work effectively together and address any gaps in service delivery that impact upon safeguarding vulnerable children and young people
- II. Continue to focus on:
 - i. Core business (child protection)
 - ii. Teenage parents
 - iii. Transition to adulthood
 - iv. Domestic violence
 - v. Young people at risk

Appendix 3 – Structure chart



Appendix 4 – Membership

NAME	ROLE /Working Together (WT)	TITLE	AGENCY	EMAIL
Bailey, Alva	Member Interface with crime and disorder reduction and Domestic Violence	Head of Community Safety	Islington Council	Alva.Bailey@islington.gov.uk
Blair, Cathy	Advisor	Director, Child Protection	Islington Council	Cathy.blair@islington.gov.uk
Buckell, Maggie	Required by WT	Deputy Director, Children's Services	NHS Islington (As of the 1 st April NHS Islington became Whittington Health NHS Trust)	Maggie.buckell@islingtonpct.nhs.uk
Chapman, Jane	Required by WT	Asst Director for Nursing, Designated Nurse CP	NHS Islington (As of the 1 st April NHS Islington became Whittington Health NHS Trust)	Jane.chapman@islingtonpct.nhs.uk
Drury, Jackie	Required by WT	Director	Camden & Islington Foundation Trust (mental health)	jackie.drury@candi.nhs.uk
Friedberg, Melissa	Observer	Board Manager Officer	Islington Safeguarding Children Board	Melissa.friedberg@islington.gov.uk
Gilby, Maria	Observer Minute Taker	ISCB Co-ordinator	Islington Safeguarding Children Board	Maria.gilby@islington.gov.uk
Henson, Richard	Required by WT	DCI, CAIC	Police	Richard.Henson@met.police.uk
Eden, Laura	Advisor Interface with QA	Operational Manager Safeguarding and Quality Assurance	Islington Council	Laura.eden@islington.gov.uk
Kerr, Adam	Required by WT	ACO Camden and Islington	London Probation	Adam.kerr@london.probation.gsi.gov.uk
Luckett, Tracy	Member Interface with Moorfields Trust	Deputy Director of Nursing	Moorfields Hospital	Tracy.luckett@moorfields.nhs.uk
McGrath, Gracia	Member Interface with Voluntary Sector	Chief Executive	Chance UK	ceo@chanceuk.com
McKeown, Anthony	Required by WT	DI, CAIT	Police	Anthony.G.McKeown@met.pnn.police.uk

Mokades, Janet	Required by WT	Independent Chair	Independent	Janet@janetmokades.co.uk
Norman Bruce, Ian	Required by WT	Head of Targeted Services	Cambridge Education @ Islington	ian.norman-bruce.camb-ed@islington.gov.uk
O'Shea, Barrie	Required by WT	Headteacher	Duncombe Primary School	success@duncombe.islington.sch.uk
Odling-Smee, Patrick	Required by WT	A D Housing and Adult Social Services	Islington Council	Patrick.odling-smee@islington.gov.uk
Ruddock, Alison	Advisor	Head of Early Years Service	Islington Council	Alison.ruddock@islington.gov.uk
Schooling, Eleanor	Required by WT	Director, Children's Services	Islington Council	Eleanor.schooling@islington.gov.uk
Scott, Bronagh	Member Interface with Whittington Trust	Director of Nursing and Clinical Development	Whittington Hospital (As of the 1 st April Whittington Hospital became Whittington Health NHS Trust)	Bronagh.scott@whittington.nhs.uk
Smith, Jean	Member Interface with Voluntary Sector	Manager	Palace for All	jean@palaceforall.org.uk
Stewart, Jeanie	Participant Observer	Head of Safeguarding	Housing and Adult Social Services	jeanie.stewart@islington.gov.uk
Watts, Richard Cllr	Required by WT Participant Observer	Executive Member for Children & Young People	Islington Council	Richard.watts@islington.gov.uk
Wheeler, Tony Dr.	Required by WT	Consultant Community Paediatrician	NHS Islington (As of the 1 st April NHS Islington became Whittington Health NHS Trust)	Tony.wheeler@islingtonpct.nhs.uk
Williamson, Terry	Member, interface with London Ambulance Service	Area Operations Manager	London Ambulance Service	Terry.Williamson@lond-amb.nhs.uk
Winterbone, Jane	Required by WT Representing Young People's Services, including YOS	Assistant Director, Young People	Islington Council	Jane.winterbone@islington.gov.uk
Wise, Mike	Required by WT	Borough Commander	Metropolitan Police	michael.wise@met.police.uk
Yilkan, Zafer	Required by WT	Service Manager	CAFCASS	Zafer.yilkan@cafcass.gov.uk

Appendix 5 – Attendance

Attended ✓ Did Not Attend x Apologies A Stepped Down / Left

Name	Title	Agency	18 th May 2010	6 th July 2010	28 th Sept 2010	16 th Nov 2010	25 th Jan 2011	15 th March 2011
Bailey, Alva	Head of Community Safety	Islington Council	A	A	✓	A	A	Anne Clark
Bingham, Sandra	Service Director	Camb-ed@islington	✓					
Buckell, Maggie	Associate Director, Children's Services	Islington NHS	✓	✓	Sue Morgan	✓	Sue Morgan	✓
Blair, Cathy	Director Child Protection	Islington Council	✓	✓	✓	✓	✓	✓
Cannon, John	DI, CAIT	Police	Not in post	✓				
Carroll, Jo	Lead Nurse Safeguarding Children	Whittington Hospital	✓	✓	✓	✓	✓	✓
Chambers, Andy	DI, CAIT	Police	✓					
Chapman, Jane	Asst Director for Nursing, Designated Nurse CP	Islington NHS	✓	✓	A	✓	✓	✓
Drury, Jackie	Director	Cam & Isl Foundation Trust (MH)	✓	✓	Oneal Thomas	Ken Wong	Ken Wong	Oneal Thomas
Eden, Laura	Operational Manager, Safeguarding & QA	Islington Council	Not in post	Not in post	Not in post	Not in post	✓	✓
Friedberg, Melissa	Training and Development Officer	Islington Safeguarding Children Board	✓	✓	✓	✓	✓	✓
Gilby, Maria	ISCB Coordinator	Islington Safeguarding Children Board	✓	✓	✓	✓	✓	✓
Harrington, Siobhan	Director of Nursing	Whittington Hospital	A					
Henson, Richard	Detective Chief Inspector	Police	✓	✓	A	A	A	A
Hillier, Barbara	Service Manager, Quality and Performance	Islington Council	✓	✓	✓	✓		
Kerr, Adam	ACO Camden and Islington	London Probation	A	✓	Mac Leckey	A	A	✓

Lockett, Tracy	Deputy Director of Nursing	Moorfields Hospital		√	√	√	√	√	√
Marshall, Steve	Chief Inspector, Partnership	Metropolitan Police		A	Donald Graham	Donald Graham	√	A	A
McGrath, Gracia	Chief Executive	Chance UK		A	√	A	Ross Adams	Ross Adams	Ross Adams
McGurrin, Linda	Divisional Manager Women's and Childrens Services	Whittington Hospital		x					
McKeown, Anthony	DI CAIT	Metropolitan Police		Not in post	Not in post	√	√	√	√
Mokades, Janet	Independent Chair	Independent		√	√	√	√	√	√
Norman-Bruce, Ian	Head of Targeted Services	Camb-ed@islington		√	√	√	√	A	√
O'Shea, Barrie	Headteacher	Duncombe Primary School		√	√	√	√	√	√
Odling-Smee, Patrick	AD Housing and Adult Social Services	Islington Council		√	A	A	√	√	√
Ruddock, Alison	Head of Early Years Service	Islington Council		x	√	√	A	A	√
Schooling, Eleanor	Director, Children's Services	Islington Council		√	√	√	√	A	√
Smith, Jean	Manager	Palace for All		√	√	√	√	√	√
Stewart, Jeanie	Safeguarding Adults Development Manager	Islington Council		Not on Board	Not on Board	√	√	√	A
Watts, Richard	Lead Member	Islington Council		√	√	A	√	√	√
Wheeler, Dr, Tony	Consultant Community Paediatrician	Islington Council		√	√	A	√	A	√
Williamson, Terry	Operational Manager	London Ambulance Service		Not on Board	Not on Board	Not on Board	Not on Board	√	A
Winterbone, Jane	Assistant Director, Young People	Islington Council		Lucinda Hibberd	√	√	√	A	√
Wise, Mike	Borough Commander	Borough Police		Not on Board	Not on Board	Not on Board	Not on Board	A	Claire Clark
Yilkan, Zafer	Service Manager	CAFCASS		√	√	√	√	A	A

Appendix 6 – Budget

Below is the multi-agency financial contribution by partner agencies and expenditures.

INCOME	
NHS Islington	£46,420
Metropolitan Police	£5,000
Probation	£3,000
Cambridge Education	£32,946
Children's Services	£109,918
CAFCASS	£550
TOTAL	£197,834

EXPENDITURE

	Description	Amount
Staff	Salaries	£128,575
	Staff training/conferences	£664
	CRB checks	£36
	Travel	£745
	TOTAL	£130,020
ISCB Courses	Hire of facilities	£14,216
	External trainers (including e-learning course)	£17,350
	Refreshments	£2,652
	Printing – information packs, leaflets, newsletter	£2,146
	Interpreter	£10
	TOTAL	£36,374
Board expenses	Independent chair	£18,000
	Serious Case Review	£10,875
	Board training & development	£97
	TOTAL	£28,972
Office expenses	Telephone Charges	£136
	Stationery	£693
	Publications/Periodicals	£251
	TOTAL	£1,080
	TOTAL	£196,446

(£1,388 transferred to 2011/12 budget)

Appendix 7 – Glossary of acronyms

ABE	Achieving Best Evidence
AMASS	Adolescent Multi-Agency Support Service
CAADA	Co-ordinated Action Against Domestic Abuse
CAF	Common Assessment Framework
CAFCASS	Child and Family Court Advisory Service
CAIT	Child Abuse Investigation Team
CAMHS	Child and Adolescent Mental Health Services
CE	Cambridge Education
CFAB	Children and Families across Borders
CiN	Children in Need
CLA	Children Looked After
CMHT	Community Mental Health Teams
CP	Child Protection
CPP	Child Protection Plan
CQC	Care Quality Commission
CRB	Criminal Reference Bureau
CSC	Children’s Social Care
CTB	Children’s Trust Board
DV	Domestic Violence
F4L	Foundation for Life
FGC	Family Group Conference
FIP	Family Intervention Project
FNP	Family Nurse Partnership
GPT	Gangs Prevention Team
HASS	Housing and Adult Social Services
ICDOP	Islington Child Death Overview Panel
ICS	Integrated Children’s System
ISCB	Islington Safeguarding Children Board
LADO	Local Authority Designated Officer
LBI	London Borough of Islington
LGID	Local Government Improvement and Development
LP	Lead Professional
LSCB	Local Safeguarding Children Board
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
Ofsted	Office for Standards in Education, Children’s Services and Skills
PRU	Pupil Referral Unit
SCR	Serious Case Review
SIP	Safer Islington Partnership
SN	Statistical Neighbour
TAF	Team Around the Family
TYS	Targeted Youth Services
YPD	Young People’s Division