



NOTICE OF MEETING

Scrutiny Review - Corporate Parenting

THURSDAY, 10TH MARCH, 2011 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD,
WOOD GREEN, N22 8LE..

MEMBERS: Councillors Alexander, Ejiofor (Chair), Gibson and Solomon

CO-OPTED MEMBERS: Ms. Y. Denny (church representative) and Ms. M. Jemide, Ms. S. Marsh and
MEMBERS: Ms. S. Young (parent governor representatives)

AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **URGENT BUSINESS**
3. **DECLARATIONS OF INTEREST**

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

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and/or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

4. **MINUTES (PAGES 1 - 10)**

To approve the minutes of the meetings of 18 January and 10 February 2011 (attached).

5. CORPORATE PARENTING STRATEGY/OFSTED INSPECTION (PAGES 11 - 74)

To consider;

- The draft Corporate Parenting strategy and action plan; and
- The outcomes of the recent OFSTED inspection on looked after children.

6. QUESTIONNAIRE ON THE ROLE OF COUNCILLORS (PAGES 75 - 78)

To consider the results of the questionnaire for Councillors on their role that was circulated as part of the review.

7. CONCLUSIONS AND RECOMMENDATIONS (PAGES 79 - 98)

To consider appropriate conclusions and recommendations for the review. A paper summarising the evidence considered in the course of the review is attached.

8. NEW ITEMS OF URGENT BUSINESS

Ken Pryor
Deputy Head of Local Democracy and Member
Services
5th Floor
River Park House
225 High Road
Wood Green
London N22 8HQ

Robert Mack
Principal Scrutiny Support Officer
Tel: 020 8489 2921
Fax: 020 8489 2660
Email: rob.mack@haringey.gov.uk

04 March 2011

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING
TUESDAY, 18 JANUARY 2011**

Councillors: Ejiofor (Chair), Gibson and Solomon

Co-opted Members: Ms. Y. Denny (church representative) and Ms. S. Young (parent governor)

LC6. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Alexander.

LC7. URGENT BUSINESS

None.

LC8. DECLARATIONS OF INTEREST

None.

LC9. MINUTES

AGREED:

That the minutes of the meetings of 5 October and 8 November 2010 be approved.

LC10. CORPORATE PARENTING

The Panel received evidence from Councillor Lorna Reith, the Cabinet Member for Children and Young People and Councillor Rachel Allison, the Opposition Spokesperson.

Councillor Reith stated that the Council's Corporate Parenting Advisory Committee looked in detail at services provided by the Children and Young People's Service (C&YPS) for looked after children and, in particular, relevant statistical information. This included the numbers of children in care, their age groups, feedback from visits and educational performance.

In terms of education performance, this was very good in comparison with children in care in other local authorities but still had not reached the standards achieved by children not in care. Many children in care now went to university. The Advisory Committee also had a role in listening to the views of children in care. Some had come to meetings of the Committee and engagement events had been held, sometimes hosted by Tottenham Hotspur. A Children in Care Council had also been set up and had now met twice.

An officer from the Council's Housing Support and Options team regularly attended the Committee. It also considered issues relating to the Council's two children's residential homes – Muswell House and Haringey Park. She felt that the Committee provided a good element of challenge to C&YPS. It was less able to address the wider corporate parenting agenda and the role of other Council services and partners. Services such as parks and leisure had a particular role as both providers of services and potential sources of work placements. However, economic circumstances were currently very challenging and it was now difficult to arrange things like apprenticeships.

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING
TUESDAY, 18 JANUARY 2011**

A lot of Council staff would be leaving shortly due to the budget cuts and one option that could be explored was to ask if any of them would be interested in becoming foster parents. The service was first and foremost looking for people who lived in the borough but this was not essential.

There was a specific officer in the leaving care team with responsibility for finding placements and opportunities at a wide range of organisations had been found. However, due to the junior status of the post, its influence could be limited. She felt that other parts of the Council had the potential to contribute more through, for instance, providing work placement opportunities. The Panel noted that one possibility would be to involve care leavers in the Haringey Guarantee scheme.

Papers from the Corporate Parenting Advisory Committee contained a wide range of statistical information and could be accessed via the Council's web site. She noted that the Overview and Scrutiny Committee had considered statistics on missing children but she felt that they did not tell the full story. For example, the figures did not state how long the absence had been or how often. It was necessary to record young people as missing if they had not come back for one evening and even if staff knew where they were. The issue was taken very seriously. If there was any suggestion that there whereabouts were unknown, the Police were informed. It was a complex area and statistics required a degree of interpretation and explanation. She agreed to provide a written commentary on this issue.

The practical needs of young people leaving care were addressed well. Housing support was particularly effective. Care leavers were in the highest priority band for housing. Young people could be accommodated in a wide range of accommodation including some that was semi independent. Care leavers all received a lump sum allowance to assist them with the transition. All young people received specific guidance on finance and budgeting. There was also input from health partners.

She had particular concerns about emotional support. Care leavers could become very vulnerable and loneliness was a big problem. Most young people were still living at home the age that young people left care. They therefore did not have the same support networks. Two young care leavers had died in the previous year. It was unclear whether these cases were suicide or neglect but care leavers were a high risk group. There were particular challenges in meeting the needs of young people who came into care as teenagers, such as those affected by the implications of the Southwark judgement. These young people could be very damaged.

A lot of work was undertaken on the issue of pregnancy. The dangers of becoming pregnant were explained. However, some young people who had no family wished to create one of their own. They also felt that having a child gave them status. This view point was common even amongst fostered children. They could become very lonely if the father of the child did not remain with them.

One option that could be explored was mentoring, which some other local authorities had set up. She had asked the Leaving Care Service to consider how emotional support could be improved and a report was being prepared for the Corporate Parenting Advisory Committee. Although peer support could be developed, some young people did not wish to be defined as being in care.

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING
TUESDAY, 18 JANUARY 2011**

There were good links with some services such as Housing and Adults. Other services had the potential to play a greater role as corporate parents. In reference to leisure, it was noted that if leisure passes were bought for children in care the cost of these came out of the budget for C&YPS. It was not always easy to track the progress of care leavers so that lessons could be learnt from successes as well as those who had encountered problems. It was more likely to be those who had been successful that kept in touch.

The fostering and adoption team had been split between those who dealt with existing carers and those responsible for recruiting new ones. Improvements had taken place since this had been implemented and further progress was anticipated. The Council now worked with five other authorities. Testing of the telephone response to enquiries from the service was welcome.

Councillor Allison felt that the current Cabinet Member had helped to improve services in a short space of time but there was still a particular need to focus on outcomes and improvements needed to be sustained.

She felt that there were two key groups of people that she felt that the Panel could benefit from hearing the views of;

- Parents of children in care; Children were taken into care for a variety of reasons, such as mental health issues. Some were of the view that their children had been wrongly taken into care.
- Guardian ad litem; These were appointed by the courts to speak on behalf of children and young people and to arbitrate. They were senior social workers with experience of the court system and were employed by the Children and Family Court Advisory and Support Service (CAFCASS).

She stated that feedback from family courts suggested that improvements needed to be made. In particular, there had been issues with the preparation of cases which had led to some cases being referred back to court several times. In addition, there had been an overspend of £1.5 million in legal costs. She had raised her concerns with the Director, who had given assurances about the situation.

Councillor Allison was concerned that some children might be being taken into care unnecessarily. Practical solutions could be found to help keep children out of care. It was much cheaper to support families than to sue the care system. She felt that families should not be split up unless absolutely necessary. She agreed to share information on the Council's performance as compared with statistical neighbours.

She felt that the recruitment of foster carers should be given to specialist organisations. People became foster carers for a range of reasons and this was not addressed sufficiently in recruitment advertisements. There were also delays in information being sent out to prospective carers. She felt that the Council should seek to recruit the best foster carers from private agencies. She was of the view that the recruitment panel could be made less intimidating. There were 12 professionals on it and many local authorities had smaller panels.

She stated that one of Haringey's children's homes had been judged as inadequate in an OFSTED inspection in 2009. Action had been taken to respond to the inspections

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING
TUESDAY, 18 JANUARY 2011**

recommendations. The home had recently been re-inspected and this had identified some areas from the earlier inspection that were still outstanding. She had raised concerns about the home on several occasions.

She also expressed concern that Red Gables, which was one of the main contact centres, was not being used as much as it should. Schools were sometimes being used and this was not appropriate. She felt that more suitable locations needed to be identified for supervised contact visits.

There was a very high turnover of staff in residential homes. One of the Council run homes was intended for assessment and children and young people were only supposed to stay for a few weeks. However, some were staying for up to 6 months. The other home was for medium to long term placements. She was of the view that the residential homes could be more assertive in retrieving children who had not returned when supposed to but this had staffing implications.

She felt that work experience was particularly important to young people. Even a few weeks could make a difference.

The Panel thanked Councillors Reith and Allison for their contribution.

LC11. DATES OF FUTURE MEETINGS

Ms Denny requested that future papers for the Panel be circulated to her in large print.

AGREED:

1. That a meeting of the Panel be arranged for Thursday 10 February at 10:00 a.m.
2. That the draft questionnaire for Members on their role be circulated to the Panel for comment and sent out to all Members.
3. That a copy of the report arising from the current OFSTED inspection be circulated to all Panel Members.
4. That CAFCASS be contact regarding the possibility of the Panel receiving evidence from Guardians.

**Cllr Joseph Ejiofor
Chair**

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING
THURSDAY, 10 FEBRUARY 2011**

Councillors: Ejiofor (Chair), Gibson and Solomon

Co-opted Member: Ms Y. Denny (Church representative)

LC12. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Alexander.

LC13. URGENT BUSINESS

None.

LC14. DECLARATIONS OF INTEREST

None.

LC15. MINUTES

Consideration of the minutes of the meeting of 18 January 2011 was deferred until the next meeting.

LC16. CORPORATE PARENTING

The Panel received evidence from the following:

Andy Briggs; Head of Sport and Leisure.
Chris Chalmers; Head of Service, Children in Care
Emma Cummergen; Senior Team Manager, Leaving Care and Asylum Team
Wendy Lobatto; Manager, Tavistock Haringey Service
Judy Mace; Haringey Designated Nurse for Children in Care, Bounds Green Health Centre

Mr Briggs reported that the Leisure Service was responsible for a wide range of facilities including parks and leisure centres. It was a universal service and did not target specific groups of individuals. However, there were specific arrangements for some groups at Tottenham Green Leisure Centre and children from residential care homes could obtain free access to the pool.

There were also partnership arrangements with Tottenham Hotspur who ran a number of schemes that specifically targeted children in care. There was also the Positive Futures scheme that was run by the Youth Service and aimed to get unemployed young people into sustainable employment. However, the future of this and some other schemes was currently in doubt due to budget cuts.

The service was aware of the fact that leisure opportunities were important to many disadvantaged groups. However, they did not want to stigmatise them by specific targeting. They instead preferred to, where appropriate, provide vouchers to partners

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING
THURSDAY, 10 FEBRUARY 2011**

that offered concessionary prices to specific groups of people. They could then also use facilities when they wished to.

There were reduced rates for the Haringey Active card offered to specific groups within the community. Discounts varied from 30% to 70%. Members of the Council had indicated that they were committed to continuing with this. The service promoted the use of its leisure centres but it was accepted that they could link up better with particularly disadvantaged groups within the community, such as children in care.

They had no specific schemes to assist with the career development of young people who wished to work in the leisure industry. However, they worked closely with the College of Haringey, Enfield and North East London who ran specific placement projects. They also provided work experience for local schools. There was a considerable need for lifeguards and a rookie lifeguard scheme for under 16s was provided. There were further opportunities that could possibly be investigated including increasing awareness amongst staff of the needs of children in care. It was noted that whilst there was information available on the health of adults, similar information on children was not available.

The Leisure Service did not have a volunteer programme. Qualified staff were required by the service and it was essential for their qualifications to be maintained. There was a casual pool of staff who filled in on an "as and when" basis. There was generally a low turnover of staff. Volunteers were, however, used in parks.

There were opportunities outside of leisure centres. Sports clubs required volunteers on a regular basis and could sponsor individuals who wished to gain coaching qualifications. The service could, however, look at what could be done to assist in terms of work placements.

Entitlement to concessionary rates for children in care who were fostered was dependent on the status of their foster carer. No leisure services were provided free – they were already heavily subsidised. For example, the economic cost of a swim was £7. The service cost the Council around £2 million per year. If a particular group of people started to gain free entry, there was the danger that it would set a precedent.

Ms Chalmers reported that foster carers received a generous weekly allowance that covered the full range of needs. Checks were made on how the allowance was being utilised. However, this could be more specific about levels of activity and sporting opportunities. It would nevertheless not be possible to ring fence any of the money for certain activities as allowances were subject to national parameters. In addition, around two thirds of foster carers lived outside of the borough. A lot of young people over the age of 16 were living independently and were short of money. Some had taken lifeguard training.

Mr Briggs reported that there were a number of leisure premises that could possibly be used as a venue for the virtual school if need be, for example Tottenham Green or Broadwater Farm. In addition, the libraries might also provide opportunities. It was agreed that he would meet with staff from the Children in Care team to discuss how sport could be better promoted and awareness increased amongst foster carers.

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING
THURSDAY, 10 FEBRUARY 2011**

Ms. Lobatto reported that her team was commissioned by the Children and Young People's Service and was based at Bounds Green Health Centre. The team was multi disciplinary and included a psychiatrist, a psychotherapist, a family therapist and psychologist. Referrals came from social workers and other professionals. Specific packages of care were developed for individuals. The service took children and young people who were based in or around Haringey. They were currently providing services for 135 children in care, which was 22% of the total. It was highly likely that children in care would have mental health needs as they all came from difficult family situations. A small number had a specific psychiatric condition. Others were upset, unhappy, traumatised or neglected. Although they might often feel that they did not want the service, they were referred as others were worried about them.

There were two different services that were provided by the Tavistock. There was the service that was provided locally for children who were being fostered and there was the service provided centrally that was open to children in care once they had been permanently placed. It was a misconception to suggest that children could not access the service until permanently placed but it was acknowledged that the current arrangement could cause confusion. There was no waiting list for the local service although the central clinic had one. The central clinic was a pan London service that required a referral from a GP. The two services were very different. If issues needed to be addressed urgently, the local service was available.

The service liaised closely with Barnet, Enfield and Haringey Mental Health Trust. They offered flexible services in a range of settings and endeavoured to make them as accessible as possible. For example, home visits could be undertaken or clinics used for consultations. The Bounds Green location had the benefit of being co-located with nurses so physical and emotional issues could be better linked.

There was no formal system for following up on people who had come through the system. There were close links with social workers so there was an awareness of how many young people progressed through the system. Long term outcomes were not known though. There were clear differences between childrens and adults services. The Leaving Care team might be in the best position to co-ordinate the monitoring of long term outcomes. If emotional issues were identified at a later stage, professionals would want to look at the earlier history of patients.

Ms Chalmers stated that, whilst evaluations were undertaken, following up on young people was a newer area. Quite a few young people moved out of the area although others returned. It was perhaps an issue that the service should think about.

Ms Mace reported that her service undertook a health assessment of children after four weeks in care. This was reviewed every six months until the child was 18. The service was offered first and foremost from Bounds Green but the nurses could visit if need be. If any needs were identified, these were followed up to ensure that children received the appropriate service. The system now allowed comparisons with the health of other children to be made and a tool had been developed that allowed a wider picture of health issues to be taken. This would be fully operational in a year.

Ms Chalmers reported they had had to wait until a third nurse was in place before starting to undertake health assessments. They were previously undertaken by GPs and the quality of them had been variable. Foster carers could also find it difficult to get appointments with GPs for children. The previous system had been a source of

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING
THURSDAY, 10 FEBRUARY 2011**

frustration to the service. Social workers and managers picked up on comments from assessments. There was now an electronic system for recording assessments and consideration was currently being given to uploading this directly onto case records.

Ms Mace stated that a performance management tool had been developed so that progress could be monitored. It will capture relevant data and be linked in with other systems. Two of the nurses were specially trained in sexual health issues and it was discussed in detail with young people. They also could provide chlamydia screening and contraception. In addition, a lot of targeted work was undertaken and schemes like Teens and Toddlers used. A similar approach was adopted in respect of substance abuse. Work covered motivation and risks. Nursing staff liaised closely with social workers. They did not undertake blood tests, which were required for HIV tests, as these had to be done by doctors. It was noted that there was complex guidance on HIV testing. Tests were not routine and depended on the circumstances.

Ms Wright reported that NHS Haringey commissioned services. They worked with the Council to determine what services were needed. The data that was being collected on health would be very valuable and help to drive commissioning. Feedback was obtained from C&YPS and other services. They also obtained feedback indirectly. She was happy to take back the issues raised on delays in getting treatment from the central Tavistock clinic.

Ms Cummergen stated that the Leaving Care team provided a range of services for young people over the age of 18 as well as pathway planning. They also undertook targeted work. A number of care leavers were young mothers. There was currently a sexual health clinic on site although it was not clear whether it would survive the current budget cuts. This had been asked for by the young people and could also be accessed by their partners. Chlamydia testing and condom distribution was carried out. Dedicated personal advisers were also available to assist. In terms of the teenage pregnancy, a range of resources were available on site including virtual babies. A number of young girls who were in care aspired to be mothers from an early age. The motivation for this included a wish to create a family and to provide a child with a better start than they had been given. The service tried to influence young women to make different choices. It was agreed that teenage pregnancy statistics would be shared with the Panel.

The service also supported a number of young fathers and assisted them in developing parenting skills. This could sometimes be difficult, especially where there were access issues. Efforts were made to keep young families together where at all possible. There were monthly targeted mother and toddler sessions and the partnership between nurses and families generally worked well. There was currently a dedicated post to address substance abuse but it was unlikely that this would survive the current round of budget savings. This did not mean that no service would be provided though as mainstream services could be accessed instead.

Members of the Panel felt that further consideration needed to be given to emotional support issues. In particular, they felt that the issue of waiting lists at the central Tavistock clinic was of concern and that it should be determined whether other providers had been considered. In addition, it was felt that the Director of C&YPS should be invited to meet with the Panel to obtain his views on some of the issues that had been raised so far as part of the review.

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING
THURSDAY, 10 FEBRUARY 2011**

The Panel thanked Mr. Briggs, Ms Mace, Ms Lobatto, Ms Wright, Ms Chalmers and Ms Cummergen for their kind assistance.

AGREED:

1. That teenage pregnancy statistics for children in care e shared with the Panel
2. That the Director of C&YPS be invited to meet with the Panel to discuss issues arising from the review.

LC17. VISIT TO STUDY CENTRE

The Chair reported on a visit that he and Councillor Solomon had undertaken to the Study Centre. He stated that he had been impressed with the dedication shown by the young people in attending the centre as many had come a long way. The centre was also not very accessible. The young people felt that the centre had helped them to improve their performance and all of them were keen to attend.

**Clr Joseph Ejiofor
Chair**

This page is intentionally left blank



Haringey Council

Haringey Council

Corporate Parenting Strategy

Lead Directorate: Children and Young People's Services

DRAFT

Directorate**Document control****Needs completing**

| | | |
|--|--|--|
| Version 0.1 | Status <i>Draft 3 - 28 February 2011</i> | Author <i>Patricia Walker, Principal Policy Officer, Corporate Policy and Performance, Chief Executive's Service</i> |
| Document Objectives: | | |
| Intended Recipients: Any staff working with children in care | | |
| Monitoring Arrangements: The Corporate Parenting Advisory Committee will monitor the strategy and action plan. | | |
| Training/Resource Implications: | | |
| Approving Body and Date Approved Corporate Parenting Advisory Committee Council Cabinet | | <i>Authority to Vary Month 20XX</i> |
| Date of Issue | | <i>Month 20XX</i> |
| Scheduled Review Date One year after date approved or following and major legislative changes. | | <i>Month 20XX</i> |
| Lead Officer: Debbie Haith, Deputy Director Children and Families | | |
| Path and file name \\boh\boh-shared-data\st\st\pp&c\srvf\allf\corporate policy\corporate parenting\policy document\110203 corporate parenting strategy.doc | | |

Version History

| Version | Change/Reasons for Change | Date |
|----------------|---|------------------|
| V0.1 | <i>Initial draft</i> | <i>12/12/10</i> |
| V0.1.1 | <i>Draft 2 – following initial feedback from CYPS</i> | <i>21/12/10</i> |
| V0.1.3 | <i>Draft 3 – following Corporate Parenting Advisory Committee</i> | <i>28/2/2011</i> |
| V0.2 | <i>Final draft</i> | |
| V1.0 | <i>Final</i> | |

Approval history

| Version | Approving body | Date |
|----------------|---|-------------|
| V0.2 | <i>Internal Management Team</i> | |
| V0.2 | <i>Corporate Parenting Advisory Committee</i> | |
| V0.2 | <i>Children's Trust</i> | |
| | <i>Cabinet</i> | |

Contents

| | Page |
|--|-----------|
| 1. Introduction | 5 |
| 1.1 Why corporate parenting is important..... | 5 |
| 2. Definition..... | 6 |
| 3. Scope | 6 |
| 4. Aim | 7 |
| 5. Defining our outcomes | 7 |
| 5.1 Involving children and young people | 7 |
| 5.2 What looked after children and young people want | 8 |
| 5.3 Outcomes | 8 |
| 5.4 Priorities for all children and young people in Haringey | 9 |
| 6. Principles | 9 |
| 7. Roles and responsibilities | 10 |
| 7.1 The role of Councillors..... | 10 |
| 7.2 The role of council officers..... | 11 |
| 8. The legal context | 12 |
| 9. Equalities and diversity | 13 |
| 10. Implementation..... | 13 |
| 10.1 Governance arrangements..... | 13 |
| 10.2 Officer arrangements..... | 14 |
| 10.3 Monitor..... | 14 |
| 10.4 Training..... | 15 |
| 10.5 Review..... | 15 |
| 11. Appendices | 16 |
| Appendix 1: Guidance and resources | 16 |

1. Introduction

The concept of "corporate parenting" was introduced with the launch of the *Quality Protects* programme in 1998. The principle is that the local authority is the parent of any child in their care, and thus has a legal and moral duty to provide the kind of support that any good parents would provide for their own children. This includes enhancing children's quality of life as well as simply keeping them safe (House of Commons Children, Schools and Family Committee March 2009).

This Corporate Parenting Strategy shows Haringey Council's commitment to ensuring that every child and young person in our care has a right to achieve the outcomes we want for every child. We want the children and young people in our care to grow up as happy and successful as possible.

The strategy will be accompanied by an action plan to guide implementation, which requires the active engagement of all staff and of elected members.

1.1 Why corporate parenting is important

The circumstances and experiences of children and young people who are in care mean that they can be subject to many disadvantages. Since the 1980s research has shown that these young people have significantly different outcomes from their peers. The most recently published national statistics show that, despite recent improvement, at September 2009:

- on average 58 per cent of looked after children in the appropriate age group achieved level 2 at Key Stage 1 and 51 per cent achieved level 4 at Key Stage 2. The comparable percentages for all children were 85 per cent and 82 per cent respectively;
- 15 per cent of children looked after continuously for at least twelve months obtained at least 5 GCSEs or GNVQs at grades A*- C compared with 70 per cent of all children;
- 9 per cent of looked after children aged 10 or over, were cautioned or convicted for an offence during the year, two and a half times the rate for all children of this age.

Poor outcomes can be due to circumstances before the young person came in to care, such as irregular school attendance, or circumstances while in care such as placement instability. In addition more recent research is showing evidence that exposure to high levels of parental stress, neglect or abuse can have a severe effect on brain development. There are clear gaps between the development of children who face such stresses and those being brought up in less stressful households, gaps which continue through life. Many children in care will have experienced such circumstances.

So children and young people in care or looked after need champions to ensure they are given opportunities to help them overcome such disadvantages and to achieve to their maximum potential. They have a right to expect the outcomes we want for every child in Haringey, that they will:

- be healthy

- be safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

They need people to promote and encourage these outcomes on their behalf in the way that all good parents would.

2. Definition

The responsibility of local authorities in improving outcomes and actively promoting the life chances of children they look after has become known as 'corporate parenting' in recognition that the task must be shared by the whole local authority and partner agencies. The role of the corporate parent is to act as the best possible parent for each child they look after and to advocate on his/her behalf to secure the best possible outcomes.¹

In our [Children and Young People's Plan](#) the Council and its partners in the Haringey Children's Trust state that we have a special responsibility for our children in care:

We have to act as parents. Together we need to ensure that our looked after children attend school and are supported to do well; that they get regular health checks; that they make friends and have a social life and that they are helped to prepare for living independently. Above all our responsibility is to listen to them.

3. Scope

There were 600 children and young people in care at the end of 2010. This strategy applies to all the children and young people in the care of Haringey Council.

It also applies to young people aged 16-21 (or 24 in certain circumstances) who have been in care and meet the criteria to be an eligible, relevant or qualifying young person for support or assistance after leaving care. Current definitions of these terms are in the [Children's Social Care Procedures Manual](#).

We recognise that many agencies in the borough have a role in safeguarding and promoting the welfare of children and therefore contribute to the well being of children in care or young people who have been in care.

¹ The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review Mach 2010

4. Aim

Haringey's Children and Young People's Plan 2009 –2020, developed by the Children's Trust, has adopted the following vision for all children and young people locally:

We want every child and young person to be happy, healthy, safe and confident about the future.

This strategy works to put that vision in place for the children and young people for whom we are the corporate parents. It aims to ensure that:

- Young people in care can access the local services when they need them, and their experience is of the highest quality.
- Officers across the council know who to talk to, feel comfortable working together, share information and are jointly accountable for their work with young people in care.

5. Defining our outcomes

5.1 Involving children and young people

In Haringey we take seriously what looked after children and young people themselves expect from us. We will work to ensure that the issues identified as crucial by young people themselves² are met. All young people must be consulted about plans made for them, and their reviews, in ways appropriate for the individual young person.

We use a variety of measures to consult with our young people in care overall about their experiences of, and views on, being in care. This includes:

- The Director of the Children and Young People's Service meets young people in care every six weeks;
- Quarterly meetings for young people in the leaving care and asylum service;
- Stocktake – an annual evaluation³ of services by young people in care;
- The Boys Group, for primary school age boys;
- Young Advisors – young people who provide a consultancy service for professionals;
- Youth Mark Assessors who will assess and evaluate how well organisations provide services;
- Involving them in staff recruitment, the commissioning process for services and tendering for semi-independent housing;
- Training young people for regulation 33 inspections;
- Involvement in Total Respect training.

² [Celebrating success: what helps looked after children succeed](#) SWIA Jun 2006

³ [Children in Care Stocktake](#) June 12th 2010 report to Corporate Parenting Group July 2010

The Council is also setting up a Children in Care Council. A report on the proposals was submitted to the Corporate Parenting Advisory Committee in November 2010. The report noted that initial meetings had taken place with young people in care who were suggesting that the forum should be called the Young and in Care Council (YCC). They have also proposed that YCC should have two sub groups, one for children under 12 and another for older children aged 13 and above, and a representative for the national forum.

5.2 What looked after children and young people want

We know from national studies that children in care want:

- to have more people that genuinely care about them;
- increased stability and consistency;
- more encouragement, support and opportunity for greater participation;
- social workers to spend time with them and act in their interests;
- social workers and others to take decisive action where their needs are not being met;
- increased support for them in their education;
- good support for those leaving care and becoming independent;
- more positive attitudes towards them.

From the stock take activity in July 2010 we know that locally:

- the majority of younger children felt safe in care but the opposite was the case for older children;
- 25% of younger children thought that help with their education was poor and 40% that help in finding good jobs in the future was poor;
- 78% of the teenagers thought that help with education and getting good jobs was poor or very poor;
- 60% of younger children said they enjoyed good activities and leisure time, but 22% had very negative responses and 64% of older children rated these experiences as poor;
- both groups said they would prefer their social worker to visit monthly;
- both groups had little confidence in their views being listened to.

A full summary of the results is included in the ¹ [Children in Care Stocktake](#) report to the Corporate Parenting Group in July 2010.

5.3 Outcomes

Effective corporate parenting results in the following outcomes for looked after children and young people:

1. Improved care (including quality and stability of placements)

- when children are well matched to the best placement for them and supported in those placements based on care plans that are regularly reviewed are positively assessed externally by Ofsted
- children and young people are cared for by staff or carers who are safely recruited, trained, supervised and managed to deliver the highest quality of care

2. Improved health - because children and young people have regular health assessments and their health needs are responded to quickly and

effectively

- 3. Improved emotional well-being** - children and young people are supported to improve their emotional well being, increase self esteem and confidence so that they can contribute and make positive contributions that mean they influence the development of services and policies / plans that impact on them now and in the future
- 4. Improved educational outcomes** – in that children and young people reach their potential, with support and additional help when needed
- 5. Increased opportunities to enjoy themselves** - Looked after children have access to the same range of social activities, places to go and things to do, that are available to all young people
- 6. Children and young people are supported in planning for their future** - they are engaged in education, employment and training opportunities that will support them in achieving future economic well being and success

5.4 Key outcomes for all children and young people in Haringey

In February 2011 partners in the Children's Trust agreed the following three key outcomes for Haringey's Children and Young People's Plan in 2011/12:

- ensuring children are safeguarded
- reducing inequalities among children and young people in Haringey
- maximising life opportunities for children and young people.

Priorities in the Corporate Parenting Strategy are derived from these overall outcomes that we aspire to for all children and young in Haringey.

6. Principles

All partners in Haringey's Children's Trust have adopted the [London Pledge](#). The Pledge aims to ensure that children and young people in care across London have equal access to the same range of key services and support wherever they live, go to school or access employment or training opportunities in London. The London Pledge is a commitment from all Children's Trusts and their partners to all children and young people in care and leaving care. This pledge has been developed in partnership with young people, Lead Members for Children's Services and partners from the Community and Voluntary Sector.

Principles

1. We will only promise you things that we know we can do.
2. We will care for you as an individual person with your own specific needs which we will plan to meet.
3. You will have the opportunity to talk to your social worker alone every time he/she visits you.
4. We will always involve you in the decisions we take for you and we will respect

your right to make choices about your life.

5. We aim to be the best as parents and to make your experience of being looked after a positive one.
6. We want you to be healthy, safe, have fun and gain achievements for yourself. We want you have stability in your life, to make a positive contribution to your community and to leave care able to make your way successfully in life. We will support you to achieve all this.
7. We will have expectations of you as well and we will make these clear to you.
8. We will listen to you as individuals and as a group and we want you to tell us when you meet us whether we are keeping our promises.
9. We will take account of your particular needs, especially those relating to disability, race, culture, religion and sexuality. We will take account of anything that is leading to you being treated unfairly and will give you support to overcome it, including anyone treating you unfairly because you are in care.
10. We will ensure you receive your full set of rights, as set out in relevant legislation, regulations and guidance and the UN Convention on the Rights of the Child.
11. We will also ensure you receive your London Pledge entitlements, wherever you live. Any failure on the part of councils and their Children's Trust partners to deliver this will be promptly resolved.

7. Roles and responsibilities

7.1 The role of Councillors

Under the 2004 Children Act and accompanying statutory guidance⁴ the Cabinet Member for Children's Services has the lead political role in ensuring that children looked after by the local authority have:

- their interests protected,
- their opportunities maximised,
- their educational achievement enhanced,
- their voices heard, and
- care services shaped to meet their needs.

However the guidance also states that all members of the local authority have a shared responsibility for corporate parenting.. Councillors do not have to be social care experts to help children who are in care or looked after. They need to make it their business to find out who and where these children are and to make sure the council is doing its very best to help them. The role of the Corporate Parent is to ensure for children in public care the outcomes that every good parent would want for their own children. Councillors have a right

⁴ [The Roles and Responsibilities of the Lead Member for Children's Services and the Director of Children's Services](#)

and a duty to question practice. Councillors who do not have a direct role with children can still exercise this responsibility and promote the interests of children in care through their involvement with other council services, their ward work or external roles such as being a school governor.

In 2003 the DfES (DCSF as was) published *'If this were my child: A councillor's guide to being a good corporate parent'*. This guide emphasised the role of councillors as:

If this were your child... you would want to know they were well looked after, making progress at school, getting good health care and being given the chance to pursue hobbies and interests.

If this were your child... as they grew older, you would want to know that they were being encouraged to become independent, with support if they needed it, that they were well linked in to the community and that opportunities for further education, training and jobs were opening up to them.

Haringey has a Corporate Parenting Advisory Committee (CPAC), which brings together members from across the political spectrum to focus on the corporate parenting role. It is supported by officers from the Housing Service, Health service and Children and Young People Service. The CPAC is responsible for the Council's corporate parenting role and for those children and young people who are in care. It will oversee the implementation of this strategy and the action plan. Further information on the CPAC is given in the section on implementation and governance arrangements below.

7.2 The role of council officers

All officers in the Council (and Children's Trust) are corporate parents.

a) Children and Young People's services (CYPS)

- Under the Children Act 2004 the Director of Children's Services also has a statutory role.
- CYPS officers have additional responsibilities as they directly manage the case work and support for looked after children and young people, and care leavers.
- The Deputy Director for Children and Families has direct responsibility for corporate parenting and making sure that it does happen.
- Other officers who have regular interaction with the children and young people and are likely to hear their views on the care and services they are receiving have a responsibility to ensure that these are reported to the Corporate Parenting Advisory Committee so any concerns, issues or trends can be identified and acted on.
- Schools need to ensure that they know exactly which children and young people are looked after and be aware that they have particular responsibilities to all looked after children and young people, including those looked after at home.

b) Housing services

Officers working in housing services have additional responsibilities to looked after young people and care leavers. They must ensure:

- effective joint working arrangements with clear procedures and resolution mechanisms
- that support for independent living includes awareness amongst young people of their responsibilities to the community within which they live, and the potential consequences of their actions.

This will be demonstrated when looked after children and young people or care leavers find somewhere suitable to live and manage to sustain it.

c) Leisure and recreation services

As corporate parents, councils should encourage looked after children and young people and care leavers to take up hobbies and interests and to make sure that culture and leisure services are accessible to them, including those children with disabilities. Services must ensure that looked after young people and care leavers have access to and are integrated into local youth activities and achieve the same or similar goals and achievements as other children and young people.

8. The legal context

[United Nations Convention on the Rights of the Child](#)

Built on varied legal systems and cultural traditions, the Convention is a universally agreed set of non-negotiable standards and obligations. These basic standards—also called human rights—set minimum entitlements and freedoms that should be respected by governments.

[The Children Act 1989](#) is the key piece of legislation with respect to corporate parenting and sets out the duties of local authorities in relation to children looked after by them. Section 27 of the Act places a duty on Housing, Education and Health Authorities to assist Social Services to fulfil their functions under the Act, and this includes assisting with the corporate parenting function.

[The Children \(Leaving Care\) Act 2000](#) set the agenda and duties of local authorities towards young people who have been looked after in bridging the gap between these young people and their peers.

[The Children Act 2004](#) provides a legislative spine for the wider strategy for improving children's lives. The Children Act 2004 places a new duty on local authorities to promote the educational achievement of looked after children.

[Children and Young Persons Act 2008](#) reforms the statutory framework for the care system to ensure that children and young people receive high-quality care and support and to drive improvements in the delivery of services focused on the needs of the child.

[The Roles and Responsibilities of the Lead Member for Children's Services and the Director of Children's Services](#). DCSF 2009 (statutory guidance issued under sections 18[7] and 19[2] of Children Act 2004)

[The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement Case Review March 2010](#)

This guidance sets out the functions and responsibilities of local authorities and partner agencies under Part 3 of the Children Act 1989. In particular it describes how local authorities should carry out their responsibilities in relation to care planning, placement and case review for looked after children. These responsibilities are designed to support the local authority in its primary duty set out in section 22(3) of the 1989 Act to safeguard and promote the welfare of looked after children and act as good corporate parents.

9. Equalities and diversity

In order to evidence that the needs of **all** local looked after children and young people are met the following should be recorded:

- All equalities strands should be considered throughout assessments and when services are being provided (disability, HIV/AIDS, gender, race, nationality, religion, sexuality)
- The communication and language needs of looked after children and young people and their carers should always be considered e.g. there may be need for an interpreter or written material in an alternate format or a language other than English.
- Arrangements should be made for advocates, interpreters, relatives or friends, to assist a looked after child or young person where necessary.

10. Implementation

10.1 Governance arrangements

The responsibility for overseeing the implementation of this strategy lies with Haringey's Corporate Parenting Advisory Committee which was established in April 2009. The Committee reports to the Cabinet and full Council. It is chaired by the Cabinet Member for Children and Young People and has three other Members of the Majority Group and three Members of the Minority Group.

The terms of reference originally agreed by Cabinet and then reconfirmed by the Council's Cabinet in June 2010 are as follows:

- To be responsible for the Council's role as Corporate parent for those children and young people who are in care
- To ensure the views of children in care are heard
- To seek to ensure that the life chances of children in care are maximised in terms of health, educational attainment and access to training and employment to aid the transition to a secure and fulfilling adulthood
- To ensure that the voice and needs of disabled children are identified and provided for

- To provide an advocacy function within the Children's Trust and the Council on behalf of children in care
- To monitor the quality of care provided by the council to Children in Care
- To ensure that children leaving care have sustainable arrangements for their future wellbeing

Twice a year the Corporate Parenting Advisory Committee meets with the Children in Care Council to ensure members are aware of the views of young people on the progress of corporate parenting in Haringey.

10.2 Officer arrangements

There is an interagency officer corporate steering group which is responsible for the development of services to secure the best outcomes for children and young people looked after. This group will take forward the corporate parenting strategy and action plan and can be commissioned to undertake particular pieces of work.

10.3 Monitor

The [Children and Young People's Plan](#) and [Safeguarding and Children Looked After Children Action Plan](#) include the key activities to ensure that this policy is implemented. We will audit and monitor performance of our activities to ensure that we are fulfilling our role as corporate parents and achieving the outcomes set out in section 5.

We will monitor that all looked after children have:

- An allocated social worker
- Statutory reviews at least as often as specified in the Children Act 1989 regulations, or more often if needed
- A care plan
- A placement plan
- A personal educational plan (for all 5 -16 year olds)
- Specific educational monitoring and support via the virtual school for looked after children
- Regular health assessments and reviews
- Free accommodation whilst they are in full time higher education
- Free access to leisure facilities
- The right to an independent advocacy service
- The right to know how to make complaints and to have their complaints investigated, with feedback
- Their views taken into account

We will monitor that all children leaving care have:

- a pathway plan and personal advisor if they are aged 16 or over and meet the eligible, relevant or qualifying criteria, see section 3 above
- if they are not eligible they should be assessed as a child in need and a plan drawn up to identify the support and services which will be needed by them and their family to ensure that the return home is successful

We will consider:

- the looked after children service plan
- the annual reviews of the statement of purpose and overview report of Haringey children's homes, the fostering service and the adoption service
- the annual report of the looked after children review service
- the overview of complaints relating to looked after children and young people and care leavers

10.4 Training

All relevant officers will be made aware of their corporate parenting responsibilities through generic and specific training.

10.5 Review

This strategy will be reviewed **annually**, or sooner if new legislation, codes of practice or national standards are introduced.

11. Appendices

Appendix 1: Guidance and resources

[The Who Cares trust website](#). Gives an insight into what life in care is like and what the issues are for children in care.

[Having Corporate Parents](#): A report of children's views by the Children's Rights Director for England. Ofsted 2011

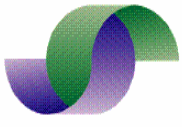
[If This Were My Child](#): a Councillor's Guide to Being a Good Corporate Parent DCSF 2003 (this has been archived by DfE but is still available for reference use)

[Guidance on the Education of Children and Young People in Public Care](#).

[Guidance on health of looked-after children](#) – on the Department of Health website.

[The Ofsted Inspection framework](#) – on the Ofsted website.

Haringey Children and Young People's Participation Strategy 2011-2014 (currently in draft)



Corporate Parenting Strategy

Action Plan 2011 – XXX

This Action Plan draws on the findings of the:

- **Report on the Ofsted inspection of services for children and young people in Haringey January 2011**
- **Corporate Parenting Advisory Committee January 2011**
- **Corporate Parenting Scrutiny Review Panel February 2011**
- **The Children's Trust February 2011**

And incorporates activities in the:

- **Children and Young People's Plan (CYPP) 2009-2020**

XXXXX 2011

| Version History | | |
|------------------------|----------------------------------|-------------|
| Version | Change/Reasons for Change | Date |
| V0.1 | <i>Initial draft</i> | 04/02/11 |
| V0.1.1 | <i>Second draft</i> | 28/02/11 |
| V0.1.3 | | |
| V0.2 | <i>Final draft</i> | |
| V1.0 | <i>Final</i> | |

| Approval history | | |
|-------------------------|---|-------------|
| Version | Approving body | Date |
| V0.2 | <i>Internal Management Team</i> | |
| V0.2 | <i>Corporate Parenting Advisory Committee</i> | |
| V0.2 | <i>Children's Trust</i> | |
| | <i>Cabinet</i> | |

Corporate Parenting Strategy

Action Plan 2011 – XXXX

The three overarching strategic aims are adapted specifically for looked after children and care leavers from those adopted by the Children’s Trust for the Children and Young People’s Plan in February 2011.

| Priority | Key Actions | Baseline | Target/progress | By when | Resources | By whom | Risks |
|--|-------------|----------|-----------------|---------|-----------|---------|-------|
| Ensuring looked after children and care leavers are safeguarded | | | | | | | |
| <i>Ensuring children looked after have safe and secure placements</i> | | | | | | | |
| <i>Ensuring care leavers have safe and appropriate accommodation</i> | | | | | | | |
| <i>Ensure there are reliable arrangements for children looked after and care leavers to give their views and have them heard</i> | | | | | | | |
| <i>Ensuring that children looked after and care leavers know how to keep themselves safe</i> | | | | | | | |
| <i>Looked after children and care leavers are helped to prepare for living independently as adults</i> | | | | | | | |
| Reducing inequalities among looked after children and care leavers | | | | | | | |
| <i>Looked after children and</i> | | | | | | | |

| Priority | Key Actions | Baseline | Target/progress | By when | Resources | By whom | Risks |
|---|-------------|----------|-----------------|---------|-----------|---------|-------|
| <i>care leavers are supported to achieve their educational potential</i> | | | | | | | |
| <i>Care leavers are supported in finding appropriate training, apprenticeships and employment</i> | | | | | | | |
| <i>Health care and health information is provided to promote good physical and mental health</i> | | | | | | | |
| <i>Looked after children and care leavers are supported to improve their emotional well being</i> | | | | | | | |
| Maximising life opportunities for looked after children and care leavers | | | | | | | |
| <i>Opportunities for looked after children and care leavers to take part in leisure activities are promoted</i> | | | | | | | |
| <i>Looked after children and care leavers are encouraged to take part in volunteering and active citizenship activities</i> | | | | | | | |

s:\st\st\pp&clsrvt\all\corporate policy\corporate parenting\action plan\110228 cp action plan.doc

DRAFT

This page is intentionally left blank



Inspection of safeguarding and looked after children services

London Borough of Haringey

Inspection dates: 10 to 21 January 2011

Reporting inspector: Martin Ayres

Age group: All

Published: 25 February 2011

© Crown copyright 2011

Website: www.ofsted.gov.uk

This document may be reproduced in whole or in part for non-commercial purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

Further copies of this report are obtainable from the local authority or at www.ofsted.gov.uk

Contents

| | |
|---|-----------|
| About this inspection | 2 |
| The inspection judgements and what they mean | 2 |
| Service information | 3 |
| Safeguarding services | 5 |
| Overall effectiveness | 5 |
| Capacity for improvement | 6 |
| Safeguarding outcomes for children and young people | 9 |
| Children and young people are safe and feel safe | 9 |
| Quality of provision | 11 |
| The contribution of health agencies to keeping children and young people safe | 14 |
| Ambition and prioritisation | 18 |
| Leadership and management | 20 |
| Performance management and quality assurance | 21 |
| Partnership working | 22 |
| Services for looked after children | 23 |
| Overall effectiveness | 23 |
| Capacity for improvement | 23 |
| How good are outcomes for looked after children and care leavers? | 26 |
| Being healthy | 26 |
| Staying safe | 27 |
| Enjoying and achieving | 29 |
| Making a positive contribution, including user engagement | 30 |
| Economic well-being | 31 |
| Quality of provision | 33 |
| Ambition and prioritisation | 35 |
| Leadership and management | 36 |
| Performance management and quality assurance | 37 |
| Record of main findings: | 39 |

About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
 - analysing and evaluating reports from a variety of sources, including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings such as schools and day care provision, and the evaluations of a serious case review undertaken by Ofsted in accordance with the 2010 *'Working Together To Safeguard Children'*
 - a review of over 60 case records of children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment arrangements undertaken in August 2010.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

| | |
|-----------------------|---|
| Outstanding (Grade 1) | A service that significantly exceeds minimum requirements |
| Good (Grade 2) | A service that exceeds minimum requirements |
| Adequate (Grade 3) | A service that only meets minimum requirements |
| Inadequate (Grade 4) | A service that does not meet minimum requirements |

Service information

4. There are 53,700 children and young people aged 0 –19 who live in Haringey, representing 23.8% of the total population. The population is diverse and 40.7% of children and young people are from minority ethnic groups compared with 24% in the capital as a whole. The proportion of children and young people whose first language is not English is 53.2% in primary schools and 46% in secondary schools. Both the minority ethnic and the English as an additional language groups are growing in proportion. Some 30 nationalities are represented in schools in the borough and over 123 languages are spoken by children and young people. Haringey is the fifth most deprived borough in London, with 39.2% of children classified as living in poverty. The proportion of children and young people entitled to free school meals is 28.9% in primary schools, 31.5% in secondary schools and 41.1% in special school schools. Infant mortality and teenage pregnancy rates have been high but are now reducing.
5. The Haringey Children's Trust is chaired by the council's lead member for children and young people. Haringey Council, NHS Haringey, the Mental Health Trust, local hospitals, General Practitioners (GPs), the Great Ormond Street Hospital partnership (GOSH), local schools, sixth form centre and college, the police, the voluntary sector, Job Centre Plus, the Youth Offending Service and the Chair of the Haringey Safeguarding Children Board (HSCB) are all active members of the Trust. Between the main meetings of the Children's Trust, a smaller Executive Performance Management Group meets with representatives from Haringey Council's Children and Young People's Service, NHS Haringey, the police and the voluntary sector. HSCB is chaired independently and brings together senior representatives from the council's Children and Young People's Service, NHS Haringey, local hospitals, GOSH, the Mental Health Trust, the police, the Probation Service, the Youth Offending Service and the private and voluntary sectors. Haringey has its own Youth Council, which meets six times a year. The Youth Council is managed by its own Cabinet of young people, which meets monthly.
6. Planning and delivery of services to children, young people and their families is based on three Children's Networks. These are geographical areas covering the west, north and south of the borough. These networks have enabled a strategic approach to assessing and understanding the needs of communities and ensured that services are planned accordingly. The delivery of services is, increasingly, through multi-disciplinary teams.
7. Planning and commissioning of universal, targeted and specialist child health services and primary care are undertaken by NHS Haringey. Health visiting, school nursing, children's community therapy services and the community paediatric medical team are provided by GOSH. The main providers of hospital services, including accident and emergency services

for children and maternity services for children and families in Haringey, are the North Middlesex University and Whittington Hospitals. Children and families access primary care through one of 54 GP practices and the GP out-of-hours provider, HARMONI.

8. NHS Haringey and Haringey Council commission child and adolescent mental health services (CAMHS) from a range of providers. Emotional wellbeing and CAMHS commissioning strategies have been developed in partnership with community and other service providers, including schools. Haringey Council commissions the Tavistock and Portman NHS Trust to provide CAMHS to children in care. NHS Haringey, as the responsible commissioner, funds local CAMHS for children in care who are placed out of borough. Tier 2 targeted community CAMHS are provided by Open Door and Barnet, Enfield and Haringey NHS Mental Health Trust and NHS Haringey. Tier 3 specialist and Tier 4 highly specialist services are provided mainly by Barnet, Enfield and Haringey Mental Health Trust with some additional services being provided by the Tavistock and Portman NHS Trust. Specialist Tier 3 CAMHS learning disability services are provided by Barnet, Enfield and Haringey Mental Health Trust.
9. Referrals to children's social care services are managed by a dedicated multi-agency screening team as part of the First Response service. An out-of-hours social work team is available and it is shared with adult services. Children's social care services support 165 fostering households and two children's residential homes. Another home, providing residential respite care for children with physical and complex needs, is undergoing refurbishment. Other residential services and additional foster placements are commissioned from registered and approved independent providers.
10. Multi-agency working and planning are established in the First Response, Speech, Language and Communication, and Early Support services. Dedicated health teams are aligned to the children's network areas. The partnership's strong commitment to the formal joint commissioning of services is demonstrated by NHS Haringey and Haringey Council's Children and Young People's Service joint funding of the Parent and Infant Psychology Team, the CAMHS Learning Difficulty Team, and of placements for children with complex care needs.
11. In December 2010, there were 303 children and young people subject to a child protection plan and 600 looked after children and young people in Haringey. This includes 40 unaccompanied asylum-seeking minors and 12 young people aged 16–17 who were presenting as homeless. The council and its partners support 402 care leavers. There are dedicated teams working with care leavers and children with disabilities. In December 2010, there were 1,296 children and young people with a Statement of Special Educational Need. The 18 Children's Centres bring together a range of services for children under five and their families, such as family support, health and education. There are 54 primary schools, 11

secondary schools, one academy, four special schools, one further education college and one sixth-form college.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

12. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children in Haringey is adequate. Highly visible and committed leadership within the partnership, including the HSCB and Haringey Children's Trust, has strengthened safeguarding provision and systems over the past 18 months. The arrangements for contact, referral and assessment of children in need or who are at risk of harm are good and the improvements reported after the last unannounced inspection of the service in August 2010 have been sustained. Effective partnership working between council children's services, health services, the police, the voluntary sector and other agencies is helping to ensure the early identification and assessment of children and young people in need or who are at risk of harm. While much case recording, staff supervision and care planning is now good, some variation remains in their quality. Similarly, although there are examples of good practice, the quality of assessments overall is only adequate. The deployment of social work assistants in undertaking assessments, albeit well supervised, is not consistent with national guidance although other statutory safeguarding requirements are being met. Joint arrangements for the monitoring children and young people who go missing are generally effective but do not yet include a process for an independent de-briefing on their return. Schools play an active part in helping to safeguard pupils.
13. Improvements have been made to hospital accident and emergency systems that identify children and young people who may be at risk of harm. The arrangements for training GPs in safeguarding are good, with a designated safeguarding lead in each practice in the borough. However, the attendance of children and young people at child protection review medicals needs to be improved.
14. Rates of contact and referral to children's social care services are higher than the average nationally, and than in similar areas, and are increasing. In part, this is due to improved awareness of the importance of safeguarding in the borough and a growing confidence in its safeguarding arrangements. Thresholds for access to services are well understood across the partnership and there are good processes for escalation where concerns about individual children and young people are not resolved quickly enough. However, overall the high level of demand continues to place pressure on services. Strategy meetings are appropriately convened but attendance by relevant agencies and professionals is too variable. Child Protection Advisers work effectively to chair case and review

conferences, which are timely, but their role is too limited in respect of quality assurance and overall service evaluation.

15. Following a period of high staff turnover and increased use of agency staff to meet service demands, there is now greater workforce stability in the borough and increasing pride in the work being undertaken. The partnership has placed appropriate emphasis on workforce development so that more staff are recruited and that they are suitably skilled. Recruitment processes across the partnership are robust and appropriate checks are undertaken before any employment commences. Staff supervision records do not routinely identify personal development and training needs and objectives.
16. The Common Assessment Framework (CAF) is being used increasingly and there are good examples of effective 'team around the child' approaches in Haringey. The range of services now available to families in need has been extended. However, increased work pressures and demands, resulting from improved early identification and intervention strategies, is leading in a few cases to delays in the allocation and completion of children in need assessments. Managers continue to set appropriate priorities and maintain an overview of incoming work. The partnership is fully aware of this issue and continuously reviews staffing levels. Commissioning processes for support services are generally strong and reflect the emphasis placed by the partnership on service quality and safeguarding.
17. The council and its partners demonstrate a strong commitment to promoting equality and diversity. Equality impact assessments, identifying those groups who have greatest need and monitoring the changing demographic of the borough, regularly influence service developments. The local authority works well with community groups to access hard-to-reach families to ensure they are supported in accessing services and are aware of safeguarding processes. Joint arrangements to respond to high levels of domestic violence are good; however insufficient suitable accommodation is resulting in some families who seek refuge being housed in low quality accommodation.

Capacity for improvement

Grade 2 (good)

18. The capacity for improvement is good. The partnership has achieved significant and sustained improvement in safeguarding in the borough since 2009. Safeguarding awareness is now well established among agencies and professionals and levels of contact with, and referral to, First Response are appropriate. Overall, arrangements for contact, referral and assessment are robust and have been strengthened by the co-location of experienced police officers, health visitors and CAMHS workers within First Response. Good improvements have been made in health provision to ensure that vulnerable children and young people are identified and

protected from harm. Police engagement in safeguarding is now comprehensive.

19. The partnership has a good awareness of its strengths and of the areas needing further improvement. Additional resources have been invested to strengthen safeguarding services. The council spent an additional £3 million in 2009–10 and plans a further investment of £7.4 million in 2011–12. Health services invested an additional £4 million in 2009–10. Staff capacity is monitored closely and good workforce management and development are leading to improvements in the overall quality of practice.
20. Service users are generally engaged well in drawing up individual service plans and in some aspects of strategic planning. A strong commitment to equality and diversity is evident within all agencies working with children and families in the borough. Coordinated and targeted action on long-standing weaknesses, such as teenage conception and infant mortality, is reaping rewards and rates are falling. Senior leaders across the partnership demonstrate their commitment to continual improvement in safeguarding and robust performance management systems are in place, which allow for the monitoring of performance against key success indicators. However, processes for overall and joint evaluation of services, including in some key areas, are not embedded fully.

Areas for improvement

21. In order to improve the quality of provision and services for safeguarding children and young people in Haringey, the local authority and its partners should take the following action.

Within three months:

- Review the deployment of social work assistants to ensure that all assessment work fully complies with the requirements set out in *'Working Together To Safeguard Children'*.
- Ensure NHS Haringey and partners reduce the level of non-attendance at child protection review medicals and that attendance rates are routinely monitored by senior health and children's services managers and HSCB
- Improve the attendance and participation of key agencies and professionals at strategy meetings
- Ensure that staff supervision records are up-to-date and that they include clear objectives for personal development and training.

Within six months:

- Develop joint arrangements for the evaluation of services, including the analysis of trends in the number of representations and complaints, the work of the Local Authority Designated Officer (LADO), strategies for family support and early intervention and multi-agency work with children with disabilities who are subject to a child protection plan
- Ensure the timely allocation of all children in need cases and the regular review of their service plans
- Ensure that children and young people who go missing have an opportunity to meet with a suitably designated independent person on their return
- Ensure that the quality of all case recording, staff supervision, assessments and care planning consistently matches best practice
- Improve the way that the Child Protection Advisers carry out their quality control and assurance functions.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

22. HSCB and the wider partnership have raised awareness and understanding of the importance of safeguarding and child protection in the borough and this has led to improved identification of children in need or who are at risk of harm and the prompt referral to children's services. Where children are identified as being at potential risk of harm, investigations under section 47 of the Children Act 1989 are, generally, undertaken well although in a small number of cases there are delays in finishing all relevant enquiries and completing records.
23. Children and young people identified as needing protection have detailed child protection plans and most plans address specific needs and risks. Children and young people are spoken to alone, where this is appropriate, and the assessment of their needs takes account of their views. In the most recent inspections of the three local authority children's homes, safeguarding was judged satisfactory in two and good in one. No looked after children are placed in provision where safeguarding has been judged inadequate. Safeguarding is given a high priority when services are commissioned, as is the specification of safeguarding requirements in contracts and in relation to monitoring contract compliance.
24. Families appreciate the intensive support they receive from the family intervention project, which is improving targeted families' relationships and the risk of harm to children. Parents report that they receive good levels of help to manage stresses in their own lives and that they understand more about the needs of their children. A range of services for families affected by domestic violence is readily accessible, including practical support to make houses more secure, family support and counselling, and art and drama therapy. Joint arrangements to respond to high levels of domestic violence are good, but some families who seek refuge are being housed in low quality accommodation because of a lack of availability of more suitable refuge places. Perpetrators of domestic violence can be referred to a specialist project for assessment and, if assessed as suitable, they can be offered a place on a recovery programme. However, there are insufficient places on the programme to meet the current high level of demand.
25. The Young Carers project provides individual and group support to young carers, who report that they value the services provided and that they have good access to their project workers. The project is publicised well and referrals to it are made by schools, GPs and by the general public.

Young carers indicate that they feel able to express their feelings about their responsibilities in confidence and they receive good advice and support from the borough, including on keeping safe.

26. Young people attending the after-school study club said that they feel safe in Haringey, although they cited instances of gang activity and substance misuse where risks to their well-being are increased. The Care4Me survey conducted for this inspection indicates also that children and young people feel safe. HSCB is investigating why comparatively low numbers of children with disabilities are the subject of child protection plans to ensure that any safeguarding concerns for these vulnerable children are being identified and investigated properly.
27. The LADO ensures that allegations of abuse against professionals and carers are investigated in line with statutory requirements, consulting appropriate agencies and tracking progress until completion of the investigation. There has been some analysis of referrals made to the LADO but this has not been reported to the relevant boards to ensure either formal overview or understanding of issues. Parents, carers and children are given adequate information about how to make representations and how to complain about services but evaluation of trends in these areas is weak. A 2009–10 report to elected members recommended that action is taken in this area but this has not occurred yet.
28. Processes for the safe recruitment of local authority staff are secure. Files are in good order and contain relevant details of recruitment and appointment process, including references. All qualifying staff have up-to-date criminal record bureau (CRB) checks or their equivalent in place, which are renewed every three years. Staff do not take up employment until CRB checks are fully completed, apart from those who had a CRB check in the last 12 months and who are moving to a similar post. Any concerns identified through a CRB check are followed up but in a few records the rationale for decisions taken as a result was not made explicit. Staff records examined by inspectors did show that identity and qualifications are checked. Workforce development, including training, emphasises safeguarding and specific courses have been developed for middle managers to support them in tackling the underperformance of any staff they supervise. Safe recruitment is an integral requirement for commissioned services and helpful guidance is available for schools for their use when they employ agency staff.
29. Overall, good procedures are in place for sharing information between services and for preventing, and responding to, the needs of missing children. Increasingly, accurate reporting helps identify patterns and trends among those whose circumstances make them most vulnerable, for example young people going missing, engaging in self-harm or being suspected of involvement in sexual exploitation, which are then

considered on a multi-agency basis. Children and young people who go missing and then who return home are interviewed routinely by the police service. However, return interviews by independent people, either of children and young people living in the community or who are looked after, are not conducted routinely in accordance with existing local protocols. Children and young people who are not attending school are tracked closely by a designated officer from the education welfare service. There is effective partnership working between this service and 'Safer Communities' police officers, who undertake truancy patrols to reach children and young people not in school. The movement of children between schools is monitored and HSCB and the wider partnership are set to undertake a review of elective home education and the implications of this for monitoring the welfare of affected children and young people.

Quality of provision

Grade 3 (adequate)

30. First Response, the integrated service that deals with contacts, referrals and assessments, is well organised. The CAF team is located in this service and good communication between professionals ensures that contacts not meeting the threshold for referral to children's social care services are redirected promptly to the CAF team. A recent drop in the number of contacts reflects good cross-agency understanding of thresholds for access to children's social care services. The initial screening of referrals to First Response service is robust and is very well supported by the multi-agency screening team, which includes police, health visitors, and CAMHS workers and this helps to ensure that appropriate information is gathered promptly so that sound decisions can be made about future action.
31. Staff within the partnership are knowledgeable and hard working but the pressure on services remains high. Managers are ensuring that priority action is taken to respond to those children and young people at greatest risk of harm or who have greatest need. However, teams are at times stretched to ensure that work is allocated in a timely manner. Some social work assistants are undertaking initial and core assessments and, although their work is well supervised by qualified and experienced social workers, this does not meet the explicit requirements in *'Working Together to Safeguard Children'*, which sets out that assessments should be undertaken by qualified social workers only.
32. All children and young people subject to child protection plans are allocated to social workers. Currently, all identified children in need cases are allocated but there has been difficulty in ensuring that all such cases are allocated and, in the recent past, gaps have existed for some of those children and young people whose levels of need have been assessed as lower. In some instances, pressure on services has led to delays in the final completion of assessments within the required timescales and recording. In a very few cases, there have been delays in contacting other

agencies to gather the information required to complete the assessment. However, managers do monitor the completion of assessments and review priorities regularly. Systems for escalating concerns about children and young people are in place and are used well by professionals across agencies. Increased cooperation between services means that escalation systems are rarely utilised.

33. Family support and early intervention services delivered through health services, children's centres, children area networks and a range of voluntary provision are having a positive impact on, and facilitating effective joint work to meet, the needs of children and young people. In place across the borough, parenting programmes are well supported by ethnically sensitive specialists, such as those working with Somali and Turkish families. Pre-birth information is used well to identify vulnerable families and to offer early support and advice. The Parenting Intervention Psychology Service offers advice and support to parents on attachment, separation and loss.
34. The CAF is increasingly used to assess the needs of children, young people and families. Growing numbers of CAFs are completed and appropriate support is arranged through the multi-agency CAF panel. The use of the CAF is well embedded across the partnership, in particular in schools and children's centres and by health visitors. However, engagement by midwives, adult services, and some voluntary agencies is not fully realised. Social workers are using CAF processes more extensively to ensure that support for families continues after the provision of services to support children in need or to protect children from harm. Completed CAFs are available on the shared information system, facilitating ready access to details of previous involvement by agencies with families. The ethnicity of families involved with CAF is monitored well and analysed to determine whether or not take up properly reflects the borough's diverse population.
35. Notifications of domestic violence from the police are generally good and improving; they contain appropriate information about incidents and show whether the impact on the child has been considered properly. Details of past incidents are also included and used to inform decisions as to how to proceed. Notifications are not currently, or routinely, sent to health and education services but plans are in place to introduce this practice. Joint working between children's services and the police child abuse investigation team is good. Within the First Response service, strategy discussions and meetings are held in a timely way but this is not consistent across other teams and attendance and the quality of recording are too variable. In some cases, repeated strategy meetings are held but their purpose is not sufficiently clear.
36. The Emergency Duty team provides an effective out-of-hours service and is staffed by experienced and suitably qualified social workers. Working

relationships with other agencies, in particular the police, have improved. Additional staffing at weekends has provided adequate capacity to meet the increased number of out of office hours referrals. With the exception of some historical and restricted records, full access to the electronic recording system enables appropriate, safe and informed decisions.

37. There has been a large rise in the number of cases requiring an initial child protection conference. The number of children made subject to child protection plans almost doubled between 2008/09 and 2009/10. Child protection plans are usually clear and detailed and most are focused on outcomes and highlight specific needs, risks, responsibilities and timescales. Good work by child protection advisers has ensured that almost all reviews take place within the expected timescales. The chairs of child protection conferences provide clear, helpful and well considered summaries of the key issues. The quality of written reports considered at child protection conferences is adequate overall with some examples of good practice but a few lack sufficient depth and do not present information precisely enough. The engagement of fathers, particularly in cases of domestic abuse, remains challenging although conferences use the information available to explore different ways of engaging positively with parents and carers. Details of children's ethnicity and religion are recorded routinely, and interpreters are used very effectively. However, some opportunities to consider the relevance of ethnicity, religion and culture when reviewing child protection plans are lost.
38. Scrutiny of individual case files shows generally good involvement by relevant agencies, including health visitors, school nurses and teachers. However, levels of participation by children, parents, carers and professionals in core group meetings, child protection conferences and reviews are not monitored, making it impossible for the partnership to evaluate this fully. The views of children and young people are usually available at conferences but there is no specific advocacy support for children and young people to ensure that their voices are always heard.
39. In most cases, children and young people are visited by social workers within expected timescales and the recording of visits is very thorough. It is evident that children are seen alone, where appropriate, and they have opportunities to make their views known. Records are generally kept up to date. Interviews with social workers showed that they have a good understanding of the issues involved in their cases and they described clearly the work being done to reduce risk. However, written records do not always reflect the extent of their good practice. For example, not all case files have up-to-date chronologies and where they do exist they lack detail.
40. An improved process has been agreed for the transfer of responsibility for individual cases, between individual social workers and between teams,

and the arrangements for transfer is now adequate. Nevertheless, there are still delays in transfer in a few cases due to capacity problems in the long-term teams. Most care plans are implemented well and good use is made of written agreements with parents and carers, but this is not consistent enough yet. Most cases show evidence of managerial oversight and case supervision but quality and consistency remain variable and, in some instances, managers are not ensuring that plans are carried out quickly enough. Not all of the less urgent children in need cases have detailed plans in place or are regularly reviewed.

41. Multi-agency risk assessment conferences (MARAC) are well established with attendance from a wide range of agencies. Agencies value the opportunity to share information, agree action plans and monitor progress. MARAC oversees high risk cases and reviews offenders due to be released from prison who may pose a risk to children. The Education Welfare Officer, through the MARAC process, ensures that children and young people who are at risk of going missing and who are not attending school are monitored and safeguarded, including by ensuring that the relevant local authority is advised if the child or young person is placed out of area, including by attending an out-of-borough school.

The contribution of health agencies to keeping children and young people safe **Grade 3 (adequate)**

42. A dedicated Child Protection Unit based at North Middlesex University Hospital has led to improved communications between safeguarding lead staff and staff working in the accident and emergency department. All child protection medical examinations are undertaken by a community paediatrician or consultant and, in the main, urgent medical examinations are prioritised. However, there have been some delays in examining children or young people who have suffered chronic neglect and too many children do not attend follow-up medical examinations.
43. Previous admissions or visits to hospitals are tracked, as are known cases of domestic violence. Alert systems in the accident and emergency departments and the minor injuries unit at North Middlesex University Hospital, and the accident and emergency department of the Whittington Hospital, ensure that information is recorded and there is computer access to child protection information also. Every child seen is checked against existing child protection information and records confirm that checks are completed. All staff are aware of how to access out-of-hours information on children and young people who have child protection plans. An extensive programme of audit has been undertaken by the designated safeguarding professionals at North Middlesex University Hospital to assess the implementation and measure the impact of their safeguarding policies and procedures. Findings have been analysed and improvements have been made to practice.

44. The contribution by health professionals to keeping children safe has been strengthened through better information sharing and additional training too, which has raised awareness of safeguarding. Health visitors, based at North Middlesex University Hospital, provide valuable liaison between acute and community services and ensure that relevant information is shared quickly. They review every visit to accident and emergency services by a child or young person and follow up any areas for concern. The CAMHS at North Middlesex University Hospital gives good support to accident and emergency staff when dealing with young people who present with mental health problems. The out-of-hours service is working well and advice and support from a CAMHS consultant is available 24 hours a day, seven days each week. Increasingly, the CAF is used by front line health staff, including health visitors, school nurses and therapists. All pregnant women less than 20 years of age who are seen at the North Middlesex University Hospital are referred by midwives to the teenage pregnancy re-integration officer, who instigates a CAF process for additional service as may be required. More generally, the use of the CAF by midwives in the area is low, however, and has been identified as an area for development.
45. Ensuring that the safeguarding needs of children and young people are met is a high priority for NHS Haringey. The effectiveness of health agency and other partnership working to improve and sustain safeguarding outcomes for children and young people is evidenced through significant reductions in infant mortality rates and in the rate of teenage conception. NHS Haringey is fulfilling its statutory safeguarding obligations and the primary care trust has in post designated safeguarding professionals, who are supported by named safeguarding professionals. Health agencies have a strong strategic and operational commitment to effective partnership working through the HSCB. Senior health managers contribute to strategic decision making within both their own organisations and across the partnership as a whole. Child protection case conferences are usually attended well by health professionals and health staff are assured that their contributions are valued and influential in formulating child protection plans.
46. NHS Haringey uses a 'safeguarding scorecard' to monitor safeguarding performance of the main health care providers and the internal governance of all organisations providing health care to children and young people ensures that safeguarding policies and procedures are comprehensive. However, the monitoring of safeguarding activities of smaller, independent contractors has focused more on medical general practice rather than on dental practitioners, pharmacists and optometrists. Adequate progress is being made to ensure that domestic violence is recognised, and responded to suitably, by health care professionals, using a risk-assessed and more proactive approach. Additional training is helping health staff to identify instances of domestic abuse.

47. High vacancy rates for health visitors have been tackled by GOSH through a combination of professional development and recruitment. However, the delivery of universal preventative services, particularly through the Healthy Child Programme, is being affected adversely by the need to prioritise child protection. The school nursing service is under pressure also, reducing its capacity to work preventatively with children and young people in schools. Nevertheless, good progress has been made in ensuring that health professionals are supported well when working with families where there are child protection concerns. Supervision arrangements, now in place for relevant staff in all health agencies, are audited for timeliness and quality of practice. Health staff interviewed during the inspection are well motivated and report that they have good access to training and development. The support and guidance provided to them by designated and named professionals is seen as a key factor in improving safeguarding practice. Progress is being made in improving the quality of health records, which are now clearer, more comprehensive and demonstrate management oversight. Decision making has also been strengthened with evidence that monitoring and evaluation of health plans is taking place.
48. Good progress is being made in engaging GPs in safeguarding. All general practices in the borough have an identified lead for safeguarding and, at 91.5% cent, attendance by GPs and their staff at Level 1 safeguarding training is high. 65.5 per cent have attended Level 2 training and 24 % have attended Level 3. Attendance by GPs at child protection case conferences is increasing from a low base and a new template for submitting GPs' reports to case conferences has led to an increase in the number of reports and to improvements in their quality.
49. Health professionals and agencies have learnt from serious case reviews. For example, staff supervision arrangements have improved and documentation has been revised so that it captures concerns and the actions agreed with partner agencies. Provision of relevant safeguarding training has been a priority for health partners and access to single and multi-agency training events is good. All health care providers have met and exceeded the 80 % target for completing Level 1 training and attendance at more specialised training is increasing. Provision for, and access to, training in safeguarding is monitored by all health care trusts and regular reports are provided to trust boards as well as to NHS Haringey. The Child Death Overview Panel is established and works effectively at a local level through a multi-agency approach.
50. Tiers 1 and 2 CAMHS have been affected by increased demands for services. In particular, Barnet, Enfield and Haringey Mental Health Trust has faced challenges in meeting waiting time targets but has arranged additional evening and weekend appointments to manage demand. Currently, all specialist Tier 4 in-patient CAMHS care is provided in house by Barnet, Enfield and Haringey Mental Health Trust and no young people are admitted to adult wards. Introducing a single point of referral to

CAMHS has led to better management of access but increases in demand for these services has led to a waiting list. Referrals are prioritised, depending on the level of need, and all urgent cases are seen within an appropriate timescale. However, waiting times for non-urgent cases are increasing. NHS Haringey is working with Barnet, Enfield and Haringey Mental Health Trust to improve the capacity and range of provision in the community.

51. The targeted adolescent mental health service programme operates in a number of schools and has resulted in improved engagement with parents and young people on alcohol awareness and increased levels of confidence among school staff in dealing with this subject. Similarly, there is evidence of effective targeted work by the Parent's Infant Psychology service, which is provided in three of the children's centres. Young people with disabilities, who have mental health needs also, receive a good and responsive service through the dedicated CAMHS disability service, which provides mental health care as part of a multi-disciplinary team. There are multi-agency care pathways for children and young people with Attention Deficit Hyperactivity Disorders and Autistic Spectrum Disorders. The presence of a social worker from the children's disability team five mornings a week within First Response has improved response times.
52. An effective joint strategy for reducing incidences of teenage pregnancy, with well defined key areas for development is leading to a sustained and downward trend in rates of teenage conception. In 2007 the area had the highest rate of teenage pregnancies in the capital, but this has now significantly declined. Agencies collaborate well to provide a wide range of contraceptive and sexual health care services through easily accessed venues such as the mobile bus clinic, nurse and drop-in sessions and fixed appointment clinics such as health centres, libraries, and Connexions. The 4YP bus has been particularly successful in encouraging young men to use contraception. The use of emergency hormonal contraception by young people, accessed from pharmacies and GPs across Haringey, is increasing also.
53. Teenage parents receive a good level of ante-natal and post-natal support from a range of agencies. Midwives work collaboratively with partner agencies such as Connexions, the hospital education service and family support workers in children's centres to ensure that the needs of young people are met in coordinated ways. The family nurse partnership, which started in September 2010, provides targeted support for teenage parents and is prioritising the involvement of young fathers in the care of their children. Health visitors, therapists and midwives are working well with staff in children's centres to provide integrated and early intervention parenting programmes, including in emotional well-being and child development. NHS Haringey has adequate arrangements in place for children and young people needing an examination following an allegation of sexual abuse. All forensic examinations are undertaken in a purpose

built unit, which is appropriately equipped and staffed and sited out of borough. Non-forensic examinations are carried out locally.

54. Adequate health support is provided to children with disabilities through a range of well integrated services. The Early Support Programme has been successful in improving practice in the early identification and assessment of need, and a single point of access has shortened waiting times for accessing services. A multi-agency early support panel meets fortnightly to review plans. Budgets are arranged to provide as seamless a service as is possible and there are good working relationships between health, education and children's services, which has contributed to the growing effectiveness of contact, referral and assessment processes. Adequate support is provided to children with long-term health conditions through the community children's nursing team. Short term respite care is available through a wide range of services. Parents of children with disabilities have been involved in service planning, including the development of the early support programme.
55. The substance misuse service is good and provides a wide range of education and advice to young people on substance related issues, with an emphasis on harm reduction. As well as direct work with young people, the team advises and supports professionals, parents and carers about substance abuse by young people. There are strong links with other services, including midwifery, and this has resulted in better attendance at ante-natal care appointments. Close work with CAMHS and the Youth Offending Service has led to increased referral rates from young people. Performance against National Treatment Agency targets has improved over the last year and is now in line with, and in some instances better than, neighbouring London boroughs.

Ambition and prioritisation

Grade 2 (good)

56. Safeguarding is given the highest priority within the council and across the partnership as a whole. In the last 18 months, there has been good progress in strengthening and transforming safeguarding provision in the borough, including by raising awareness levels, coordinating better partnership working through the HSCB, the Children's Trust and other planning systems, and improving the arrangements for contact, referral and assessment. High ambition for safeguarding is expressed in every quarter of the borough and safeguarding services have been prioritised deliberately to ensure effective delivery. The large majority of staff who responded to an independent survey, conducted in May 2010, considered that safeguarding of children and young people had improved across the borough although many recognised that work was needed to consolidate and strengthen services further. All key agencies, including children's services, the police, health services, schools and the voluntary sector, are strongly committed to strengthening all aspects of safeguarding and to

securing demonstrable improvement to services and outcomes for children, young people and their families.

57. Arrangements for dealing with initial contacts, referrals and assessments were the subject of an unannounced inspection in July 2010 and were judged to have improved following earlier inspections. Improvements noted then have been sustained and this service is good overall. Other good examples of the prioritisation of the safeguarding of children and young people include the operation of MARAC, police responsiveness to domestic violence, improved early intervention strategies, and more robust arrangements for identifying those children and young people who are seen by hospital accident and emergency services and who may be at risk of harm.
58. The Chief Executive of the council, the Director of Children's Services, lead member for the council and lead member for children's services have high ambitions for safeguarding and have given the highest priority to improving these services. This view is shared within the police and health services at the most senior levels and by school head teachers and governors. The borough's ambition for improved safeguarding arrangements across the partnership is reflected in the allocation of additional financial resources, and a commitment to protecting front line safeguarding services, in the context of an overall council budget reduction in 2011–12. This follows additional investment in safeguarding services in previous years, and planned investment of £7.4 million in 2011–12. Health services increased investment in safeguarding by £3 million in 2009–10.
59. HSCB acts as a strong focal point for improving and monitoring the quality of safeguarding services and outcomes. There is now a good track record of staff training in safeguarding among the partnership. The HSCB business plan targets key areas and ensures that gaps in services are identified and filled quickly. Across the partnership, senior managers are aware of the strengths of current services and of the areas needing more attention, including the need to achieve greater consistency in quality, to give services time to embed improvements, and to enhance provision for some children in need. Senior leaders and managers pay close attention to measures of individual service performance but there is more work to do in evaluating jointly the impact of different services and ways of working on improving outcomes.
60. Senior managers and politicians are aware of the pressures on safeguarding services and the need to ensure that staff resources are sufficient to meet current and projected demands. To do this, a useful process has been devised that enables managers and elected members to determine the key staffing requirements in different service areas at any one time. Alongside this, a strategic review of services is underway to ensure that resources are utilised in the most effective way, including in

relation to the use of legal processes, the need for community based and targeted services, and arrangements for joint service commissioning and service evaluation.

Leadership and management

Grade 2 (good)

61. The council and its partners have provided sustained and consistently strong leadership over the past 18 months, which has helped lead to marked improvements in safeguarding since the last major inspection. Many aspects of key services including First Response, accident and emergency services, health visiting, GP engagement and police responsiveness have been transformed. Political leadership is strong and is ensuring that there is enough capacity to maintain and continue to improve services over time. Awareness of the importance of safeguarding has been raised and there is greater, but still proportionate, identification of need and risk. The very experienced chair of HSCB has established constructive and clear communication lines with the Director of Children's Services and the lead member, who chairs the Children's Trust also. This is ensuring a healthy level of challenge. Senior management teams across the partnership are focused on keeping safeguarding a priority and sustaining the improvements that have been made to front line practice already. There is a strong commitment to the Safeguarding Champion Scheme which enables senior officers to advance their understanding of safeguarding arrangements through their sponsorship of individual children and young people.
62. Good progress has been made with staff recruitment and retention and there has been greater workforce stability in the past year. For example, there are no vacant health visitor posts and social work teams are mostly fully staffed. Senior managers and elected members monitor staffing levels against work pressures regularly and are responsive to additional demands on the service. A significant number of agency staff has become permanent employees, illustrating their commitment to working in the borough. Across the partnership, there is confidence in the arrangements that are in place for recruiting staff. Firm action is taken to deal with any misinformation provided at any stage of the recruitment process or subsequently.
63. Joint work and effective collaboration across the partnership is helping to ensure that the workforce is suitably trained, experienced and stable. Strategies for workforce development are well established in each of the key agencies and across the wider partnership. Access to training, including E-learning, is good and levels of attendance at training is monitored as is how well any training meets individual needs. Good work is being done in schools to help support school staff and governors in discharging their safeguarding responsibilities. Overall, there is greater level of confidence among the partnerships' work forces and a strong commitment to continuous improvement. The HSCB child protection

handbook, known as the 'little green book', is readily available in all locations and well used by staff across the partnership.

64. The focus on improving front line services and greater multi-agency working, and strengthening First Response provision in particular, has ensured continued improvement. New structures are now well embedded and good work has been undertaken to extend the children in need and early intervention strategies. Close monitoring of the volumes of contact, referral and assessment and their impact on staff workload, taking account of staff skill and experience, has helped to improve services and this approach is being used to review other aspects of safeguarding services. Further attention is now needed to achieve greater consistency in recording, supervision and care planning. .
65. Work has been undertaken to clarify management responsibilities in council children's services, particularly below team manager level, with the appointment of practice managers and senior practitioners. However, in some instances, senior managers have 'acted down' to create management capacity where there has been staff shortage or a short-term increase in demands on services. Good leadership has ensured that the needs of minority groups are understood, including awareness of any particular safeguarding issues, and that they are provided with the necessary assistance to access services. Services are signposted well and due sensitivity is paid to different races, cultures and levels of disability among the population.

Performance management and quality assurance

Grade 3 (adequate)

66. The council and its partners have developed a sound framework for managing performance and for assuring service quality. Multi-agency performance monitoring complements the council's performance management arrangements and includes consideration of performance against benchmarks for statistical neighbours and nationally, giving a clear view of strengths and allowing weaknesses to be identified. As such, performance monitoring is enabling effective oversight and scrutiny of key performance indicators and targets. A range of audits of single and multi-agency services are conducted frequently, too, but not all findings are systematically collated, evaluated and reported on.
67. The role of the child protection advisers, who chair initial and review child protection conferences, is insufficiently developed in relation to quality control and quality assurance. Consequently, they do not fully contribute to service evaluation. Comprehensive data on the use of the CAF are collected but there is insufficient analysis of it to assist with future planning and capacity building.

68. The frequency and quality of staff supervision is adequate overall but evidence in records shows that not all cases are discussed fully and that managers do not always set clear and measureable enough performance and development objectives. Nevertheless, staff across the partnership indicate that managers at all levels are approachable and easily accessible and there is considerable appreciation of the work of the multi-agency safeguarding panel, which assists in dealing with complex and high risk cases.

Partnership working

Grade 2 (good)

69. Partnership working is good. There is a strong commitment to sharing information and to working together to safeguard children and young people across the borough. Senior leaders from across the partnership consistently highlight the importance of collaboration, establishing a culture for cooperation that now permeates all agencies and services. Underpinned by good joint training and workforce development strategies, there is evident appreciation of the respective roles of staff from the different participating agencies. HSCB provides an appropriate range of training to meet the needs of staff, and child protection induction training is mandatory across all agencies. The focus on service quality and outcomes is increasing. Managers from all agencies who are engaged in safeguarding are aware of the findings of serious case reviews and have taken active steps to disseminate learning through their organisations. Staff are actively choosing to work in the borough, despite the obvious professional challenges, and there is a strengthened sense of stability and continuity across the workforce.
70. HSCB is well established and its membership and governance arrangements have been reviewed and strengthened. The board is well led by a strong independent chair with a good depth of experience and knowledge. Senior staff from a wide range of agencies, including adult services and the voluntary sector, are represented on the board and bring high levels of commitment and challenge. Attendance at board meetings is routinely monitored and is generally good.
71. Rightly, HSCB is maintaining a close strategic focus on key child protection processes and outcomes for children and young people whose circumstances make them most vulnerable, while continuing to deliver preventative services and considering wider safeguarding issues. In the light of the continuing importance of child protection work, and the increasing volume and complexity of cases coming to the attention of the partnership, this approach is entirely appropriate. HSCB sub-groups are in place and they monitor progress in implementing relevant action plans.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

72. The overall effectiveness of services for looked after children and young people is adequate. Outcomes for Being Healthy, Staying safe and Making a positive contribution are adequate. Outcomes for Enjoying and achieving and Economic well-being are good. The experience of some children in care has been affected by high turnover among social workers, although this is stabilising. Corporate parenting arrangements for looked after children are adequate but lack flair and imagination in engaging all partners and listening to users. Corporate parents could offer more challenge to services on behalf of looked after children, including in relation to setting joint service targets for continued improvement.
73. Across the borough, there are some very good examples of services supporting looked after children and young people successfully, particularly in relation to helping children and young people to achieve and in support to secure economic wellbeing. Virtual school arrangements are good. Considerable effort is given to meeting the diverse needs of children from different ethnic groups. However, until recently there has been a lack of planning coherence across all services to ensure all partners are contributing fully. While agencies undoubtedly share high ambition for looked after children and young people, this has not been reflected fully across all service or business plans or within an over-arching framework. Commissioning for placement choice is good, and placements are suitably monitored for quality and safeguarding, but monitoring the health needs of children and young people placed out of the borough is less consistent. Performance management and quality assurance processes are adequate although analysis and evaluation of the impact of services on outcomes does not routinely inform service development. The provision and quality of personal education plans remains too variable.
74. Individual social care practice with looked after children and care leavers is generally good and the quality of casework is at least adequate and often good. Statutory requirements for visiting and for case reviews are met in most cases. Despite heavy demands on social workers and other professionals, case reviews are held within appropriate timescales. Adequate processes are in place to support care and transition planning for looked after children and young people. The provision of short-term breaks for looked after children with disabilities needs attention.

Capacity for improvement

Grade 2 (good)

75. The council and its partners have good capacity to improve services for looked after children, young people and care leavers. Performance indicators, especially those for educational attainment and qualifications

on leaving care, are better than in similar areas and the national picture. Nine of the 11 national indicators for looked after children services show improvement over the past year. Outcomes for the majority of looked after children and young people are good and a platform for further improvement has been established to ensure improvements are sustained. The confidence that care leavers have about their own lives and their support is reflected in the mature and well balanced arguments they put to inspectors about their experiences. There is an appropriate emphasis on nurturing children's talents, within and beyond the school day, particularly through sport.

76. Senior and political leadership has been strengthened and is clearly aware of service needs and areas for further improvement. The quality of services for looked after children and young people has been maintained despite the priority afforded to safeguarding services, and the partnership is aiming for top quartile performance in all areas. There are strengths in partnership with community groups, which extend the capacity of local services in meeting the diverse needs of the borough community and promoting higher levels of personal aspiration. The well established virtual school is effective in promoting self-belief as well as encouraging ambition in individual children and young people. The partnership's workforce is well trained and skilled. Taken together, these are important building blocks for future improvement.

Areas for improvement

77. In order to improve the quality of provision and services for looked after children and young people in the borough, the local authority and its partners should take the following action.

Within three months:

- Review the role of Independent Reviewing Officers to ensure they are carrying out their quality control and assurance functions fully and that the data that they collect is used to inform strategic planning
- Ensure there are robust systems in place to monitor the quality of healthcare provided to all looked after children and care leavers in all settings.

Within six months:

- Review the effectiveness of current corporate parenting arrangements, including in relation to the strategic direction of services, target setting and review, and engaging the full partnership in achieving its ambition for looked after children and young people.

- Increase the use of personal education plans and establish a more consistent framework for regular review and reporting
- Review arrangements for the provision of short-term breaks for disabled children and young people and develop joint guidance for improving practice in this area.

How good are outcomes for looked after children and care leavers?

Being healthy

Grade 3 (adequate)

78. Fundamental changes have been made to the assessment of health care for looked after children, and the introduction of British Association for Adoption and Fostering documentation has contributed to an improvement in the quality of health care assessments. Initial health assessments and health reviews are now structured, provide appropriate information and demonstrate good health care planning. Good progress is being made in improving the quality of health records.
79. In contrast to older records, most recent records are clear, comprehensive and show evidence of management oversight. Health care records reflect improvement also in the effectiveness of decision making, and there is ample evidence that monitoring and evaluation of health care plans is taking place. The assessment of health needs of looked after children is more timely as specialist nurses are working to improve attendance at review meetings. Monitoring systems, and the database underpinning them, are well supported by the designated nurse for looked after children, who ensures that data is accurate and current, including information about immunisation status, attendance rates at review meetings, and the uptake of dental and ophthalmic appointments.
80. A dedicated multi-disciplinary mental health service for looked after children and young people is provided by the Tavistock-Haringey Service. Although numbers of referrals to this service continue to rise there is no waiting list currently. A variety of therapeutic services for looked after children, young people and their carers are provided by this service, with priority being given to supporting placements to reduce the risk of disruption. A 'strengths and difficulties' questionnaire is used to help identify the emotional needs of children and the team at Tavistock-Haringey works in partnership with voluntary organisations, such as Open Door, to give children and young people access to appropriate counselling and support services.
81. Targeted health promotion activity is adequate and generally provided on a one-to-one basis by the specialist nurses during health reviews. Effective sexual health advice and contraceptive advice is provided by one of the looked after children nurses, who has additional training in sexual health care. Links to drug and alcohol workers are adequate and the sexual health team ensures improved access to these services. Designated Looked after children health staff work well with other partners to support 14 looked after young people who are pregnant currently. Additional support and care from the family nurse partnership is accessed by 10 of these 14 pregnant young people.

82. A significant number of looked after children and young people are placed out of the borough area and arrangements for carrying out health reviews and health assessments have been inconsistent. Health services in the area in which the child or young person has been placed have not been commissioned to respond to individual health needs in a timely way although earlier arrangements have been strengthened by the appointment of a designated nurse. From January 2011 GOSH in Haringey staff will complete all health assessments. More formal commissioning arrangements are in place to ensure that CAMHS are provided for children and young people placed outside the borough.
83. The designated nurse for looked after children is working with the leaving care team to improve the quality of information provided to young people as they leave care but this service is relatively new and not yet embedded in practice. The views of looked after children and young people about their health care needs are sought actively by the designated nurse and the health team. A leaving care information pack has been developed and the views of looked after children and young people have been taken into account in creating more 'youth friendly' health assessment processes.

Staying safe**Grade 3 (adequate)**

84. Safeguarding arrangements for looked after children and young people are adequate. Almost all looked after children and young people who responded to the Care4Me survey stated they feel very safe or safe and are clear about who they would talk to if they had concerns or if they felt they were being harmed. Pre-birth information is used adequately to identify vulnerable families and to offer early support. Families with young children on the edge of care have access to an appropriate range of support services, including parenting programmes, access to specialists who are sensitive to ethnic and cultural differences, and nursery provision. Parents moving from residential parent and baby assessment placements benefit from the provision of appropriate support during their transition back into the local community. Risk is usually managed well so that children and young people are kept at home, with support, where this is possible. Children and young people placed out of borough are closely monitored to ensure they are kept safe.
85. A wide range of community-based services are available to help avoid the use of care although prompt action is taken when children or young people do need to become looked after. Almost all children and young people in care feel they are in the right foster placement and think the care they are getting is at least adequate or better. They feel they get on well with their foster carers. However, more young people have frequent changes of placement than is the case in similar authorities. The current system for approving placements, which is thorough, can result in delays in making decisions about placements and care plans are not always routinely shared with children and young people or their parents.

86. Foster carers who met with inspectors describe good support from social workers and local services whenever placements were at risk of being disrupted. Foster carers have access to good quality training and support, although some report that communication with the placing authority and social workers is not always effective. Some young people have had frequent changes of social worker and older young people who met with inspectors felt that this had not been easy for them. Children in care reviews take place regularly. The local authority fostering agency was judged as good in the last Ofsted inspection and the local authority adoption agency as adequate. Comparatively low numbers of children are adopted and the reasons for this are being reviewed by the council. The quality of care in the local authority children's homes occupied by looked after children and young people is at least adequate.
87. The council's commissioning of individual fostering and residential placements is well managed through a designated placements team. Safeguarding is promoted by using only those independent providers judged as adequate or above. At the time of inspection over two thirds of looked after children were placed in provision judged to be good or outstanding and no children were placed in provision judged to be inadequate. A needs analysis of the borough's looked after children and young people informs the tendering process, including for services for ethnic minority children, children with disabilities, mother and baby provision, fostering and residential children's homes. The engagement of young people in this process is good and effective collaboration with other local authorities has resulted in a joint tendering process for the provision of semi-independent accommodation.
88. Overall, however, such arrangements are not taking place within the framework of an overarching strategy. For example, a framework for permanency planning exists, which includes a commitment to support children and young people at risk of care and to enable children and young people who enter care to return home quickly if this option promotes their welfare, but there have been significant delays in court processes for some children who have entered the care system. Greater measures to improve placement stability are needed although cost and volume incentives to promote better placement stability are being formulated. An adequate cross-agency strategy for the tracking and monitoring of looked after children and young people who go missing is in place but there is no independent person who undertakes return interviews. This lessens the likelihood of learning from children and young people's experience and can lead to delays in improving services. Where children are placed in council-run residential homes, return interviews are conducted by the residential care worker but this arrangement is not compliant with the council's Missing Children Protocol or the Pan London Protocol.

89. The school attendance of all children in care, for whom the council has responsibility, is monitored with rigour through the provision of Welfare Call, a service which contacts all schools each day to confirm attendance. Attendance patterns are considered at a 'children in care attendance forum' where individual plans to tackle concerns are formulated.

Enjoying and achieving

Grade 2 (good)

90. Educational outcomes for looked after children and young people are good. Almost all children and young people responding to the Care4me survey said they felt their education was good and that care leavers had access to the best possible education. Most felt they were getting the support they needed to make progress. Almost all attend school regularly and their overall attendance is above the national average for looked after children and young people. The council has appropriate arrangements for monitoring and tracking attendance and works with young people to support improved attendance. Fewer children in care than elsewhere are subject to fixed term exclusion and permanent exclusion rates are low. This is good.
91. Local data illustrate that looked after children and young people make good educational progress in relation to their starting points. Progress at school is carefully monitored and a range of strategies is adopted to increase the rate of progress or to overcome barriers to learning when outcomes stall. As a result, the performance gap in attainment between looked after children in the authority and the national average for all children and young people has narrowed significantly over time. Thirty one per cent of those taking GCSEs in 2010 achieved five A*–C grades. This is better than is found nationally for looked after children and young people.
92. A recent audit has identified that personal education plans are not always up to date, however, although those that are complete do show that the child or young person was involved in drawing up and reviewing the plan.
93. The strong support and wide range of activities provided by the virtual school make a good contribution to raising achievement, enjoyment and participation. The council is effective in ensuring that the educational support provided for looked after children and care leavers educated outside the borough equals that of those within the borough. Where children and young people are placed out of the area, the virtual school is active in ensuring that good educational provision promotes positive educational outcomes. A good range of interventions and opportunities, including one-to-one tuition, learning mentors and out-of-school clubs, is appreciated by carers and has impact on raising attainment and aspirations. A very effective study group, organised by the council, provides after-school structured support for those that choose to attend.

Staff at the club are highly motivated and are careful to highlight the good or better progress being made in individual cases. Arrangements for monitoring how well looked after children achieve and enjoy are good.

94. A good range of extended leisure, cultural and recreation activities is organised, promoting enjoyment and contributing to raising attainment and well-being, including through established local authority partnerships with voluntary and community groups. Major strengths include the very effective partnership with Tottenham Hotspur Football Club and a local book shop. Good support is given to meet the diverse cultural needs of looked after children and young people from ethnic minority groups.

Making a positive contribution, including user engagement

Grade 3 (adequate)

95. Opportunities for looked after children and young people to make a positive contribution are adequate. The views of children and young people are routinely sought and specifically included within statutory visit reports. However, less than 20% of children responding to a survey for this inspection thought their views were used well to influence their care. Managers recognise the need to ensure that issues identified as important by young people are acted on but this ambition is yet to be realised fully. Although issues raised by children and young people are dealt with on an individual basis, information is not collated centrally in order to identify patterns and trends to influence strategic service planning. A recent report compiled by the independent reviewing officers draws attention to the concerns of young people, particularly in relation to poor communication when their social worker changes.
96. Despite this, there are a number of ways in which young people have been able to make a positive contribution, including through being consulted on local provision, involved in the recruitment of staff, acting as young inspectors and contributing to the redesign of the 'pathway plan' format. A group of care leavers is involved actively in developing the specification for accommodation and for tendering for fostering services.
97. Children and young people receive adequate information to help them to express any concerns they may have about the care they receive. This is currently being organised through their independent reviewing officer or through advocacy services provided by Barnardos. However, the contract with Barnardos is an interim arrangement and to date has not been well publicised. Not all children and young people responding to the Care4Me survey stated that they knew what an advocate was or how they could access one. Recent concerns identified by young people include changes of their social workers with no opportunity for them to say goodbye properly. Independent visitors provide good support to a very small number of children and young people by helping them participate in age

appropriate and enjoyable activities of their choice. However, current capacity in this area is limited.

98. Documents explaining to children and young people how to complain are available but in their responses to the Care4Me survey most indicated they did not know how make representation. While data held by the local authority indicates that no formal complaints have been reported recently to the local authority complaints team, the council is aware of the need for staff training to ensure that children and young people's concerns are recorded appropriately and that they are used to inform future service improvements.
99. A good range of opportunities and experiences is available to encourage children and young people to take part in leisure and social activities that develop self-belief, to develop the confidence needed to express their views and opinions, and to take an active part in their local community. The council provides wide support to a range of community groups to ensure cultural and individual needs are considered in the planning and delivery of activities. Individual services, including voluntary and community groups providing leisure services, canvas children and young people's views in relation to the range of activities that they would like to access. The Children in Care Council has been established only recently. Only about a quarter of those responding to the Care4Me survey had heard of it. Although the London Pledge has been adopted by the council, very few children, carers or officers are aware of it and consequently it is having little impact. Councillors are considering ways of engaging young people more fully in decision-making processes.
100. There are good examples of young people being diverted away from crime and anti-social behaviour towards more positive and constructive activities. *Kicks*, a project between the police and Tottenham Football Club, identifies troubled young people and introduces them to activities at the football club. This has led to accreditation as level 1 football coaches for some young people. However, there is no clear or agreed multi-agency strategy to reduce numbers of looked after children and young people involved in offending behaviour. Information on rates and trends are not readily available and it is unclear which partnership holds a strategic overview of this work or where strategic responsibility for service development effectively rests. The Youth Offending Service has recognised the need to further develop a restorative justice programme, tailored to the specific needs of looked after children and young people.

Economic well-being

Grade 2 (good)

101. Outcomes for economic well-being are good, with many care leavers attaining good qualifications, a wide set of skills and/or university places. Good arrangements are in place to help young people identify what they need to do to achieve their goals. An appropriate array of educational and

vocational choice is available in local schools and colleges. Young people report good support from their Connexions personal advisers in finding both appropriate courses and the on-going support needed to achieve success. Many looked after children and care leavers successfully gain qualifications and are well supported in their applications for university and progress to higher education. Currently 44 care leavers are attending university, which is above the figure for comparator areas. Others are successful in gaining a wide range of work-based skills. As a result, a higher than average proportion of young people leave care with qualifications and skills to support their future economic well-being.

102. Transition processes between children's and adult services for those with learning difficulties and/or disabilities are well established. These arrangements have been reviewed by the scrutiny panel recently and endorsed by the cabinet with areas for further improvement identified. Local scrutiny of the transition to adult services for those with more complex needs has identified areas for further improvement and parents, carers and independent reviewing officers report some delays in access to services during the transition to adult services.
103. Voluntary and community groups work collaboratively with the council to develop confidence, self esteem and work-based skills among care leavers. A joint-funded three-year project between the council and the Premier League is working effectively with 21 schools in the borough. During the past year, this has included exciting work experience and training opportunities.
104. Almost all care leavers are found suitable accommodation and most young people responding to a recent survey felt they were supported well to prepare for independent living. However, they and foster carers who responded to a review commissioned by local councillors said that not all young people were fully equipped with independent living skills such as cooking, budgeting and awareness of their entitlement to allowances. Progress is being made to establish better processes for access to accommodation and social housing and strengthening tendering process to extend the range of housing choice. A revised allocation approach, introduced from January 2011, provides greater flexibility and choice for up to fifty care leavers each year.
105. Care leavers who met with inspectors felt that they usually received the help they needed to tackle their problems and that they were appropriately involved in the development of plans made for them. Plans seen by inspectors were thorough, however data held by the local authority illustrates that less than a half of looked after young people aged 16 or 17 years have a clear 'pathway plan' that is relevant to their current needs and progression into adult life. The leaving care team provides a good range of multi-agency support to prepare young people for leaving care. Pathway plans that are in place incorporate, appropriately, the

outcomes of multi-agency planning, including the choices young people have made, and reflect their backgrounds, needs and interests.

106. The virtual school collaboration between Haringey, Enfield, Barnet and Waltham Forest and Tottenham Hotspur Football Club is working jointly with 160 young people and is aimed at helping them into employment, education and training. The council has been successful also in its bid to the Greater London Authority for funding to help keep vulnerable children and looked after children and young people in education. The cultural needs of young people, including unaccompanied minors, are properly taken into account and life skills training includes the purchase and preparation of appropriate food. However, care leavers are not convinced always of the value of the planning process and are unsure that it helps them to achieve their goals. The needs of those with physical and learning needs are considered appropriately and levels of support are generally accurately identified to enable those who may need additional help to live semi-independently.

Quality of provision

Grade 3 (adequate)

107. The quality of provision is adequate. Children and families on the edge of care have access to an appropriate range of support services. Thresholds are clearly understood with partners reporting significant improvements over the past 18 months in the operation of thresholds and in the level of responsiveness from children's services. Family Group Conferences are used well to prevent care if this is in the interests of the children and young people concerned. Families with children in the younger age group have been a particular focus of early intervention and prevention services. A Parent Infant Psychology Service offers advice and support on attachment to parents. Effective assessment and decision making ensure that those children that need to be looked after are identified and that appropriate plans are drawn up for them. The Public Law Outline is managed tightly by legal services with regular tracking of cases.
108. Schools report improved and effective communication and continually good support in raising aspirations and educational attainment through a range of initiatives arranged through the virtual school. There has been some focus on completing and improving the quality of personal education plans, although the council is falling short of its target of 100% completion of personal education plans within the required timescale.
109. The children in care teams assess needs well, reflecting good multi-agency awareness and understanding of the needs of looked after children and young people. This information is used in drawing up care plans and these are generally comprehensive and regularly reviewed. They reflect social workers' and other professionals' good knowledge, and understanding of, the views and needs of the children and young people. However, care plans are not shared routinely with children and young people and their

parents. Some looked after children benefit from building positive relationships with their social worker over time, leading to improved outcomes. However, many have had several changes of social worker and they are not always informed when and why these changes have happened. This reduces their confidence in the support available to them and disrupts continuity of planning. Wherever possible, unplanned changes of placement are avoided but more looked after children and young people experience three or more home moves than in similar areas, and reasons for this have not been fully evaluated to help inform future strategic planning.

110. Looked after children reviews are timely and usually of good quality, and actions from previous reviews are tracked and monitored well. Proactive action is taken where an assessment identifies a need for a change in provision. The council acknowledges that there needs to be a more concentrated focus on the older age groups of children, who already in care, and who could possibly return to their families with intensive support. In most cases, statutory visits by social workers take place within the required timescale, although audits of case files demonstrate that the council is not fully compliant and in a few cases there is some slippage in the frequency of visits. Records of visits are mostly well written. The views of children, young people and their parents or carers are routinely considered, although some looked after children and young people feel insufficient weight is given to their wishes and views.
111. The Independent Reviewing Officer service supports the timely review of looked after children in most cases. The high number of looked after children, currently, is affecting reviewing capacity with some independent reviewing officers holding in excess of 80 cases. In order to meet the reviewing requirements for looked after children, the council has placed lower priority on the reviews of children receiving short breaks and not all such children are having regular reviews. Reviews are generally of good quality and actions from previous reviews are being monitored. While the independent reviewing officers meet with children and young people prior to their review, many looked after children responding to the Care4Me survey said they did not know how they could contact their reviewing officer and said that they found difficult telling them about their concerns.
112. Translation services are accessible for children and their families for reviews. However, for children with communication difficulties, access to specialist communicators is problematic. The most recent annual report does not include any information relating to the issues expressed by these children and young people. This is a missed opportunity. Additionally, the annual report is not sufficiently evaluative and analytical enough to inform practice and service planning. For children with disabilities, short breaks through the Aiming High programme have increased significantly from 188 in 2008 to 550 in 2010. However, access to residential short breaks has ceased during the refurbishment of the residential home.

113. The number of looked after children and young people is increasing at a faster rate than found nationally. However, looked after children and young people are being appropriately and this is promoting their welfare. However, due to insufficient local accommodation many children and young people are being placed out of the area. Comparatively low numbers of children are adopted despite the use of parallel planning and sound monitoring arrangements and further developments are needed to ensure that identified children move from the care system to permanent placements without unnecessary delay.
114. The council has an effective approach to commissioning high quality external placements. A marketing strategy, designed to recruit more local carers, is in development as the council has the ambition to provide more local provision. Most looked after children and young people live in good quality, stable and settled foster placements, which are meeting their needs. In some cases, children and young people placed outside the borough are less able to access similar services to those provided by the council and their partners. The current system for approving placements results in some delays in decisions being made about placements.

Ambition and prioritisation

Grade 3 (adequate)

115. Ambition and prioritisation are adequate. The leader of the council, lead member for children's services, and senior managers have high ambition for looked after children services. This is shared by the wider partnership, and there is particular evidence of improving support for looked after children and young people from health services. Outcomes for looked after children and young people are currently at least adequate and in some instances they are good. The corporate parenting advisory group, with cross-party involvement, has increased its focus on monitoring provision and challenging outcomes for looked after children and young people. However, this work is not disseminated widely to managers or practitioners. Little knowledge of this activity, or of the advisory group, was demonstrated either by managers within looked after children services or across the wider partnership. Similarly, knowledge of the 'Pledge' is limited both within the partnership and among looked after children and young people themselves.
116. Elected members do visit children's homes and their reports highlight areas for improvement, which are then appropriately considered. However, there is less evidence of elected members championing of the needs of looked after children and young people or facilitating engagement with them to develop services. Corporate parenting arrangements overall are unremarkable and lead members have acknowledged the need to strengthen corporate parenting arrangements and user engagement and there is a strong ambition to achieve this quickly.

Leadership and management**Grade 3 (adequate)**

117. Many looked after children and young people are receiving a good service and their needs are being met and good outcomes are being achieved. Individual service areas are adequate or better but the service overall lacks strategic coherence and opportunities are being missed to move the service to a higher level. Political leadership is good and the Director of Children's Services and senior managers have a very clear and detailed understanding of current service strengths and areas for further development. A good interim development plan provides a step-by-step approach to address areas of development and under performance and is setting out a clearer strategic direction.
118. The pace of service improvement, until now, has been affected to a degree by the need to tackle other priorities across the partnership, mainly in safeguarding. Independent reviewing officers are reviewing cases in a timely manner although their workloads are heavy and capacity is stretched. Staff and managers across the partnership are optimistic that services for looked after children and young people will be strengthened and that attention to corporate parenting and improved service user engagement will become a priority.
119. Commissioning arrangements for placements are good. When a placement is required there is a clear process to test availability within directly provided resources. Good work has been undertaken to build the market and to ensure providers are prepared and able to meet the demands of service specifications, including safeguarding and value for money. Benchmarking systems are in place in conjunction with other boroughs, which is building intelligence on costs and capacity to meet the needs of children and young people in a placement. A formal process exists to involve placement officers in reviews where issues of specification and service delivery are raised. Where therapeutic services are being offered by providers, these are routinely checked for effectiveness before a placement is finally agreed. A needs analysis of the borough's looked after children appropriately informs the tendering process and specifically includes services for children from minority ethnic backgrounds, children with disabilities, mother and baby provision, and fostering and residential children's homes. Service standards are currently monitored through Ofsted inspection reports, visits to residential establishments and attendance at case reviews. Performance tracking of stability has not yet been fully established but plans are in place to develop this. Similarly, cost and volume incentives to promote stability are being developed. The engagement of young people in the tendering process is good.
120. Effective collaborative working with other local authorities is resulting in a joint tendering process for the provision of semi-independent accommodation. There are good examples of joint and tripartite commissioning arrangements to provide services to children and young

people with special needs, including those who are looked after, but this is not in the context of an overarching commissioning strategy.

121. The head teacher of the virtual school provides good leadership. The work of the children in the care education team is highly respected by schools and other local services. Effective monitoring, tracking and evaluation of looked after children's progress has had a positive impact on raising attainment. There are shared high aspirations for looked after children and young people and improving arrangements to support educational attainment at age 18. The recently appointed team leader for post-18 services has a good understanding of strategic and performance management and acknowledges that there are aspects of services that need to be developed and that new organisational arrangements are not fully embedded.
122. The use of out-of-area placements for children with special needs is being reduced as new in-house resources are established, including a new special school and primary school for children with special needs with co-located services.

Performance management and quality assurance

Grade 3 (adequate)

123. Specific performance management systems for looked after children and leaving care services are in place, which are supported by designated personnel attached to teams. Performance against national indicators is almost always in line with, or better than, similar areas. Most performance indicators are improving, although some important indicators such as placement moves are showing less improvement. Where monitoring identifies underperformance, such as the low number of completed personal education plans, action is taken to improve performance. However, the looked after children service does not have monthly reports of performance, drawing on a core dataset, and the council accepts that there is scope for more systematic analyses of available performance data to inform service improvement. Where performance monitoring is in place, there is an absence of routine analysis and evaluation. Additionally, where performance is dependent on partnership working, multi-agency groups are not involved in checking on progress or recommending service improvements, for example in relation to looked after children and young people who are offending.
124. Although social workers report that they receive regular supervision, this was not evident in all cases seen by inspectors and nor was the recording of reflective practice. Management decisions are recorded routinely on individual case notes. Case file audits of the quality of practice are undertaken but only infrequently. Findings of audits that do occur are not collated and disseminated sufficiently within and across the service to inform and improve practice.

125. Members of the safeguarding policy and practice committee commissioned thematic audits to scrutinise and challenge the performance and progress of services, and to compliment other audits commissioned by the leader of the council, lead member for children and families and senior managers. The committee, which includes backbench councillors, appropriately holds the administration to account on issues of performance and seeks further analysis of issues of concern as necessary. As the panel comprises elected members only, it lacks multi-agency representation and the impact of its monitoring and learning is not spread across the partnership as a whole. Children and young people's views are recorded routinely during their reviews. However, these are not collated by the independent reviewing officer team. The service therefore does not have this routine opportunity to learn from the child or young person's voice or for this to inform practice or strategic planning.

Record of main findings:

| Safeguarding services | |
|---|----------|
| Overall effectiveness | Adequate |
| Capacity for improvement | Good |
| Safeguarding outcomes for children and young people | |
| Children and young people are safe and feel safe | Adequate |
| Quality of provision | Adequate |
| The contribution of health agencies to keeping children and young people safe | Adequate |
| Services for looked after children | |
| Ambition and prioritisation | Good |
| Leadership and management | Good |
| Performance management and quality assurance | Adequate |
| Partnership working | Good |
| Equality and diversity | Good |
| Services for looked after children | |
| Overall effectiveness | Adequate |
| Capacity for improvement | Good |
| How good are outcomes for looked after children and care leavers? | |
| Being healthy | Adequate |
| Staying safe | Adequate |
| Enjoying and achieving | Good |
| Making a positive contribution, including user engagement | Adequate |
| Economic well-being | Good |
| Quality of provision | Adequate |
| Services for looked after children | |
| Ambition and prioritisation | Adequate |
| Leadership and management | Adequate |
| Performance management and quality assurance | Adequate |
| Equality and diversity | Good |

This page is intentionally left blank

Scrutiny Review of Corporate Parenting

The Council's Overview and Scrutiny Committee is currently undertaking a scrutiny review on corporate parenting. This is being done by a small panel of Members chaired by Councillor Joseph Ejofor. As part of this, they will be considering how Councillors could be assisted further in their role. To assist us with this we would like you to take a few moments to complete this short questionnaire. It should only take about 10 minutes of your time. Please complete the questionnaire by **Friday 25 February 2011**. Please start the survey on the next page.

Please note, the survey needs session cookies enabled on your browser, otherwise you may experience problems filling in the survey. We use session cookies to allow you to page through the survey without losing any information. No personal information is stored or obtained from your computer. If you're unsure how to enable session cookies, please visit www.haringey.gov.uk/cookies.

Q1 How aware do you feel you are of your role and responsibilities as a corporate parent?

5 (31.3%) Very aware
9 (56.3%) Quite aware
2 (12.5%) Aware
0 (0.0%) Not aware
0 (0.0%) Unaware

Q2 Have you received specific information about your role and responsibilities as a corporate parent?

Yes 16 (100.0%)
No 0 (0.0%)

Q3 Do you think that the information that has been provided by the Council has been;

Too much 0 (0.0%)
Just about right 14 (87.5%)
Not enough 2 (12.5%)

Q4 Are there any issues which you feel that you would like further information about? (Please tick all that apply)

Your role as corporate parent 2 (12.5%)
Policies and strategies around looked after children 6 (37.5%)
Services that the council provides for children in care 4 (25.0%)
Data around children in care 7 (43.8%)
Other 2 (12.5%)
If other, please specify 3 (18.8%)

Q5 How often do you receive information about children in the Council's care?

0 (0.0%) Daily
1 (6.3%) Twice a week
10 (62.5%) Rarely
1 (6.3%) Weekly
4 (25.0%) Monthly

Q6 Do you feel that you have a good knowledge of;

| | Yes | No |
|---|-----------|------------|
| How many children are in care? | 9 (56.3%) | 7 (43.8%) |
| How well they are doing in education? | 6 (37.5%) | 10 (62.5%) |
| What support there is for care leavers? | 5 (31.3%) | 11 (68.8%) |

Q7 Have you attended any training events about your role as a corporate parent?

16 (100.0%) Yes
0 (0.0%) No

Q8 Do you think that the training that has been provided by the Council has been;

0 (0.0%) Too much
10 (62.5%) Just about right
5 (31.3%) Not enough

Q9 Have you been given the opportunity to listen to the views of children and young people in care?

9 (56.3%) Yes
6 (37.5%) No
1 (6.3%) Not sure

Q10 If no, would you like to be given the opportunity to talk to young people in care?

11 (68.8%) Yes
1 (6.3%) No

Q11 Do you think that you are well informed about the issues that concern children and young people in the Council's care?

4 (25.0%) Yes
7 (43.8%) No
5 (31.3%) Not sure

Q12 Are you aware of arrangements by the Council to celebrate the achievements of children and young people in care or with foster carers?

6 (37.5%) Yes
7 (43.8%) No
3 (18.8%) Not sure

Q13 Is there anything else that you would like to add about any of the issues raised ?

5 (31.3%)

Q14 Please give details of anything else that you feel might help you further in your role as a corporate parent?

4 (25.0%)

Thank you for taking the time to complete this survey

Literal Responses

There were 3 responses to the other option in Question 4

Q4 Are there any OTHER issues which you feel that you would like further information about?

Serious issues raised by corporate parents need to have a response and need to be followed through by Senior Management.

all of them on a more regular basis just to remind me.

educational performance cf. non-care children .

There were 5 responses to question 13 - Is there anything else that you would like to add about any of the issues raised?

All children's services care / education etc is an area that i do not get very involved in as time management issues have made me decide this is not an area i can be involved in.

How will your objectives resolve on-going problems? The in-house training has been diluted and self inspection is dangerous.

It's difficult being a corporate parent when you don't know any of the children. The word 'parent' is misleading because you are not allowed to parent in a way you'd parent your own children. If my own kids refused to get out of bed and go to school or smashed up the furniture there would be sanctions. My children aren't consulted about which doctor to use or whether they should go for a dental check up. As a parent I believe that children need to know what the boundaries are, and are relieved by having them. If boundaries and sanctions are almost non existent then they will push to the limit and it becomes impossible to parent effectively.

No

The children in the Council's own homes are among the least 'engaged' with education and other opportunities despite a high 'per head' cost. A review (perhaps scrutiny, perhaps just officer-led) of what we do and possible alternatives for these young people might produce valuable experience from elsewhere, to the ultimate benefit of the young people.

There were 4 responses to question 14 – Please give details of anything else that you feel might help you further in your role as a corporate parent?

Senior management to act and follow through on serious issues affecting LAC's.

With one or two notable exceptions this is very much seen as a role for female councillors. If we are called 'parents' we should have more dealings with the children. Perhaps councillors could be given 10 anonymised cases each so they can follow how 'their' children are doing. Currently they are largely viewed as a set of statistics.

worth reminding members of their responsibilities

Better awareness of different ways of tackling the problem of young people in care, and good practice from UK and Europe.

SCRUTINY REVIEW OF CORPORATE PARENTING

10 MARCH 2011

REPORT OF THE CHAIR OF THE REVIEW PANEL

ISSUES PAPER

1. Introduction

- 1.1 The purpose of this paper is to bring together all of the significant evidence received in the course of the review and highlight the key issues for discussion at the concluding meeting.

Definition

- 1.2 Looked after children and young people (LACYP) are children in the care of the Council through a care order made by a court or voluntary agreement with their parent(s). They can be looked after in a children's home or by foster carers or by other family members. Care leavers are children who have been looked after by the Council and are still provided with assistance, advice and guidance. Children and young people do not like the term but it is a term that is generally understood by people.
- 1.3 The term does not have a formal legal definition but it recognises that a local authority should have the same interest in the progress and achievements of children and young people in its care as a reasonable parent would have for their own children. The responsibility applies to the local authority as a whole and not just the Children and Young People's Service (C&YPS). It requires ownership and leadership at a senior level and includes a key role for elected Members.
- 1.4 Local authorities do not only have a role in providing services. They also have a wider role in working with local strategic partners, as a "place shaper" and in promoting community cohesion. The Council could therefore potentially use its position and influence to promote the interests of LACYP through a wide range of channels.

Background

- 1.5 Being a good corporate parent means that the Council should:
- Accept responsibility for children in it's care and make their needs a priority
 - Seek for them the same outcomes any good parent would want for their own children
- 1.6 Whilst LACYP have a right to expect the same life opportunities and outcomes as other children, they may nevertheless experience disadvantage. Research indicates that they experience significantly poorer outcomes across a range of measures, including health and education:

- Nearly 50% of LACYP have a diagnosable mental health disorder compared to 10% in the general population. Figures for those in residential care are even higher.
 - Between a quarter and a third of rough sleepers have been looked after by local authorities as children
 - Children who have been in care are two-and-a-half times more likely to become teenage parents.
 - Young people who have been in care are disproportionately likely to become unemployed
 - Young people who have been in care are disproportionately likely to end up in prison
 - Twenty-six per cent of prisoners have been in care as children, compared with just two per cent of the total population
- 1.7 Education plays a particularly important part in improving the life chances of LACYP. In 2008, only 14% of LACYP achieved 5 A* - C GCSE grades compared to 65.3% of all children. Disruption caused by constant placement moves can have a particularly adverse affect on performance. It may not so much the fact of being in care that causes them to miss out on education but the circumstances which lead to them entering care. In such circumstances, ensuring LACYP have the right support to be able to participate fully in school life is very important. For example, they may need specific help to catch up. A high proportion of LACYP see entering care as having been good for their education.
- 1.8 The previous government brought in the following initiatives to raise the educational attainment of looked after children:
- Each local authority now has a “virtual school head” to champion the educational needs of all LACYP;
 - Each school has a designated teacher for LACYP;
 - Children at risk of falling behind at school have a personal educational allowance; and
 - One-to-one tuition is available if necessary for some looked after children
- 1.9 Although education is very important, LACYP have a range of other needs. For example, many can also experience poor health outcomes. LACYP share many of the same health risks and problems as their peers but they frequently enter care with a worse level of health due to the impact of poverty, abuse and neglect. Evidence suggests that looked after children are nearly five times more likely to have a mental health disorder than other children. Local authorities, primary care trusts and strategic health authorities must currently have regard to statutory guidance issued in November 2009 on promoting the health and well-being of looked after children, which requires children in care to have a personal health plan. They must:
- Be registered with a GP
 - Have their immunisations up to date
 - Receive a regular health assessment and dental checks.
- 1.10 They also have a right to expect the same leisure opportunities as other children and to take part in out of school activities.
- 1.11 LACYP face particular challenges when they leave care. The Children (Leaving Care) Act 2000 sets out local authorities’ responsibilities to help children leaving care develop a

'pathway plan' to independence with the help of a personal adviser. Assistance must currently be provided for care leavers up to the age of 21. The expectation is that Councils should provide the support a good parent would give on housing, education, training and employment. This can make the difference between achieving independence and requiring long-term help. Whilst Councils have a statutory duty to keep in touch with care leavers until they are aged 21, (and beyond that if they are in education), parents normally remain in touch and offer help and advice to their children throughout their lifetime.

- 1.12 When they are elected, all Councillors take on the role of 'corporate parents'. They have a duty to take an interest in the well-being and development of LACYP as if they were their own children. Although the Cabinet Member for Children's Services has particular responsibilities, the responsibility to act as corporate parents is held by *all* Councillors, regardless of their particular role. There is an expectation that systems, processes and support should be in place to enable them to fulfil that role. This was emphasised in the launching of the *Quality Protects* programme in 1998, when the Secretary of State wrote to all councillors about their role and said:

"Elected councillors have a crucial role. Only you can carry it out. You can make sure that the interests of the children come first. You bring a fresh look and common sense. As councillors you set the strategic direction of your council's services and determine policy and priorities for your local community within the overall objectives set by Government."

- 1.13 The role of Councillors as corporate parents is defined in 'Think Child' (1999) as the following:

- **“find out** – get the facts and follow them up
- **make decisions** – play your part in the business of the council
- **listen to children and young people** – find out from them how your council's services work for them and remember that children are citizens too
- **be a champion for children** – take a lead in your community in putting children first"

- 1.14 Communicating with LACYP and obtaining their views is undertaken in a range of ways. The Care Matters White Paper required that every local authority set out a "pledge" to children and young people in its care. Every child and young person's care or pathway plan must reflect how the commitments made in the pledge will be delivered for that individual child. There was also a requirement to set up a Children in Care Council to enable regular dialogue and involvement from LACYP in developing and delivering services and to monitor the implementation of the pledge. There should also be mechanisms in place for involving young people in care in the recruitment of key staff members.

- 1.15 It is not only councillors who are corporate parents. Council officers across the council (not just in children's services departments) share in the responsibility and other partners also have a duty to cooperate to ensure looked after children's needs are met.

- 1.16 Haringey is currently responsible for 601 looked after children and 462 care leavers. The largest age group is children between the ages of 10 and 15. The numbers have gone up significantly in recent years. The numbers in Haringey are well above the national average and track those of statistical neighbours. Encouragement and support is given to families to

provide care where possible. Children cared for by such “kinship” arrangements are not categorised as looked after.

- 1.17 The “Care Matters” white paper required the Council to create an environment for care which was safe and which aimed high for children and young people. Stability is an important factor and social workers play a key role within this. Specific work is also undertaken in preventing young people from coming into care. There was an expectation arising from Care Matters that each local area would develop a pledge for looked after children based on its corporate responsibilities. London Councils agreed on a London wide pledge, which Haringey had signed up to. In terms of participation, there was also a requirement to set up a Children in Care Council.
- 1.18 The Council’s Corporate Parenting Advisory Committee undertakes a monitoring, challenge and scrutiny role in respect of looked after children. In particular, it receives a considerable amount of statistical information. In addition, the Council also undertakes its corporate parent role through the following:
- Total Respect training for professionals on how to communicate effectively with children and young people;
 - Regulation 33 visits to children’s homes
 - Fostering and Adoption Panels
 - Fora for consultation and participation
 - The roles and responsibilities of the Leader, Cabinet Member for Children and Young People and the Children and Young People’s Service
 - The Children’s Trust arrangements and the HSP Board
 - The local Safeguarding Children’s Board
- 1.19 All looked after children are required to have a named Independent Reviewing Officer (IRO). This person plays a very important role as a mentor for the young person. Such individuals are not connected with the decision making process. Their primary focus is to quality assure the care planning process for each child and to ensure that his/her current wishes and feelings are given full consideration.
- 1.20 65% of Haringey care leavers are in employment, education and training (EET) and 94% are in appropriate accommodation. It can be difficult to keep track of them after the age of 21 as this could only be done with their agreement.

2. Stakeholder Perceptions

Foster Carers

- 2.1 The Panel listened to the views of a number of foster carers and support staff. It was noted that prospective foster carers could have the perception that private agencies paid more than the local authority. However, although private agencies charged more, they also took a percentage of the amount. When carers spoke to the local authority, they realised that there was no financial benefit to working for an agency. In the past, only private agencies had offered out-of-hours support but the local authority now also provided this.

2.2 The following points were raised by carers:

- The recruitment process was felt to be onerous but it was acknowledged that guidance had to be followed. Haringey had high standards and it was inevitable that there would be drop out during the recruitment process. There had been long waits in the past to hear the results of applications to foster and it had sometimes been quicker to use agencies. This had improved and there was now a welcome programme for new carers which included an invitation to the support group.
- Support groups for foster carers funded by the Council and run through Haringey Foster Carers Association worked very well. They were well run and beneficial for carers. The Chair of the Foster Carers Association had played a very important part in this.
- A constant social worker could make a significant difference. Turnover of social workers seemed to go through phases. Sometimes there was stability and sometimes there were a lot of changes and/or gaps. In some cases, the young person did not know the social worker had changed. In such cases, contact had to be with the team manager and responses to enquires could take time.
- All foster carers also had a social worker and they could be used in circumstances where the young person could not contact their own social worker. However, it was felt that it was important that the young person was able to speak to their own social worker and they could become frustrated if this was not possible. If social workers were very good, they could be given additional work and this could lead to them having case loads that were too heavy. In addition, the transition to leaving care did not always work well.
- Education was the biggest challenge that faced LACYP. The children that performed better were generally those that had received tutoring at home. Provision of this had provided a real benefit for children. The need for tutoring was established by the social worker – some children got it whilst others did not.
- It could be difficult for social workers to engage with young people on certain issues such as sexual health if they were of a different gender and it would therefore be better if they could be matched according to this. However, there was a shortage of male social workers.
- Young people could visit their foster carer after they had left care. They saw foster carers as their parents and had a different relationship with them to the one they had with their social worker. The young people saw themselves as part of the family. Social workers were not always accessible and were subject to change.
- It could be difficult for young people who went out of London for their higher education as there might not be anywhere for them to go during vacations.
- It was considered that there was a need for support to address challenging behaviour by young people as it was important that they understood boundaries. Working to impose discipline on them would be better than constantly moving them. The service did not wish to have to move children in such circumstances but had to if carers were unable to cope. Challenging behaviour was sometimes due to the experience of trauma.

- Support services could respond more quickly. This was particularly true of the Tavistock and audiology. Emotional support was available through the Tavistock Centre but it was not always wanted by children or carers or suitable for children. Many children went once and did not go back. Although some children needed counselling, others would be more suited to mentoring. Both the Tavistock and CAMHS had long waiting lists. There was little support that was available below this level.
 - Support for foster carers had improved in recent years. In particular, there was more consistency in the supervising of social workers. A continuing concern was the time that it took to deal with allegations against carers and the poor communication that often accompanied suspensions of them. However, if an allegation was made, the service had an obligation to investigate it.
 - It was felt that young people could be better prepared for leaving care by a period of semi independent care. Processes were not always explained as well as they could be. Young people did not always know all their entitlements.
 - Carers helped young people to prepare for leaving care. They were given £52 to live on and, to assist with this, they were taught budgeting skills. However, young people could sometimes not be prepared for the range of costs associated with independence, such as heating and lighting. The accommodation that they were offered was not always of a particularly high standard. The teaching of skills to prepare young people for independence was included in the care plan.
 - It was suggested that all children in care could given a trust fund that the Council controlled and that they received at the age of 18. The allowance given to carers currently included an element for saving for young people but not all carers were good at using this effectively. A trust fund could replace this. The longer that children were in care, the more money that they would get. It could also be extended to those cared for by agency carers. It was noted that the Council had looked at this option previously but it had proven to be difficult to set up.
- 2.3 It was noted that a lot of care was taken in ensuring that placements were appropriate. The majority of carers were now black and there was now more of a problem with placing white children. There was a particular need for more foster carers from Eastern Europe. It was important to place children where they would feel most comfortable. Carers could play a role in encouraging children to develop an awareness of their own culture and background. It was noted that young people who returned to the home of foster carers needed to be CRB checked if there were new foster children. There could sometimes be problems with envy where there were new children in the home.

Care Leavers

- 2.4 The Panel met with a group of care leavers from a range of backgrounds to obtain their views. All had been fostered and none adopted. Several of them were still in touch with foster carers and some still regularly visited them. However, such contact tended to diminish in time. The length of placements varied and there were often a number of social workers

that they had contact with. The majority of them were currently in higher education. The following points were raised:

- The experience of being in care could affect their outlook on life. There was not much opportunity to talk about this. Support from social workers was good but sometimes they were over stretched. Young people got less attention as they got older but they still felt that they needed someone to provide support and guidance. Social workers were only available to provide support for them during the day and not out-of-hours.
- People could be wary of them and they were often reluctant to disclose that they had been in care because of this. Sometimes people were not aware that how they responded could be upsetting. Their reluctance to disclose could be a limiting factor on friendships as it meant that they put up barriers. Being in care could result in them being wary of becoming too close to people. They felt more able to be open with other people who had been in care. They were able to look after themselves and had adapted to being in care. They had learnt to be independent at an early age.
- Care leavers were frequently affected by loneliness and lack of social contact. There was nowhere for them to meet other people from a similar background and socialise. They met in cafés occasionally but this cost money. Although there were youth clubs, these cost money to attend which put them off going. In addition, youth clubs could be dangerous places due to the post code rivalries that existed. Just wearing the wrong clothes could result in trouble.
- Some of the accommodation that they were given was not regarded as being very good. Although they were given £500 to help them settle in, this was not felt to be sufficient. They were given some information and advice about housing but felt that more assistance could be provided. It could be hard to make ends meet and it was easy to get into debt.
- They thought that they could be better prepared for leaving care through being given more explanation of life outside of care and what they would need to do. The sudden change could be traumatic and could happen when people were still very young.
- It could be tough being in higher education. Bills and travel costs had to be met and the student loan was not enough to cover these. It was particularly difficult for them to go to university outside of London as they would lose their home. It was noted that local authorities were now required to assist with this. A bursary was now available which amounted to around £2,000 over the period of the course. The young people had not been aware of this. The current situation meant that most young people in their situation would not go to university outside of London.
- In terms of work, they stated that they could find themselves worse off if they obtained work as they would lose all their support. The 16 hours cut off point did not encourage people to work.
- They would all be interested in acting as mentors for other young people coming out of care. A mentoring scheme would be beneficial as young people might be more inclined to listen to advice from their peers.

- They all felt that personal advisers were very useful and provided a good range of information on options

Study Centre

- 2.5 The Chair and Councillor Solomon also visited the Study Centre for LACY. They had been very impressed with the dedication shown by the young people in attending the centre as many had come a long way. The centre was also not very accessible. The young people felt that the centre had helped them to improve their performance and all of them were keen to attend.

Cabinet Member for Children and Young People

- 2.6 The Panel received evidence from Councillor Lorna Reith, the Cabinet Member for Children and Young People. She stated that the Council's Corporate Parenting Advisory Committee looked in detail at services provided by the Children and Young People's Service (C&YPS) for looked after children and, in particular, relevant statistical information. This included the numbers of children in care, their age groups, feedback from visits and educational performance. The Advisory Committee had a specific role in listening to the views of children in care. Some had come to meetings of the Committee and engagement events had been held, sometimes hosted by Tottenham Hotspur. A Children in Care Council had also been set up and had now met twice.
- 2.7 An officer from the Council's Housing Support and Options team regularly attended the Committee. It also considered issues relating to the Council's two children's residential homes – Muswell House and Haringey Park. She felt that the Committee provided a good element of challenge to C&YPS. It was less able to address the wider corporate parenting agenda and the role of other Council services and partners. Services such as parks and leisure had a particular role as both providers of services and potential sources of work placements. However, economic circumstances were currently very challenging and it was now difficult to arrange things like apprenticeships.
- 2.8 A lot of Council staff would be leaving shortly due to the budget cuts and one option that could be explored was to ask if any of them would be interested in becoming foster parents. The service was first and foremost looking for people who lived in the borough but this was not essential.
- 2.9 There was a specific officer in the leaving care team with responsibility for finding work placements and opportunities at a wide range of organisations had been found. However, due to the junior status of the post, its influence could be limited. She felt that other parts of the Council had the potential to contribute more through, for instance, providing work placement opportunities. The Panel noted that one possibility would be to involve care leavers in the Haringey Guarantee scheme.
- 2.10 Papers from the Corporate Parenting Advisory Committee contained a wide range of statistical information. She noted that the Overview and Scrutiny Committee had considered statistics on missing children but she felt that they did not tell the full story. For example, the

figures did not state how long the absence had been or how often. The issue was taken very seriously and if there was any suggestion that the whereabouts of LACYF were unknown, the Police were informed. It was a complex area and statistics required a degree of interpretation and explanation.

- 2.11 In terms of education performance, this was very good in comparison with children in care in other local authorities but still had not reached the standards achieved by children not in care. Many children in care now went to university.
- 2.12 She felt that the practical needs of young people leaving care were addressed well. Housing support was particularly effective. Care leavers were in the highest priority band for housing. Young people could be accommodated in a wide range of accommodation including some that was semi independent. Care leavers all received a lump sum allowance to assist them with the transition. All young people received specific guidance on finance and budgeting. There was also input from health partners.
- 2.13 She had particular concerns about emotional support. Care leavers could become very vulnerable and loneliness was a big problem. Most young people were still living at home at the age that young people left care. They therefore did not have the same support networks. Two young care leavers had died in the previous year. It was unclear whether these cases were suicide or neglect but care leavers were a high risk group. There were particular challenges in meeting the needs of young people who came into care as teenagers, such as those affected by the implications of the Southwark judgement. These young people could be very damaged.
- 2.14 One option that could be explored was mentoring, which some other local authorities had set up. She had asked the Leaving Care Service to consider how emotional support could be improved and a report was being prepared for the Corporate Parenting Advisory Committee. Although peer support could be developed, some young people did not wish to be defined as being in care.
- 2.15 A lot of work was undertaken on the issue of pregnancy. The dangers of becoming pregnant were explained. However, some young people who had no family wished to create one of their own. They also felt that having a child gave them status. This view point was common even amongst fostered children. They could become very lonely if the father of the child did not remain with them.
- 2.16 There were good links with some services such as Housing and Adults. Other services had the potential to play a greater role as corporate parents. In reference to leisure, it was noted that if leisure passes were bought for children in care the cost of these came out of the budget for C&YPS.
- 2.17 It was not always easy to track the progress of care leavers so that lessons could be learnt from successes as well as those who had encountered problems. It was more likely to be those who had been successful that kept in touch.
- 2.18 The fostering and adoption team had been split between those who dealt with existing carers and those responsible for recruiting new ones. Improvements had taken place since this had

been implemented and further progress was anticipated. The Council now worked with five other authorities as part of a consortium.

Opposition Spokesperson

- 2.19 Councillor Allison felt that the current Cabinet Member had helped to improve services in a short space of time but there was still a particular need to focus on outcomes and improvements needed to be sustained.
- 2.20 She stated that feedback from family courts suggested that improvements in the preparation of cases for court needed to be made. In particular, there had been issues with the preparation of cases which had led to some cases being referred back to court several times. In addition, there had been an overspend of £1.5 million in legal costs. She had raised her concerns with the Director, who had given assurances about the situation. She was concerned that some children might be being taken into care unnecessarily. Practical solutions could be found to help keep children out of care. It was much cheaper to support families than to use the care system.
- 2.21 She felt that the recruitment of foster carers should be given to specialist organisations. People became foster carers for a range of reasons and this was not addressed sufficiently in recruitment advertisements. There were also delays in information being sent out to prospective carers. She felt that the Council should seek to recruit the best foster carers from private agencies. She was of the view that the recruitment panel could be made less intimidating. There were 12 professionals on it and many local authorities had smaller panels.
- 2.22 She stated that one of Haringey's children's residential homes had been judged as inadequate in an OFSTED inspection in 2009. Action had been taken to respond to the inspections recommendations. The home had recently been re-inspected and this had identified some areas from the earlier inspection that were still outstanding. She had raised concerns about the home on several occasions. There was a very high turnover of staff in residential homes. One of the Council run homes was intended for assessment and children and young people were only supposed to stay for a few weeks. However, some were staying for up to 6 months. The other home was for medium to long term placements. She was of the view that the residential homes could be more assertive in retrieving children who had not returned when supposed to but this had staffing implications.
- 2.23 She also expressed concern that Red Gables, which was one of the main contact centres, was not being used as much as it should. Schools were sometimes being used and this was not appropriate. She felt that more suitable locations needed to be identified for supervised contact visits.
- 2.24 She felt that work experience was particularly important to young people. Even a few weeks could make a difference.

3. Education

- 3.1 The Panel noted that specific measures had been taken by the Council to help ensure that LACYP have access to a good education. Children in Haringey perform significantly better

than those in statistical neighbours. All care plans for children under five describe arrangements for the child to access high quality early years education. Measures are also taken to ensure that children are not moved during years 10 and 11 except in exceptional circumstances and that those placed out of borough have the same access to education as those in borough. There is provision of £500 a year for looked after children who are at risk of not achieving expected standards.

- 3.2 The Council tries to ensure that children in its care go to the best schools available. The Virtual Head works with the Council's Admissions Service to ensure that all LAC were placed appropriately. The current admission criteria for both Haringey primary and secondary schools puts children in care as the highest priority. School admission appeals are made if applications for preferred options were unsuccessful. Efforts are also made to put gifted children in schools that would enable them to realise their full potential.
- 3.3 There is a requirement for all looked after children to be allocated a designated teacher to promote their educational achievement and this role is being strengthened in Haringey. There is now also guidance for local authorities on how to support carers in the SEN process. Additional funding is now provided for looked after children to have the opportunity for 2 hours free extended activities per week. Home school agreements are also being reviewed in order to ensure that full consideration is given to foster carers and residential staff. Training for foster parents now addresses educational achievement and how to support children's literacy. School governors also have a role and specific training is now provided.
- 3.4 The Panel received specific evidence from Attracta Craig, the Haringey Virtual School Head. The educational performance of Haringey's LACYP was a success story. Performance compared very well with that achieved nationally and in other London boroughs. However, although the borough was doing very well, the aspiration was to do even better. This would allow young people to be more successful and independent and to close the gap with other children.
- 3.5 Her service had high expectations for young people and had submitted more challenging targets than the ones that have currently been set but these were turned down. Good grades at GCSE were very important and helped to keep young people out of the NEETs (not in education, employment and training) category. The ages between 16 and 19 could prove challenging if young people had not secured 5 passes at A – C.
- 3.6 69% of care leavers were in employment and training, although this did not necessarily mean that they would go on to do well. A lot was now being done to address the educational performance of LACYP and this focussed on the whole period of their education, up to 19 years of age. One of the reasons why the virtual school had been set up was to enable an overview to be taken. The service had not previously realised just how important the years between 16 and 19 were.
- 3.7 Moving children during the year of their GCSEs could be particularly detrimental and was avoided wherever possible. Consideration was now being given to what could be done to support 'A' level performance. There was currently a mismatch between birth dates relating to placements and the dates for 'A' Level exams which could lead to difficulties - whilst care ended at 18, exams took place the following June for most young people.

- 3.8 A number of tools were used to monitor progress. Data was used and the progress of children was tracked. It could nevertheless be challenging. 40% of LACYP had been the subject of fixed term exclusion in the last academic year and schools could find them hard to handle. However, there had only been one permanent exclusion. There had been a training programme for designated teachers. Haringey had had a virtual head teacher for some time and had brought this in prior to it being made compulsory for local authorities. Of particular note was the partnership with Tottenham Hotspur who were involved in providing a range of opportunities and events for LAC, including work experience. All LACYP were offered after school tuition. There was a drive to encourage more of them to take up the offer. In 2009, although 66 offers were made, only 29 were accepted. The amount of tuition was fixed at 10 hours per academic year.
- 3.9 GCSE results for 2010 were as follows:
- 17% 5A* - C including Maths and English
 - 31% A5* - C
 - 71% 1A – G
- 3.10 Only 2 young people out of the 31% of LACYP that got 5 passes between A and C had been predicted to gain such passes two years ago at KS3. Those who achieved 5 A-C grades all took up at least one of the following opportunities :
- 20 hours after school tuition in KS4 (14 young people)
 - Attended Study Club (4 young people living in Haringey)
 - Visited Highgate Independent School as part of Study club for science lessons (4)
 - Work experience at Spurs as part of To Care is To Do (2)
 - Attended aspirational trip to London Eye, Spring 2010 (5)
 - Attended previous Children in Care Awards Events (8)
 - Involved in activity days at Spurs when in Year 9 (2)
 - Part of volunteer mentoring scheme when in Year 9 (2)
- 3.11 This was in addition to remaining in the same school and care placements in Key Stage 4 and Haringey Virtual School maintaining regular contact with school Designated Teachers throughout. Interventions can also be a range of simple and small things like getting to know the young people, showing an interest and having high expectations.
- 3.12 Young people were not always successful though and things could happen to them which inhibited their performance. For some young people, getting 1 A-G pass might be a significant achievement and it was important that the achievements of all young people children were celebrated. The service worked closely with headteachers and school governing bodies to ensure that they fulfilled their statutory responsibilities.
- 3.13 The Panel noted that the service had been short listed for four Children and Young People Now awards. This included:

- One for corporate parenting for the work to develop a book club. This involved working with the Library Service and the Big Green bookshop to deliver books to children's homes.
- The Learning Award for their Study Club. This had existed since 2005 and involved young people between key stages 2 and 4 meeting every week with staff from the Tuition Service.
- There had also been a nomination for Third Sector Engagement for their South Africa project. This had entailed children and young people who were considered at risk from going into residential care getting the chance to go to South Africa.

3.14 In addition, BBC's Newsround were using the borough as an example of how children in care could do well academically. The Council was accountable for how well LACYP performed academically. In addition, there were also designated teachers and school governors for LACYP. All governing bodies have been:

- Sent information pertaining to the 'Statutory Guidance for Children in Care'; recognised and adopted by the DfE
- Offered bespoke training on strategic management of school systems in the context of this guidance, to ensure LACYP make rapid and accelerated progress

3.15 15 schools have taken up the bespoke training delivered directly to them in their school. There were also 3 schools booked in for this training before the Christmas break. This was viewed as proving very effective in addressing the strategic management of LACYP in schools.

3.16 Governing bodies have responsibility for the oversight of the role of the Designated Teacher of Children in Care. On most governing bodies, this role is generally taken on by the either the Chair of Governors or by the Governor with responsibility for Safeguarding and Child Protection.

3.17 The Panel commented that targets for the education attainment of children in care appeared to be relatively unambitious. It was noted that the targets were nationally set as part of the local set of performance indicators and the Council was therefore unable to set higher ones.

4. Leaving Care

4.1 The Panel received evidence on how young people were prepared for leaving care and supported once they became independent. Emma Cummergen from the Leaving Care and Asylum Service reported that it currently worked with young people between 16 and 21. and provided personal advisers and an after care service. Their work included preparing pathway plans for care leavers, which help to prepare young people for the transition to adulthood. These were holistic plans and included reference to their families as well as education and employment and housing issues. They also dealt with both practical and emotional issues.

4.2 Work was undertaken with particularly challenged young people. Whilst some young people coped very well with the transition, others struggled. In particular, some had mental health issues and, in such circumstances, links needed to be developed with Adult social care

services. The service worked with the Tavistock Clinic to address mental health issues. Care leavers could have problems with relationships and struggle to make friends. The service could support young people who wished to make contact with their natural families. This could be a positive experience but could also be a great challenge. Some young people were able to keep a good relationship with their foster carers.

- 4.3 Residential social workers assisted young people in developing their life skills. There was a range of accommodation options for young people who left residential care at 16. If they were felt to be in substantial need, foster care was found. However, some young people were in residential care as they could not cope with foster care. Each young person had a key worker who would produce a LAC (looked after child) review. Care was reviewed continuously. Permanent accommodation was normally found when the young person was 18, although exceptions could be made if further support was needed. Accommodation was normally social housing.
- 4.4 New guidance was coming into force in 2011 which extended support until the age of 25. This would add an additional 10% onto current caseloads. The transition of support from C&YPS to Adults tended to be smoother if the referral took place before the age of 18. The lack of a diagnosis could be a barrier to this but they did not wish to unnecessarily stigmatise young people. Efforts were currently being made to improve the transition process. Once young people were known to Adults, there could be difficulties in engaging with them as there was a tendency for some to not turn up for appointments. C&YPS staff had to persuade them to attend in such circumstances.
- 4.5 Louise Jones, the Head of Integrated Youth Support reported that she managed both Connexions and the Youth Service and many care leavers attended their projects. The service had access to a young persons counselling service and could make referrals for mental health issues, substance abuse, trauma etc. Targeted support was available for young people at risk of offending.
- 4.6 The main purpose of Connexions was to help young people into employment and training. Although it was a universal service, much of its work was targeted. The service also received referrals. The support that could be provided was generally of a light touch but more intensive assistance could be provided if need be. Individuals could be passed onto specialist advisers or referred to other services if necessary. The service was proactive in making contact with young people before the age of 16 and had good sources of information. All young people were tracked until the age of 19. The relationship with young people was nevertheless purely voluntary. Particular attention was given to young people not in education or employment (NEETs). The service worked intensely with them and helped with things like the preparation of CVs. They liaised closely with Job Centre plus and Housing.
- 4.7 Connexions was funded by the Department of Education through Area Based Grant. However, this was to end in March 2011. The Youth Service received core funding but Connexions would have to revert back to being the Careers Service. Funding for the additional services that had been provided had been moved back to schools. Funding for career guidance for young people in care was to be given to schools but they could pass it back to Connexions if they wished. Careers education could also be undertaken as part of the school curriculum. The Connexions worker in the Leaving Care team was to be lost and there was concern about the implications of this as it would make such assistance less

accessible for care leavers.

- 4.8 Connexions had a database of apprenticeships. It was noted that all companies that were working on Decent Homes schemes were obliged to take on apprentices. Specific support was available for NEETs. Apprenticeships did not always lead to permanent jobs. However, providers were vetted to ensure that placements met an acceptable standard. All care leavers had a personal adviser that worked with them. All young people were tracked and statistics on NEETs were kept. It noted that the Leaving Care team kept their own statistics.
- 4.9 Paul Clarke from Economic Regeneration reported on the Haringey Guarantee scheme. It was aimed at people above the age of 16 to help them get into sustained employment. The aim was to remove any barriers to finding work. An action plan was developed that aimed to not only get people into work but to enable them to stay in work. The scheme provided employment advisers and wrap around services. Training opportunities could be provided in a wide range of areas such as social work, security, construction and fashion. Support was also given to people who wanted to establish their own businesses. Assistance could also be given on a wide range of issues such as drugs and alcohol problems and childcare. There were very good relations with Tottenham and Wood Green Job Centre plus. There were also good links with Connexions, who could refer to the scheme.
- 4.10 Nobody was ever written off. They helped people to develop specific job goals by constructing reverse career paths. Specific help could be given to young people with parental responsibilities. It was noted that Connexions had a special adviser that worked with teenage parents. The scheme was proactive in its approach and undertook outreach in the community. The future of the scheme in its current form was uncertain. However, it was likely that the opportunities that it provided would still be available in some form.
- 4.11 It was noted that all lone parents receiving benefit would be in regular contact with Job Centre plus. Different processes were in place according to the age of the individual. All young people under the age of 18 were required to be in contact with Connexions, with whom they worked closely. They had been able to provide access to apprenticeships and worked with various training associates. However, current availability of opportunities was patchy and many programmes were coming to an end. Young people between the age of 18 and 24 were eligible for the New Deal programme which was aimed at providing access to longer term employment options.
- 4.12 Helen Smith from Job Centre Plus reported that they dealt with young people with a wide range of needs. It was a universal service and they would not normally be aware that someone was a care leaver. There were close links with both the Haringey Guarantee scheme and Connexions. Some care leavers could be particularly attracted to a career in the armed services as it could appear to be an extension of the care background. It was noted that a lot of care leavers lacked self confidence and that Job Centre Plus could help to motivate them.
- 4.13 Denise Gandy, the Head of Housing Support and Options, stated that care leavers of above the age of 18 were considered for permanent housing when their placements ended. Care leavers were given 'reasonable preference' under the Council's allocations policy. Approximately 1,000 households were re-housed into social housing each year. This included roughly 200 one bedroom flats. There were currently around 20,000 on the

Council's housing register. A new policy was shortly to be introduced which would see the end of the points system. It instead placed people into bands according to their level of need. A quota of care leavers (currently set at 50) would be placed in band A, which was the highest level of need. This normally meant that they were re-housed in a matter of weeks/months rather than a longer period. The quota of 50 lets for care leavers would be reviewed each year to ensure that it was consistent with actual demand. They retained Band A status for six months. After this time, it was reviewed and, if appropriate, extended. It was noted that the Leaving Care team advised young people on what was the best option for them.

- 4.14 In situations where young people were placed out of borough, the responsibility to re-house young people rested with the home borough. If they wished to re-locate to where they had been placed, they would need to approach the Council in that area for assistance and, if necessary, make a homeless application. Alternatively, help could be given to them in finding private rented accommodation in that area. It was possible for young people to defer their right to be re-housed until after university if that was agreed in advance between the Housing Service, Leaving Care and the young person.
- 4.15 A social housing map was available that showed the location of properties, the nature of the area and what was available. If particular issues had been identified with a property, a decision could be made not to offer it to a young person and to deal with it as a "sensitive let". The service had someone who could assist people in bidding for properties and was able to look out for suitable properties for them. Consideration could be given to providing a specific resource for care leavers.
- 4.16 Care leavers received after care support up to the age of 21 and contact took place at least every 3 months. Homes for Haringey visited all vulnerable tenants although it was not clear whether this included care leavers.
- 4.17 Chris Chalmers, the Head of Service for Children in Care, reported that Oldham had required every Council service to put something in their business plan that would assist care leavers. She also felt that Council staff could help by acting as mentors and assisting with things such as mock interviews. This could help them to develop aspirations and build better self belief. The Council was still a large organisation and should be able to provide such opportunities. Ms Gandy felt that support could be improved by starting to work with the young person at an earlier stage to increase the opportunity for planned moves and a smooth transition. A mentor who was able to follow the young person for a sustained period of time would also assist. In addition, it was felt that the responsibility for children and young people in care could be shared more evenly across the Council.

5. Health, Well Being and Leisure

- 5.1 The Panel received evidence from the following on how the health, well being and leisure needs of LACYP were addressed. Chris Chalmers, the Head of Service for Children in Care reported that foster carers received a weekly allowance that was intended to cover the full range of needs. Checks were made on how the allowance was used. However, this could be more specific about levels of activity and sporting opportunities. It would nevertheless not be possible to ring fence any money for certain activities as allowances were subject to national parameters. In addition, around two thirds of foster carers lived outside of the borough.

- 5.2 Andy Briggs, the Head of Sports and Leisure reported that the Leisure Service was responsible for a wide range of facilities including parks and leisure centres. It was a universal service and did not target specific groups of individuals. However, there were specific arrangements for some groups at Tottenham Green Leisure Centre and children from residential care homes could obtain free access to the pool.
- 5.3 There were also partnership arrangements with Tottenham Hotspur who ran a number of schemes that specifically targeted children in care. There was also the Positive Futures scheme that was run by the Youth Service and aimed to get unemployed young people into sustainable employment. However, the future of this and some other schemes was currently in doubt due to budget cuts.
- 5.4 The service was aware of the fact that leisure opportunities were important to many disadvantaged groups. However, they did not want to stigmatise them by specific targeting. They instead preferred to, where appropriate, provide vouchers to partners that offered concessionary prices to specific groups of people. They could then also use facilities when they wished to.
- 5.5 There were reduced rates for the Haringey Active card offered to specific groups within the community. Discounts varied from 30% to 70%. Members of the Council had indicated that they were committed to continuing with this. The service promoted the use of its leisure centres but it was accepted that they could link up better with particularly disadvantaged groups within the community, such as children in care.
- 5.6 Entitlement to concessionary rates for children in care who were fostered was dependent on the status of their foster carer(s). No leisure services were provided free – they were already heavily subsidised. For example, the economic cost of a swim was £7. The service cost the Council around £2 million per year. If a particular group of people started to gain free entry, there was the danger that it would set a precedent.
- 5.7 They had no specific schemes to assist with the career development of young people who wished to work in the leisure industry. However, they worked closely with the College of Haringey, Enfield and North East London who ran specific placement projects. They also provided work experience for local schools. There was a substantial need for lifeguards and a rookie lifeguard scheme for under 16s was currently provided. There were further opportunities that could possibly be investigated including increasing awareness amongst staff of the needs of children in care.
- 5.8 The Leisure Service did not have a volunteer programme. Qualified staff were required by the service and it was essential for their qualifications to be maintained. There was a casual pool of staff who filled in on an “as and when” basis. There was generally a low turnover of staff. Volunteers were, however, used in parks. There were also opportunities outside of leisure centres. For example, sports clubs required volunteers on a regular basis and could sponsor individuals who wished to gain coaching qualifications. The service could nevertheless look at what could be done to assist in terms of work placements.

- 5.9 Mr Briggs reported that there were a number of leisure premises that could possibly be used as a venue for the virtual school if need be, for example Tottenham Green or Broadwater Farm. In addition, the libraries might also provide opportunities.
- 5.10 Ms. Lobatto reported that her team was commissioned by the Children and Young People's Service and was based at Bounds Green Health Centre. The team was multi disciplinary and included a psychiatrist, two psychotherapists, a family therapist and psychologist. Referrals came from social workers and other professionals. Specific packages of care were developed for individuals. The service took children and young people who were based in or around Haringey. They were currently providing services for 135 children in care, which was 22% of the total. It was highly likely that children in care would have mental health needs as they all came from difficult family situations. A small number had a specific psychiatric condition. Others were upset, unhappy, traumatised or neglected. Although some of the young people might feel that they did not want the service, they were referred as others, for instance their carers, teachers or social workers were worried about them.
- 5.11 There were two different services that were provided by the Tavistock NHS Trust:
- The Tavistock – Haringey service that was provided locally for children who were being fostered or in residential care or in transition between placements: and
 - The Fostering, Adoption & Kinship Care service provided centrally at the Tavistock Clinic in Swiss Cottage that was open to children in care once they had been permanently placed. I
- 5.12 It was a misconception to suggest that children could not access the Tavistock – Haringey service until permanently placed but it was acknowledged that the current arrangement could cause confusion. There was no waiting list for the local service although the Panel noted that foster carers had been of the view that the Fostering, Adoption & Kinship Care service did have waiting times. The central clinic was a pan London service that required a referral from a GP. The two services were very different. If issues needed to be addressed urgently, the local service was available.
- 5.13 It was a misconception to suggest that children could not access the service until permanently placed but it was acknowledged that the current arrangement could cause confusion. There was no waiting list for the local service although the central clinic had one. The central clinic was a pan London service that required a referral from a GP. The two services were very different. If issues needed to be addressed urgently, the local service was available.
- 5.14 The service liaised closely with Barnet, Enfield and Haringey Mental Health Trust. They offered flexible services in a range of settings and endeavoured to make them as accessible as possible. For example, home visits could be undertaken or clinics used for consultations. The Bounds Green location had the benefit of being co-located with nurses so physical and emotional issues could be better linked.
- 5.15 There was no formal system for following up on people who had come through the system. There were close links with social workers so there was an awareness of how many young

people progressed through the system. Long term outcomes were not known though. There were clear differences between childrens and adults services. The Leaving Care team might be in the best position to co-ordinate the monitoring of long term outcomes. If emotional issues were identified at a later stage, professionals would want to look at the earlier history of patients.

- 5.16 Judy Mace, Haringey Designated Nurse for Children in Care, reported that her service undertook a health assessment of children after four weeks in care. This was reviewed every six months until the child was 18. The service was offered first and foremost from Bounds Green but the nurses could visit if need be. If any needs were identified, these were followed up to ensure that children received the appropriate service. The system now allowed comparisons with the health of other children to be made and a tool had been developed that allowed a wider picture of health issues to be taken. This would be fully operational in a year.
- 5.17 Chris Chalmers reported they had had to wait until a third nurse was in place before starting to undertake health assessments. They were previously undertaken by GPs and the quality of them had been variable. Foster carers could also find it difficult to get appointments with GPs for children. The previous system had been a source of frustration to the service. Social workers and managers picked up on comments from assessments. There was now an electronic system for recording assessments and consideration was currently being given to uploading this directly onto case records.
- 5.18 A performance management tool had been developed so that progress could be monitored. It will capture relevant data and be linked in with other systems. Two of the nurses were specially trained in sexual health issues and it was discussed in detail with young people. They also could provide chlamydia screening and contraception. In addition, a lot of targeted work was undertaken and schemes like Teens and Toddlers used. A similar approach was adopted in respect of substance abuse. Work covered motivation and risks. Nursing staff liaised closely with social workers. They did not undertake blood tests, which were required for HIV tests, as these had to be done by doctors. It was noted that there was complex guidance on HIV testing. Tests were not routine and depended on the circumstances.
- 5.19 Emma Cumbergen from the Leaving Care and Asylum Service reported that the Leaving Care team provided a range of services for young people over the age of 18 as well as pathway planning. They also undertook targeted work. A number of care leavers were young mothers. There was currently a sexual health clinic on site although it was not clear whether it would survive the current budget cuts. This had been asked for by the young people and could also be accessed by their partners. Chlamydia testing and condom distribution was carried out. Dedicated personal advisers were also available to assist. In terms of the teenage pregnancy, a range of resources were available on site including virtual babies. A number of young girls who were in care aspired to be mothers from an early age. The motivation for this included a wish to create a family and to provide a child with a better start than they had been given. The service tried to influence young women to make different choices.
- 5.20 Young people in care had access to the borough teenage pregnancy worker. A proportion of them had been subject to emotional distress and some had suffered sexual abuse. Some had little interest in protecting themselves and could see parenthood as an opportunity to

have something of their own. Virtual babies could be used to give young people the opportunity of experiencing the reality of childcare. There was also a nurse who worked specifically with looked after children and could provide help and guidance. Whilst some care leavers lost their children to adoption, others were very good parents.

5.21 The service also supported a number of young fathers and assisted them in developing parenting skills. This could sometimes be difficult, especially where there were access issues. Efforts were made to keep young families together where at all possible. There were monthly targeted mother and toddler sessions and the partnership between nurses and families generally worked well. There was currently a dedicated post to address substance abuse but it was unlikely that this would survive the current round of budget savings. This did not mean that no service would be provided though as mainstream services could be accessed instead.

Key Issues:

- Involvement and engagement with Council services and partners
- Enhancing the role of Members in championing the needs of LACYP
- Increasing the uptake of tutoring opportunities
- Assistance for care leavers who wish to attend university outside of London
- Improving accommodation for the Study Centre
- Emotional support and social isolation
- Leisure opportunities
- Work placements
- Support for care leavers in finding and maintaining accommodation
- Monitoring long term outcomes
-