

## NOTICE OF MEETING

# CORPORATE PARENTING ADVISORY COMMITTEE

**Tuesday, 28th February, 2023, 7.00 pm - Woodside Room - George Meehan House, 294 High Road, N22 8JZ (watch the live meeting [here](#) and watch the recording [here](#))**

**Members:** Councillors Zena Brabazon (Chair), Felicia Opoku, Elin Weston, Lotte Collett, Marsha Isilar-Gosling, Cressida Johnson and Ahmed Mahbub.

**Quorum:** 3

### 1. **FILMING AT MEETINGS**

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

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

### 2. **APOLOGIES FOR ABSENCE (IF ANY)**

### 3. **URGENT BUSINESS**

The Chair will consider the admission of late items of urgent business. Late items will be considered under the agenda item they appear. New items will be dealt with at item 11 below.

### 4. **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 consideration becomes apparent.

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

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

To consider the minutes of the meeting held on 16 January 2023.

**6. CHILDREN IN CARE SERVICE ANNUAL REPORT (APRIL 2021- MARCH 2022) (PAGES 5 - 22)**

The Report outlines the work of the Children in Care health team between April 2021 and March 2022.

**7. INDEPENDENT REVIEWING OFFICER'S ANNUAL REPORT 2021 / 22 (PAGES 23 - 58)**

This annual report has been produced in accordance with the requirements of the Adoption and Children Act 2002. The Independent Reviewing Service has a key role in assuring the quality of a Local Authority's care planning for looked after children and improving the overall standard of services offered.

**8. LOOKED AFTER CHILDREN SUFFICIENCY STRATEGY 2022-2026 (PAGES 59 - 92)**

This document sets out how Haringey Council intends to fulfil its duties, as a Corporate Parent, and ensure that a dynamic and responsive offer is in place to meet the diverse accommodation needs of our looked after children and young people and those leaving care.

**9. CHILDREN LOOKED AFTER HEALTH REPORT (PAGES 93 - 96)**

Report provides an update on the work of the Children in Care Health team.

**10. PATHWAY PLAN (PAGES 97 - 114)**

Members have asked for a Pathway plan template to be shared in order to understand the work.

**11. CHILDREN IN CARE KNOWN TO THE YOUTH JUSTICE SERVICE - DATA UPDATE**

To receive a verbal update on Children in Care known to the Youth Justice Service.

## **12. ANY OTHER BUSINESS**

Date of next meeting:

To be confirmed.

Nazyer Choudhury, Principal Committee Co-ordinator  
Tel – 020 8489 3321  
Fax – 020 8881 5218  
Email: [nazyer.choudhury@haringey.gov.uk](mailto:nazyer.choudhury@haringey.gov.uk)

Fiona Alderman  
Head of Legal & Governance (Monitoring Officer)  
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Monday, 20 February 2023

This page is intentionally left blank

**MINUTES OF THE CORPORATE PARENTING ADVISORY  
COMMITTEE HELD ON MONDAY, 16TH JANUARY 2023, 7:00PM  
– 8:20PM**

**PRESENT:** Councillors Zena Brabazon, Felicia Opoku, Elin Weston, Marsha Isilar-Gosling, Johnson and Mahbub

**1. FILMING AT MEETINGS**

The Chair referred to the filming of meetings and this information was noted.

**2. APOLOGIES FOR ABSENCE (IF ANY)**

Apologies have been received from Councillor Collett.

**3. URGENT BUSINESS**

There were none.

**4. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**5. MINUTES**

RESOLVED: That minutes of the meeting of 3 October 2022 be agreed as a correct record.

CAMHS would be invited to a future meeting.

Ms Lynn Carrington, Designated Nurse, stated that a new named doctor had started in December and a new designated doctor would also be starting as well, but no start date had yet been defined. The team had been subject to higher levels of sick leave than usual resulting in backlog. There was optimism that the target would be reached by the end of March 2023.

A regular report would be submitted to the Committee as part of a standing item for the aspects of services including the Designated Doctor, Designated Children in Care Health Team. The new named and the new designated doctors would be invited to attend meetings.

The Committee would be provided with feedback of young people's experiences of CAMHS.

**6. PERFORMANCE FOR QUARTER 2 2022/23**

Mr Richard Hutton, Senior Performance Officer presented the report. Members queried the report throughout the presentation. The Committee heard that:

- The unaccompanied asylum seekers that near the age of 18 would have continued support under care leavers rights. There were some that lost confidence when there were delays from a response from the Home Office. The average age range of new arrivals were usually from 15-16 years of age.
- It would be useful for the Committee to have a brief report about the overview and progress of pathway plans. It would also be useful for the Committee to see a pathway plan.
- There was a challenge regarding the cohort that did not live in the local authority or came to care late. Social workers would have to put in concentrated effort to document the aspirations of young people when they had been limited involvement with services.
- Suggestions regarding using digital technology for automated dictation or transcription.
- Haringey was a large consumer of the Regional Adoption Agency. Generally speaking, older children are more challenging to adopt along with larger sibling groups. Work was done with adoptive parents who had previously adopted children from the same biological family to maintain their sibling relationships.
- There were no children in care due to families suffering as a direct result of the cost-of-living crises.
- The borough had good systems regarding how families were supported. For example, there had not been complaints from Ukraine families or families with NRPF. Officers worked hard to link officers into the right services.
- More information about the situation of the young people such as young people, living out of borough and in different types of accommodation would provide more detail and context for councillors. This may be a separate report to be agreed for CPAC champion.
- Semi-independent units would be regulated. The Committee requested that a briefing be provided to the Committee regarding the implications regarding the requirements around accommodation regulation.

RESOLVED:

That the report be noted.

## 7. CORPORATE PARENTING STRATEGY

Ms Beverley Hendricks, Assistant Director for Safeguarding and Social Care, presented the item.

The Committee heard that:

- It was likely that OFSTED would be visiting the borough, possibly before the summer. This strategy needed to be agreed and endorsed by members as part of the champions model.
- Young people had influenced the development of the vision and strategy

- It was important that the Council was recognised for its corporate innovative work rather than solely its progress on what social workers did on individual cases.

RESOLVED:

That the update be noted.

## **8. CORPORATE PARENTING CHAMPIONS**

Ms Beverley Hendricks, Assistant Director for Safeguarding and Social Care presented the item. The core training for Champions Model would be held on 23 February 2022.

The Committee heard that:

- It was important for the Councillors engage and ask questions.
- As part of the Care Leaver Covenant, councillors would work to design surveys that would be sent out to care leavers.

RESOLVED:

That the update be noted.

## **9. HERSLEY FEEDBACK**

Ms Beverley Hendricks, Assistant Director for Safeguarding and Social Care presented the item.

The Committee heard that:

- A child with a complex care need could be someone who had learning difficulties, speech and language issues, diagnosed with a defined disability such as downs syndrome or be low functioning.
- The Council had its own Commissioning Assistant Director and had submitted a growth bid. The placement team had moved from Adults to Children Social Care. The commissioning programme for children and social care was still in development. The Safety Valve initiative would deliver a service change for children with an EHCP.
- Strong commissioning and accountability was important for the Council to take seriously.

RESOLVED:

That the update be noted.

**10. ANY OTHER BUSINESS**

There was none.

CHAIR: Cllr Zena Brabazon

Signed by Chair .....

Date .....



**Report for:** Corporate Parenting Advisory Committee

**Item number:** 6

**Title:** Children in Care health team Annual report – April 21-March 22

**Report authorised by :** Lynn Carrington

**Lead Officer:** Lynn Carrington, Designated Nurse for Children in Care

**Ward(s) affected:** N/A

**1. Describe the issue under consideration**

1.1 Report outlines the work of the Children in Care health team between April 2021 and March 2022.

**2. Recommendations**

2.1 For Members to note.

**3. Reasons for decision**

N/A

**4. Background information**

N/A

**5. Contribution to strategic outcomes**

N/A

**6. Use of Appendices**

N/A

**7. Local Government (Access to Information) Act 1985**

N/A

This page is intentionally left blank

**HARINGEY**  
**Children and Young people's Service**

**Annual Report**

**Children in Care Service**

**April 2021- March 2022**

Author: Lynn Carrington Designated Nurse, Children in Care Contribution from: Dr Bridget Mulvany  
Medical Advisor for Adoption

Date: 30.8.2022

1	<b>Introduction</b>	1
1.1	<b>Context</b>	1
1.2	<b>Team Values</b>	1
1.3	<b>Legal Status</b>	1
2	<b>Haringey CIC</b>	2
2.1	<b>Haringey</b>	2
2.2	<b>Data</b>	2
2.3	<b>Aims</b>	2
2.4	<b>2021-2022 Key Priorities</b>	3
2.5	<b>Structure</b>	4
2.6	<b>What happens when a child is taken into care</b>	4
2.6a	<b>Initial Health Assessments</b>	4
2.7	<b>Review health assessments and follow up</b>	5
2.8	<b>Plans for 2021-2022 Key Priorities</b>	5
3	<b>Performance– Quarter 1 2021/22</b>	6
4	<b>Young People remanded into detention</b>	8
5	<b>Work of the Medical Advisor to the Adoption Panel</b>	8
6	<b>Liaison and work of the team</b>	9
7	<b>From First Step</b>	9
8	<b>Corporate Parenting</b>	10
8.1	<b>We, the Council as Corporate Parent, pledge</b>	10
8.2	<b>Care Leavers</b>	10
9	<b>Supervision</b>	10
10	<b>Strategic work of the Team</b>	11
11	<b>Training and Seminars</b>	11
12	<b>Risk Management, Incidents and Complaints and Compliments</b>	12

13	<b>Summary</b>	12
14	<b>Plans for 2022-2023 Key Priorities</b>	12

## Haringey Children in Care Service

### Annual Report

2021-2022

#### 1. Introduction

The Haringey's Children in Care (CIC) annual health report outlines the work undertaken by the team. The objective of the CIC health service is to ensure that all Haringey children and young people in care have their physical, emotional, and mental health needs assessed and health plans describe how identified needs will be addressed to improve health outcomes. Their health should be reviewed at their health assessment and advised regarding their health to enable their carers and themselves to enjoy healthy lifestyles. The team's focus is working together to enable children and young people to reach their full potential and enjoy the same opportunities in life as their peers.

##### 1.1 Context

The report is written in accordance with The Statutory Guidance on Promoting the Health and Well-being of Looked after Children (DCSF 2015). We are commissioned to carry out all initial and review health assessments for Haringey CIC.

##### 1.2 Team Values

Our team values are:

Always show respect and kindness for all

Always go the extra mile for our clients

Always learning and improving

Always enabling and empowering children and young people to achieve their potential

Always put the child and young person first, challenging where needed and speaking up for children.

##### 1.3 Legal Status

The legal status of CIC differs although most children are looked after under a care order. This is a court order placing a child in the care of a local authority. They can be placed in care under a voluntary agreement, this allows a local authority to provide accommodation for a child where there's parental consent, or when no-one with parental responsibility is in place for example if the young person is an unaccompanied asylum-seeking child. A placement order is a court order allowing a local authority to place a child for adoption or detained for child protection or under youth justice legal statuses. Nationally the number of children looked after under a

care order has been rising in recent years, and the number looked after under a voluntary agreement under S20 of the Children Act has been falling.

## **2. Haringey CIC**

### **2.1 Haringey**

Initial health assessments are carried out by paediatricians and Reviews for the over 4's are carried out by the nurses in the CIC team. If a permanency plan is required or the child is under 4 years, then a Dr carries out the assessment. Each child is allocated a nurse and for continuity we aim for the allocated nurse to see all children on their caseload each year. We discuss the children where possible prior to the assessments and inform Social Workers if assessments are delayed. On occasions joint visits are made. The team continues to work hard to engage with young people.

Approximately 19% of children live within the borough 81% living out of borough. The young people and carers choose whether to come to the clinic or wish the nurse to complete a home visit to complete the assessment.

In 2021 the NCL commenced a scoping exercise to review the core offer for CIC across the CCG benchmarking against the NICE guidelines (2021). This involved Designated Professionals, Commissioners, and social care across NCL.

The Designated Doctor and Designated Nurse for CIC are statutory roles and take a strategic lead for the health and wellbeing of CIC within the borough. They provide clinical expertise to partner agencies and the CCG on the health needs. Haringey currently does not have a Designated Doctor which impacts on the capacity of the Designated Nurse for CIC.

### **2.2 Data**

At the end of March 2022 387 children were in care (rate of 64 per 10,000). The number of unaccompanied asylum seeker (UASC) children has stayed as 26 within our 0.07% quota of 42. In 2021/22, 151 children have started to be looked after. The rate of children becoming looked after per 10,000 has increased from 24 to 25.4. Haringey's rate is now higher than the London average which is 21 in 2020/21.

In the last 12 months 153 children ceased to be looked after, In the past year there were 50 children (33%) who ceased to be looked after and returned home to live with their parents or relatives., (Source Haringey performance report).

96% of children in care for 12 months or more have had a health assessment. (Those in youth offending institutes are not CIC prior to being remanded are not the responsibility of the CIC team).

75.6% have had a strength and difficulty questionnaire completed. This is collected by First Steps.

### **2.3 Aims**

The CIC health aims to meet the health needs of children and young people in care aged 0-18 years by:

Promoting and improving the health and well-being of children and young people in care.

Completing statutory Health Assessments (initial and review), with reports, within the designated timeframe.

Ensuring all young people leaving care have a Care Leavers Summary.

Advising Social Workers of the health needs of individual children.

Providing health promotion and health interventions.

Representing and contributing to Adoption panels and multiagency assessments and reviews

Providing Paediatric Adoption Reports for individual children

Providing medical advice to prospective adopters regarding individual children with whom they have been matched.

Reviewing and commenting on medical examinations for adults being assessed as carers (foster carers, special guardians, connected persons and adoptive parents)

#### **2.4 2021-2022 Key Priorities**

1. To raise the uptake of dental checks.

**Progress:** This has proved difficult we now have The Health Smile Programme for children in London.

2. To raise the Immunisation uptake of Children in care.

**Progress:** This area remains a challenge

3. To ensure The Children in care in and out of borough continue to receive health assessments face to face or remotely when face to face is not possible.

**Progress:** This has been achieved

4. Ensuring access to appropriate and timely mental health and emotional well-being support.

**Progress:** We have met with the Vulnerable children's commissioner, raised concern via safeguarding and assurance group and with providers of mental health services to ensure Children in care are prioritised and to develop a pathway for Children in Care.

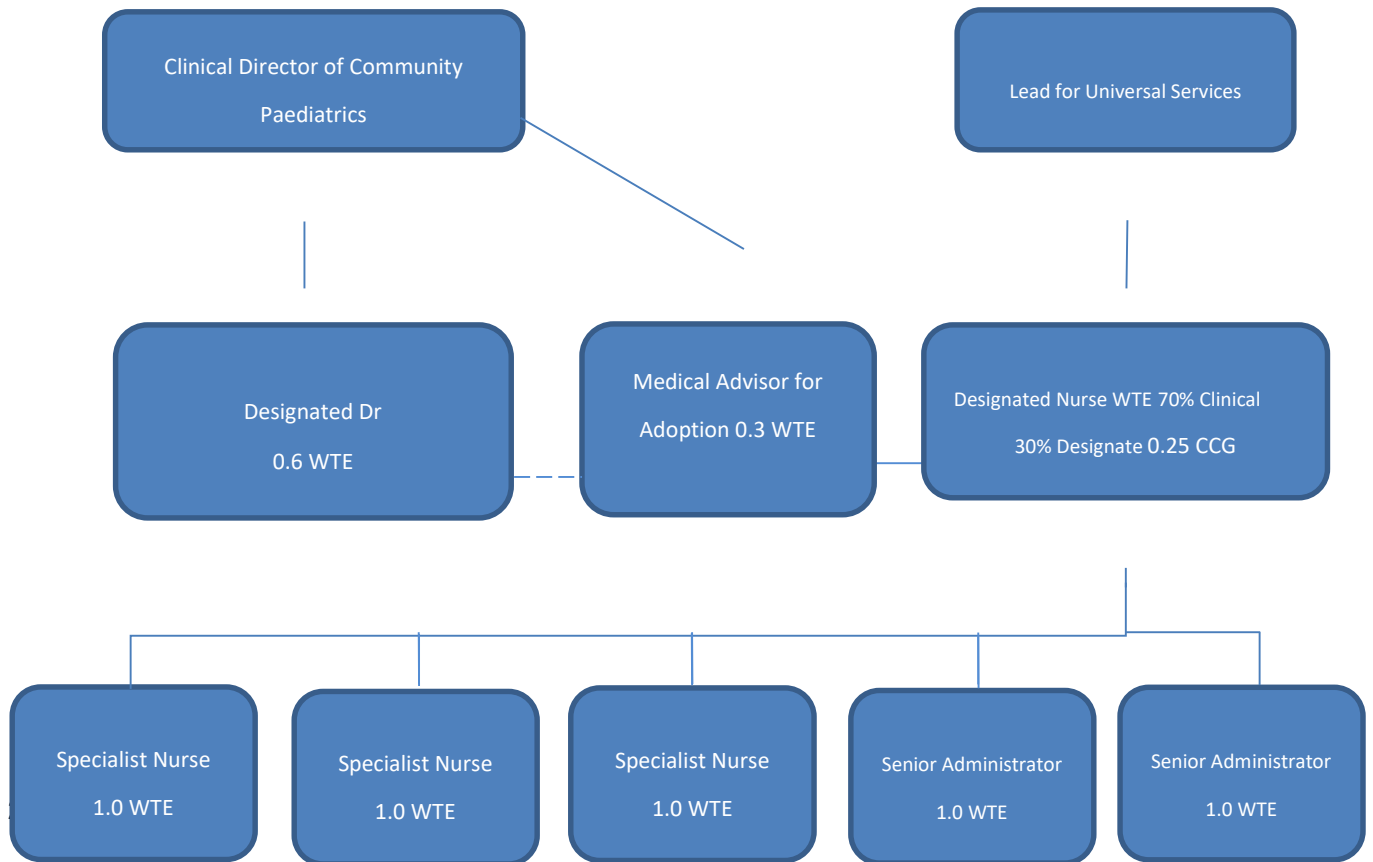
5. Ensuring access to appropriate and timely health assessments, including neurodevelopmental, medical, and psychiatric assessments. This would include agreement across the area amongst the providers to prioritise our looked after children in line with their needs. This has been raised and is recommended in the Nice Guidance.

6. Ensuring collaborative working with Public Health teams to secure equitable provision for young people who are unaccompanied asylum seekers. Where there are gaps in provision of health services and support for looked after children services, to promote recruitment into vacant posts.

**Progress:** This has been raised within the NCL CYP Transformation meetings.



**2.5 CIC team Structure**



**2.6 What happens when a child is taken into care?**

We receive a notification from The London Borough of Haringey when a child is taken into care, moves placement or is no longer looked after. The notification should be received within 48 hours of a child becoming looked after. If an Initial Health Assessment is required, we then arrange an appointment for the assessment to take place and liaise with Social Workers, foster carers, and GPs to obtain a health history and to enquire if they wish to contribute to the report. Consent is received from the Social Worker, parent or young person depending on the legal order and an appointment booked for the next available appointment.

**2.6a Initial Health Assessments**

The health assessments usually take place at Tynemouth Road health centre which is the CYP children’s hub in the East of Haringey (the team moved premises on 1.2.2022) a report is written, and health recommendations should be available for the child’s first statutory review. Assessments are completed by members of the Community Paediatric Team supervised by a paediatrician. When a young person refuses an assessment or

is missing, and it is clinically appropriate, the doctor then completes a desktop report<sup>1</sup> with all the health information available.

During the year we completed face to face assessments where possible, during the lockdown periods due to corona virus we completed many assessments via video link.

Children placed at a geographical distance from Haringey or who have mobility difficulties are in some cases referred to local services. Those well-known to another Paediatric team may be seen by their paediatrician. Following the assessments for those who are unaccompanied asylum-seeking children's referrals are made to UCLH for infectious disease screening. Some require referral for specialist mental health support and have post-traumatic stress disorder. Appointments are also offered to a local sexual health clinic.

In some cases, young people preferred to have the assessments remotely. It is not always possible to be sure the child was able to talk to us confidentially during a remote assessment, where they can raise any concerns regarding their health or placement. We found as a team working remotely was not a satisfactory way of assessing development in younger children and some had not had face to face assessments with other health professionals.

## **2.7 Review health assessments and follow up**

Reviews are carried out by the 4 nurses in the CIC team or by a doctor if the care plan is adoption or the child is under 4 years. Each child is allocated a nurse and for continuity we aim for the allocated nurse to see all children on their caseload each year. We discuss the children where possible prior to the assessments and inform Social Workers if assessments are delayed. On occasions joint visits are made. The team continues to work hard to engage with young people.

The CIC team liaise with health professionals responsible for the children's health to ensure the health reports incorporate up to date information from professionals involved in their care. This is important when children move placement to ensure that all involved in the child's care have a comprehensive health history and current health care plan.

## **2.8 Plans for 2021-2022 Key Priorities**

Carers continued to have difficulty in getting dental appointments and annual statistics report 77.7% of Haringey CIC had had an up-to-date dental check. Following NCL Designated doctors for CIC escalating this as an issue to NHS England with regards to concerns regarding CIC not receiving checks and many foster carers having difficulty in getting a dental check. The Health Smile programme was set up across London and surrounding boroughs.

Immunisation rates remain low with 73% being fully immunised. Not all children eligible were up to date with immunisations. Some children had also declined immunisation. We are aiming to audit immunisations next year and try to improve the uptake with our Islington partners who have experienced similar difficulties.

---

<sup>1</sup> A desktop report is written by the paediatrician or nurse. This takes place if a young person does not wish to attend the assessment and it is clinically appropriate. If possible the Dr speaks to the YP and parent to inform the report. The SW is also contacted and health records read though. This is following a recommendation of an SCR of Child O. The report is forwarded to health professionals including the GP and recommendations will be reviewed by SW and Independent reviewing Officers.

Ensuring access to appropriate and timely mental health and emotional well-being support. We have met with the Vulnerable children's commissioner, raised concern via safeguarding and assurance group and with providers of mental health services to ensure Children in care are prioritised and to develop a pathway for Children in Care.

Ensuring access to appropriate and timely health assessments, including neurodevelopmental, medical, and psychiatric assessments. This would include agreement across the area amongst the providers to prioritise our looked after children in line with their needs. This has been raised and is recommended in the Nice Guidance.

Ensuring collaborative working with Public Health teams to secure equitable provision for young people who are unaccompanied asylum seekers. · Where there are gaps in provision of health services and support for looked after children services, to promote recruitment into vacant posts. This has been raised within the NCL CYP Transformation meetings.

### 3. Performance– Quarter 1 2021/22

	Activity	Quarter 1			
		April	May	June	Total Q1
<b>Initial Health assessments</b>	Number of new into Care notifications	5	11	9	25
	Total number of children seen in current month	6	7	12	25
	Number completed within 20 days (based on 'date seen')	6	5	12	23
	Number completed over 20 days (based on 'date seen')	1	1	0	2
<b>Review Health assessments</b>	Number due	32*	39**	49***	<b>119</b>
	Total number of children seen per month	42	27	32	<b>101</b>
	Number completed within timescale this month	22	14	23	<b>59</b>
	Number of children not seen on time	3(2 refusers)	4(2 refusers)	6(1 refuser)	<b>7</b> (3 yp not seen + 4 refusers)
<b>Children in Care service</b>					
Successes	<ul style="list-style-type: none"> <li>Out of 25 IHA, 22 were seen face-to-face, 3 attended via attend anywhere</li> <li>Out of 101 RHAs, 98 where seen face-to-face, 3 were see virtually</li> <li>6 out of boroughs RHA's completed</li> </ul>				
Challenges	<ul style="list-style-type: none"> <li>1 child unable to have an IHA due to being missing from placement</li> <li>Booking appointments and late RHA's are due to Covid (staff and children isolating)</li> </ul>				

\* 7 children were seen in early in March 2021\*\* 16 children were seen early in April but were due in May 2021

\*\*\* 13 children were seen early in May but were due in June 2021

**Children in Care Service – Quarter 2 2021/22**

	Activity	Quarter 2			
		July	Aug	Sept	Total Q2
Initial Health assessments	Number of new into Care notifications	22	15	14	<b>51</b>
	Total number of children seen in current month	12	9	9	<b>30</b>
	Number completed within 20 days (based on 'date seen')	11	3	2	<b>16</b>
	Number completed over 20 days (based on 'date seen')	1	6	0	<b>7</b>
Review Health assessments	Number due	35	36	30	<b>101</b>
	Total number of children seen per month	38	27	21	<b>86</b>
	Number due completed within timescale	35	27	27	<b>89</b> (some seen last quarter)

6 children with outstanding RHA's from previous Quarter were seen. 6 assessments due this quarter were completed last quarter. 2 due next quarter were seen.

Children in Care service	
Successes	Two assessments were completed via video call the rest were seen face to face in the clinic or at the client's home. 6 children with outstanding RHA's from previous Quarter were seen. 6 assessments due this quarter were completed last quarter. 2 due next quarter were seen.
Challenges	We have a vacant Designated Dr post. At the end of the quarter there are 7 overdue RHA's. 3 refusing health assessments the others will be completed ASAP.

**Children in Care Service – Quarter 3 2021/22**

	Activity	Quarter 3			
		Oct	Nov	Dec	Total Q3
Initial Health assessments	Number of new into Care notifications	11 2 seen by OOB team. 3 had CP medical s	6	15	<b>32</b>
	Total number of children seen in current month	5	14	9	<b>28</b>
	Number completed within 20 days (based on 'date seen')	1	7	4	<b>12</b>
	Number completed over 20 days (based on 'date seen')	4	7	5	<b>16</b>
Review Health assessments	Number due	38	36	32	<b>103</b>
	Total number of children seen per month	40	29	20	<b>89</b>
	Number due completed within timescale	36 (including 4 seen due from	29 (3	24 (5 seen last	<b>8</b> not seen end of

		previous quarter)	seen last month) 7 not seen	month) 7 not seen	quarter
--	--	-------------------	-----------------------------	-------------------	---------

#### Children in Care Service – Quarter 4 2021/22

	Activity	Quarter 4			
		Jan	Feb	march	Total Q4
Initial Health assessments	Number of new into Care notifications	5	6	5	
	Total number of children seen in current month	12	5	13	<b>30</b>
	Number completed within 20 days (based on 'date seen')	5	4	10	<b>19</b>
	Number completed over 20 days (based on 'date seen')	7	1	3	<b>11</b>
	Number due	30	30	24	<b>84</b>
	Total number of children seen per month	19	45	17	<b>81</b>
	Number due completed within timescale	16	21	12	<b>49</b>
					End of quarter 7 not seen

Children in Care service	
Successes	Nurses saw some children who had overdue health assessments.
Challenges	Several appointments had to be rescheduled due to Covid. Doctors and administrators and nurses worked hard to catch up those who had to reschedule. Unable to calculate immunisations this data has not yet been entered by nurses. At the end of quarter there are overdue RHA's. There is a delay in reports being completed due to staff absences and vacant administrative posts.

#### 4. Young People remanded into detention

Since May 2013, statutory requirements relating to young people remanded into detention (who weren't previously looked after) changed. These young people no longer require a statutory health assessment (Care Planning, Placement and Case Review (England) (Amendment) Regulations 2013). The young people will be seen by the facility they are remanded to or by the nurse working with the youth offending team.

#### 5. Work of the Medical Advisor to the Adoption Panel

Where the care plan is to achieve permanency through adoption, the children will have a have a Permanency Medical Assessment. The Medical Adviser then produces a written summary of the child's health background, current health and development status and future health and developmental prognosis. When a match is being considered, the Medical Advisor meets with the prospective adopters to discuss the health and development of the child as well as any significant family history that may have implications in the future for the child. Health

information on the adoptive applicants is evaluated by the Medical Advisor to inform the panel of its implications in relation to adoption. This may include seeking further information and disclosure of medical information from consultant specialists to clarify issues that have been raised and may have an impact on the Forever Family.

Haringey Social Work Adoption team are part of the regional adoption panel, Adopt London North, which includes six North London Boroughs. The Medical Advisor acts as a full panel member to advise the agency

and prospective adopters on medical aspects of adoption and may therefore be required to advise on cases outside of Haringey.

Over the last year, 8 meetings with prospective adopters have taken place and the advisor has attended 4 panel meetings. They have also provided teaching on the health and developmental needs of Looked after children as part of adoption preparation training for prospective adopters

## **6. Liaison and work of the team**

The Designated Doctors post has been vacant since August 2021. Since then the Community paediatric medical Team have been providing medical support and supervising the paediatricians who complete the Initial and Review health assessments for the under-fives. A locum consultant paediatrician has joined the team and completes health assessments. He also analyses adult health assessments completed by GP's providing reports and evidence-based comments so that social care panels can reach appropriate decisions with regards to approving foster carers and special guardianships.

## **7. From First step (Wendy Lobato Service Manager)**

First Step is a Tavistock and Portman NHS foundation trust service commissioned to provide services for all children in Haringey's care. We administer the Strength and Difficulty Questionnaire for the Local Authority; offer consultation to social workers with regards to any concerns regarding the emotional, psychological and mental wellbeing and health of the children in their care. We facilitate and chair complex professional and family network meetings with the child's needs, wellbeing and interests at the heart of these meetings. We attempt to signpost for longer term assessment and input, when required.

At First Step Plus we work closely together with the social work teams and networks for children in care with high level of needs who have unfortunately not settled in a placement and as a result experience additional significant trauma since in care. Further, these children's needs are often unassessed and unattended to. Often our work starts by creating, together with the social work team, a key adult network around the child.

One of our key beliefs at First Step has always been that a stable and good home with warm and caring relationships builds the foundation to emotional wellbeing and is the key to address any underlying mental health difficulties. Case work at First Step / First Step Plus over the last year has remained challenging, with a high number of children continuing to be in Haringey's care; high turnover of social care colleagues, difficulties in finding and holding enough high-quality long-term foster and residential placements for our children and young people. Working together with our colleagues from Health and Education remains key in these times.

The First Step / First Step Plus Team has continued to enjoy and benefit immensely from collaborative work with the LAC health team. Whilst the change of physical location of the LAC health team has been a loss and lessened opportunities for catching up in the clinic at Bounds Green, we work to continue our close working together relationship. We highly value the health team's involvement in our thinking; and attendance in our network meetings, and that they make themselves available even at short notice when necessary. Working together we notice time and time again how closely physical and mental wellbeing go hand in hand with each

other. An example of this would be the significant anxiety created for a foster family for a child who had significant dental problems and had not received immunisation when coming into their care, or a teenage girl with a skin problem and whether this relates to self-harming or a dermatological problem.

We look forward to continuing our collaboration with our colleagues in the LAC health team.

## **8. Corporate Parenting**

The Designated nurse continued to attend meetings with Corporate Parenting Advisory Committee and Aspire (The young people in care's council). The pledge for Children in care for health and wellbeing was agreed in 2018 and is documented below.

### **8.1 We, the Council as Corporate Parent, pledge:**

#### **Health & Well Being**

- We will make sure that you receive a health assessment once a year (Under 5's will be assessed every six months) and support you in accessing all health services that you need.
- We will help you understand your own health needs, physical, mental and emotional.
- We will help you access leisure and sports activities, school holiday activities and weekend activities and trips.
- We will ensure that you receive regular dentist appointments.
- We will encourage you to access age-appropriate help with your mental and emotional wellbeing, including CAMHS/mental health services and/or counselling.

### **8.2 Care leavers**

Care leavers are aged 16 or over who have been looked after by the local authority for a relevant period of time since their 14th birthday and with a period of care taking place on or after their 16th birthday.

Information about services that may assist the care leavers to transition to adulthood and independent living is given by social care. It includes financial support, housing, health, education, and training. This ensures that all care leavers have a clear idea of what services are available to them and can highlight any gaps in provision or support that the young person may need. An app is available 'skills for life for young people' to access the information which includes health information and how to access it. A health summary is also sent to the young person by the CIC nurse.

## **9. Supervision**

The nurses discuss cases of concern at team meetings and during 1:1 meeting with the designated nurse. Clinical supervision is received from a psychologist from The Parent Infant Psychology Service which is attended by Clinicians in the team. Safeguarding supervision is received from the Named Nurse Child protection. The Designated Nurse receives additional supervision with the other named nurses for CIC in Whittington Health.

### 10. Strategic work of the Team

The Nursing team represented CIC on the following groups and committees.

<b>Name of group/committee</b>	<b>Representative</b>	<b>Frequency</b>
Whittington Health Safeguarding committee	Designated Nurse	Quarterly
Whittington Health Haringey Quality and Performance Meeting	Designated Nurse	Monthly
Haringey Safeguarding Assurance Group meetings	Designated Nurse	Quarterly
Haringey health safeguarding children learning and quality group	Designated Nurse	Quarterly
Haringey Complex care Panel	Children in care Nurses	Monthly
Haringey Fostering Panel	Designated Nurse	Monthly
Virtual School Management Committee	Designated Nurse	Quarterly
Haringey Exploitation Panel	Designated Nurse	Monthly
Corporate Parenting Committee Meetings	Designated Nurse	Quarterly
Meeting with Aspire (Children in Care council)	Designated Nurse	Quarterly
London Designate Nurse Meetings	Designated Nurse	Quarterly
Designated Meetings across the sector	Designated Nurse	Quarterly

### 11. Training and Seminars

The nurses provide training to foster carers on child development, health needs and minor ailments and treatment.

We have provided training on The Health needs of Children in Care via The Haringey Academy to Social workers and foster carers.

The paediatric registrars receive training from the team during their placement and Health Visitors and School Nurses visit the service as part of their induction.



## **12. Risk Management, Incidents and Complaints and Compliments**

No formal complaints have been received.

### **Incidents**

An incident occurred following a delay in sharing reports from health assessments for children in care between November 21 and March 22. Reports were not shared with social care, GP's, carers and other health professionals. A 72-hour report and action plan were completed and recommendations put into place

## **13. Summary**

The Designated Nurse undertakes a strategic role on behalf of the NCL and continues to advise the NCL on local and national issues that affect children in care, regular meetings take place within the network, and we continued to problem solve on specific issues.

The Haringey team continued to provide mainly face-to-face appointments sickness within the team and of children and carers delayed the timeliness of assessments being completed with many appointments requiring rebooking.

## **14. Plans for 2022-2023 Key Priorities**

To recruit a Designated and named Dr for Children in Care.

Aim for report recommendations to be available for the first looked after Children review.

To secure funding for 1.0 full time equivalent CIC Nurse as per national guidance.

To raise the Immunisation uptake and dental check-ups of Children in Care.

Ensuring access to appropriate and timely mental health and emotional well-being.

Ensuring access to appropriate and timely health assessments, including neurodevelopmental, medical, and psychiatric assessments. This would include agreement across the area amongst the providers to prioritise our looked after children in line with their needs. Ensuring collaborative working with Public Health teams to secure equitable provision for young people who are unaccompanied asylum seekers.

This page is intentionally left blank

**Report for:** Corporate Parenting Advisory Committee

**Item number:** 7

**Title:** Independent Reviewing Officer's Annual Report 2021-2022

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

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

**Ward(s) affected:** ALL

**1. Describe the issue under consideration**

This annual report has been produced in accordance with the requirements of the Adoption and Children Act 2002. The Independent Reviewing Service has a key role in assuring the quality of a Local Authority's care planning for looked after children and improving the overall standard of services offered.

**2. Recommendations**

That Members note report contents

**3. Reasons for decision**

N/A

**4. Background information**

The report outlines the achievements of Independent Reviewing Officers (IROs) and provides an introduction to the legal context of the role of the IRO, to the IRO team and an update on the progress on our priorities from last year and Haringey's current care population. It considers the timeliness of reviews, how IRO's raise concerns about a young person's care and the participation of young people and their families in statutory reviews. The report allows an opportunity to provide evidence of the work undertaken to date and outline the service development priorities for the next year.

**5. Contribution to strategic outcomes**

**6. Use of Appendices**

Appendix A – Independent Reviewing Officer's Annual Report 2021-2022

**7. Local Government (Access to Information) Act 1985**

N/A

Safeguarding, Quality, Impact & Practice

# Independent Reviewing Officer's Annual Report 2021- 2022.

Control Version [3]

July 2022

## Contents

Introduction	3
Purpose and legal context	4
Introduction to the IRO Service 2021 – 2022	4
Training & Professional Development of the IRO Service	6
Update on the IRO Service Priorities 2021-22	7
Children Looked After Reviews 2021-2022	8
Reviewing Activity:	
- Number of Children Looked After	9
- Looked After population during 2020/21	9
Reviewing Performance:	
- Number and Type of Children in Care Reviews	10
- Timeliness of reviews	10
- Children and young people’s participation in reviews	11
- Parents Contributions to reviews	13
- Quality Assuring the work of the IRO Service	13
- Feedback	15
- Partners in Practice	18
- Care Planning	19
- Stability	20
- Unstable Placements Panel	21
- Education and Health of Children Looked After	21
- Health	21
- Permanency	23

- Strengths and Areas of Development	24
- Dispute Resolution	26
- Impact of IROs upon Outcomes for Children Looked After	29
- Additional IRO Service developments/achievements 2021-22	30
- IRO Service priorities 2022-23	34

## Haringey Council – Children’s Services

### IRO Annual Report 2021/22

#### Introduction

This annual report has been produced in accordance with the requirements of the Adoption and Children Act 2002. The Independent Reviewing Service has a key role in assuring the quality of a Local Authority’s care planning for looked after children and improving the overall standard of services offered.

The report outlines the achievements of Independent Reviewing Officers (IROs) and begins with an introduction to the legal context of the role of the IRO, introduction to the IRO team, an update on the progress on our priorities from last year and Haringey’s current care population. It considers the timeliness of reviews, how IRO’s raise concerns about a young person’s care and the participation of young people and their families in statutory reviews. The report allows an opportunity to provide evidence of the work undertaken to date and outline the service development priorities for the next year.

#### Purpose of service and legal context

The appointment of an Independent Reviewing Officer (IRO) for a child or young person in the care of the Local Authority is a legal requirement under section 118 of the Adoption and Children Act 2002. Since 2004 all local authorities have been required to appoint an IRO to protect children’s interests throughout the care planning process.

The Independent Review Officers’ (IRO) service is set within the framework of the updated IRO Handbook (2010), linked to Care Planning Regulations and Guidance which were introduced in 2011 and revised 2021.

The Care Planning, Placement and Care Review (England) Regulation 2010 apply specifically to children who are in the care of a local authority. The objective of these Regulations is to optimise outcomes for children in care by improving the quality of the care planning processes.

IROs are required to oversee and scrutinise the Care Plan devised for every child or young person placed in the care of the Local Authority. The IRO will ensure that everyone who is involved in the child or young person’s life fulfils the responsibilities placed upon them.

IRO’s are expected to ensure:

- Review meetings are held for all children and young people who are being cared for by the Local Authority,
- The views and wishes of children and young people in care are heard and considered when decisions are being made about them,
- Children and young people understand their care plan and any changes to this,
- The Local Authority is a good corporate parent to all children and young people in care by ensuring they get the same opportunities, support, love, and care that other children living within their families receive.



## Introduction to the IRO Service:

### Key Messages

#### Overall the IRO service has:

- Ensured reviews are held within timescales
- Evidenced of greater oversight on care planning
- Championed the Voice of the Child within CLA reviews and CLA Review minutes
- Been more consistent in the use of the Dispute Resolution Process
- Used a blend of ways to help maintain participation of Children Looked After
- Supported permanency planning and stability for our young people
- Promoted access to advocacy and Independent Visitors
- Continued its focus on transition planning for young people who have an EHCP, difficulties with mental health or have additional vulnerabilities

The IROs are part of the Engagement, Safeguarding & quality Assurance Service within Children and Young People's Services and comprise of Registered Social Workers. An IRO's core functions include reviewing plans and monitoring the Local Authority in respect of its corporate parenting and safeguarding responsibilities. The IRO Service is led by a Service Manager.

At present, there are five permanent and two interim IRO's. The Head of Service continues to work on a recruitment strategy to further enhance workforce stability. The experience and knowledge of IROs within the service ranges from 9 months to 16 years within the role. The service currently has over 90 years combined social work experience to draw upon some have previously held the role of Senior Practitioners, Team Managers, Residential Care Managers and Service Managers in various areas of specialism.

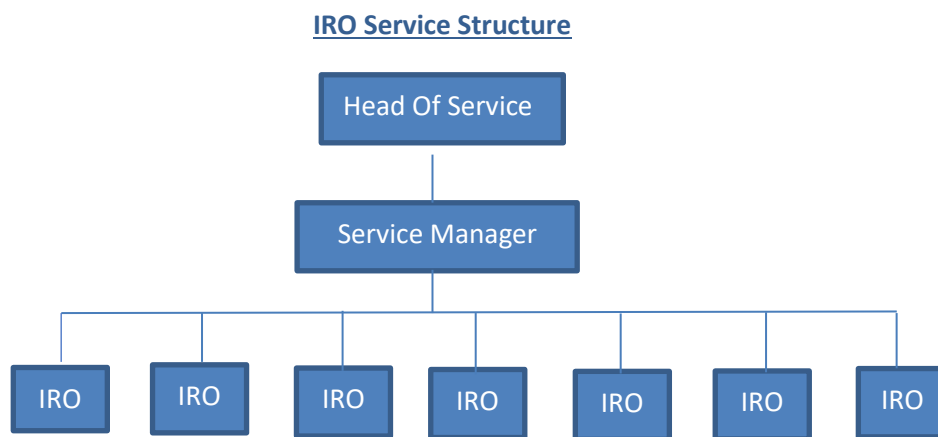
The IRO service benefits from a culturally diverse staff group, which is representative of the children and young people looked after by the local authority. The linguistic skills of the staff group further enriches the service, comprising of 8 languages in addition to the use of augmentative alternative forms of communication being employed to communicate with children with additional needs.

IROs make an important contribution to the consistency of practice from all those who have a corporate responsibility for looked after children and care leavers. They have a duty to prevent drift and delay in care planning and ensure that the local authority's efforts are focused on meeting the needs of children and achieving the best possible outcomes. IROs monitor the activity of the local authority as a corporate parent, in ensuring that appropriate actions are taken to meet the child's assessed needs, and that the Local Authority is operating in line with care planning regulations. They have a responsibility to identify patterns of concern that may emerge in respect of individual children and collectively, and to make senior leaders aware of these.

As a result of team stability the IROs have strong and enduring relationships with the children, young people and their families that they review. Many children have had the same IRO for several years. Maintaining this ongoing consistent relationship offers continuity for children and parents alike and is seen as very important by children, parents and the IROs.

This year the service has not seen any changes regarding the management structure which has continued to offer stability to the team. The IRO service manager brings with him 16 years' experience as an IRO Through monthly supervision, case consultation, team-meetings and peer group supervision, the Service Manager provides casework oversight, professional advice and management support to each IRO. There are plans for the service to attend an advance practitioner's programme for IROs in the coming year.

IROs have been observed chairing reviews as part of our quality assurance approach. Observations have been undertaken by the Principal Social Worker, Service Manager, Quality Assurance team and Director of Children Services. Their performance is reviewed against the expectations set out in the IRO handbook. We actively seek feedback from all those involved in the review process and use this when considering yearly objectives. This approach provides opportunities to reflect on practice and learning whilst giving managers and IROs a chance to hear directly from children, parents, colleagues and professionals about what it is like to be involved in the children in care reviewing process.



## Training & Professional Development of the IRO Service

Research in Practice, Community Care Inform and Making Research Count, provide support for IRO's regarding research developments, policy and legislative updates in addition to training opportunities both virtually and face to face. Some of the training attended by the IROs in 2021/22 includes: 'Motivational Interviewing', 'Additional Communication Needs with Children & Young People', 'Interpersonal Dynamics Model – thinking About Children & Young People', 'Black Care Experience' and 'Exploring Gang Culture – Criminal Exploitation, Vulnerability & Violence'. There are now two fully qualified Practice Educators within the service.

There are plans for all the IROs to attend the Advanced Practice for Independent Reviewing Officers training in June 2022 which will cover:

- A critical review of the role and effectiveness of IROs
- A review of reform in Children's Services and implications for IRO practice
- Understanding human cognitive bias and its implications for judgement and decision making

- Constructive engagement, challenge and influence

Haringey continues to be represented on the London Regional IRO Practitioners Forum by its IROs. The purpose is to meet with colleagues across London to share practice, discuss topics of concern, challenges, new legislation and practice guidance. Areas of discussion have included updated government advice around the use of unregulated placements, challenges around preparation of young people for semi/independent living and virtual Secure Accommodation Reviews. Similarly, the Service Manager for IROs remains actively involved and represents Haringey on the London IRO Managers Forum which has explored a variety of issues including sufficiency of secure accommodation places, best practices through Covid restrictions and contribution to the Social Care Review & Case for Change. The IRO Service Manager has also taken the opportunity within this forum to showcase Haringey's Child Centred CLA Review Practice Guidance with other Local Authorities to contribute to their own development and Voice of The Child Strategies.

Collectively, the service also accesses other resources and cascades learning for the benefit of colleagues, which further enhances the quality of service for children looked after by the local authority. For example over the past year the IROs have held team meeting briefings around the Care Planning & Review Regulations, Liberty Protection Safeguards and Mental Capacity.

Haringey IROs now hold 6 weekly critical reflective working groups, which began in February 2022, with another Local Authority IROs which is facilitated by our Partners in Practice, Islington. There has been positive feedback from the facilitator in respect of the Haringey IRO contributions to this group which has generated constructive developmental discussions. Similarly, from February 2022, the IRO Service Manager meets with this local authority counterpart once per month to help support the authority in their improvement journey. In these reflective discussions issues around managing dispute resolutions, staff management and care planning have been explored which has supported the local authority in giving consideration to reviewing its current dispute resolution procedures and how DRP data is collated.

## Update on the IRO Service Priorities 2021-22

There has been significant progress within the IRO Service. The following areas of development were outlined in the IRO Annual Report 2019/20 to improve outcomes for looked after children and young people:

- **Improving consistency: IROs undertaking and completing mid-way reports and monitoring progress of care plans.**

The IROs continue to evidence oversight of the implementation of care and pathway plans as evidenced by the IRO footprint on case files. This has led to a reduction of delay in achieving outcomes for some of our young people. The IRO service is reviewing the midway monitoring form to be more streamlined and aligned to the Child Centred Review Practice Guidance and revised Children Looked After (CLA) forms and it is envisaged that this will improve midway monitoring further.

- **Continuing to improve the rigor and challenge of the IROs through consistent use of the Dispute Resolution Policy**

We have become more consistent as a service in ensuring rigor and challenge relating to practice, yielding improved outcomes for children and young people.

- **IRO's will support implementation of the Haringey CLA revised guidance which will help promote participation and ensure the Voice of the Child remains Central.**

The IRO Service has supported the implementation of the Child Centred Review Practice Guidance. The IRO Service Manager has facilitated a monthly working group consisting of team managers and senior practitioners. IRO links to each service continue to provide advice and support to their respective service and IROs and the IRO Service Manager provide constructive feedback to practitioners. This is leading to care plans, Pathway Plans and Social Work reports becoming more child centred and with 'SMARTer' outcomes. Care Plans and Social work reports for reviews are now written to the young person and encourages the Voice of the Child being central to planning for the child and young person.

- **IRO feedback forms for young people and professionals to be offered digitally to optimize learning from this essential feedback loop.**

Having used digital option has not yielded the engagement of YP we would like but mindful that IROs do have lots of contact with young people and continue to explore alternative digital options – IROs continue to strengthen their relationships with YP and this does facilitate YP talking about worries however we are mindful that some YP may not feel comfortable talking face to face and therefore continue to explore digital option to allow YP to be able to share any worries they may have.

- **IRO service will meet with Aspire quarterly to understand trends and themes that will help promote children and young people's participation in their child in care reviews.**

There is an established IRO link with Aspire who is in regular contact with the Participation Officer. The IRO plans to meet with the Aspire Group on a quarterly basis to seek feedback around young people's experiences of being in care and the CLA processes. There will also be opportunities to explore promoting engagement, participation and the development of an annual Fun Day for all children looked after.

- **The IRO service will continue to ensure that plans are up to date and appropriately address the needs of all children and young people being looked after.**

The IRO Service has continued to work with practitioners to try and ensure that all our children or young people have an up to date care plan or pathway plan. The service has also revised the Social Work report for a CLA review to now incorporate a review Child & Family assessment which provides an updated needs assessment in preparation for each CLA review. This has meant that care plans and Pathway plans are better informed and tailored to meet the needs of the child or young person.

- **IROs will continue to focus on the quality of the personal education plans and use of the Pupil Premium Grant.**

The IRO Service Manager has been working with the Virtual School, holding monthly focus groups together with Personal Education Plans (PEPs) Champions, to look at the timeliness and quality of PEPs. CLA review minutes evidence that consideration is given to the use of Pupil Premium Grants to enhance the child/young person's education, including social and emotional development, which helps ensure that the grant is being used to improve achievement outcomes for our children and young people.

### **Children Looked After Reviews April 2021 – March 2022**

The number of Children Looked After during the reporting period; 2020/21 has remained relatively stable, fluctuating between 379 to 395. The IRO Handbook suggests that each IRO has a caseload between 50-70 children. The average caseload within Haringey for the reporting year was 56 children. However, this is not representative of the number of Looked After Children's (CLA) reviews the IRO service has provided during the reporting period, which far exceeds the number of children looked

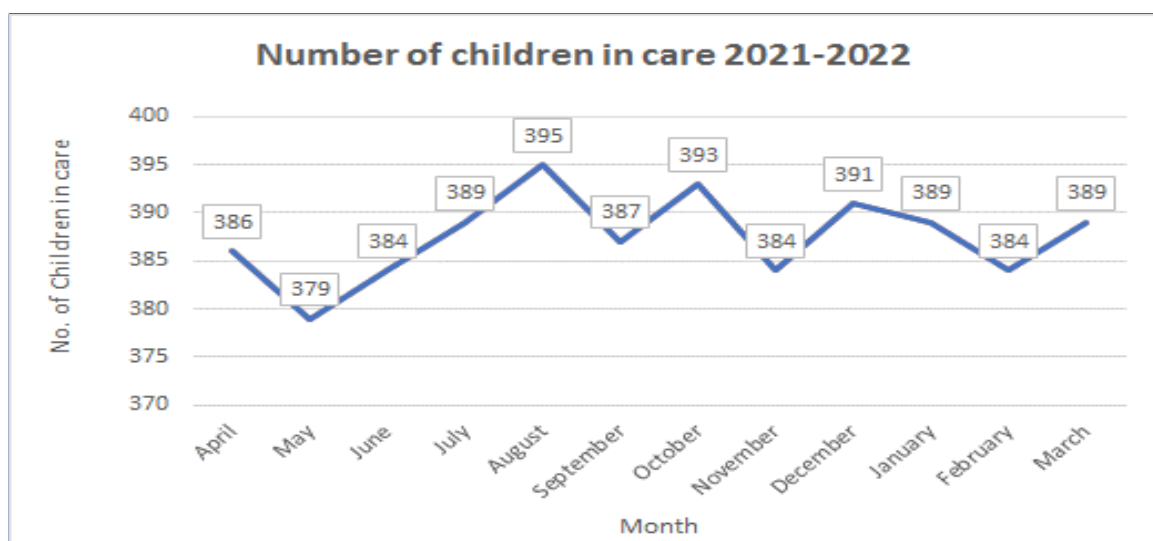
after. 25 children/young people returned home by their second review which helps evidence the work around reunification.

First Review	142
Second Review	117
Subsequent Reviews	757

It is worthy to note that the IROs have completed many more reviews that reflect the changes in the circumstances of the young people for example where an unplanned placement change has taken place, significant changes in educational, health or contact needs or where holding more frequent reviews is in the young person’s best interest. As with many other Local Authorities and public organisations the IROs have worked hard in supporting the Local Authority in meeting its statutory functions. For example, IROs provided oversight where there has been a change in practitioner to help ensure that our young people receive the best possible service. IROs also regularly contribute to decision making forums where the IROs expertise and knowledge of the child/young person helps influence the best possible care plan and outcomes.

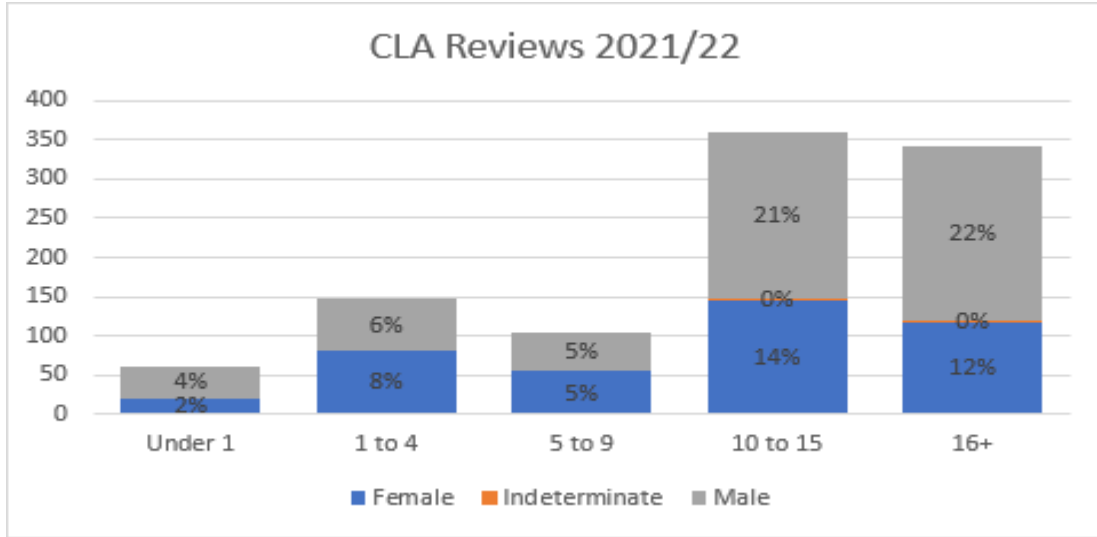
In Haringey we continue to aim for the children and young people in care to have the same IRO until they leave care and the stability within the service enables us to be in a strong position to offer this consistency. If the child / young person returns home and becomes looked after again, the same IRO is allocated whenever possible. The same IRO is also allocated to sibling groups of children. Where a mother and/or father and their child are looked after, the child has a different IRO to ensure objectivity.

There has been closer liaison between the IRO and CPA service to ensure that where a child or young person is subject of a child protection plan and becomes looked after that the CP plan is not ended until there is a written care plan which clearly identifies and addresses the safeguarding needs of the child or young person. Typically this would be for a short period to ensure transition from one planning process to another is established. Where a young person has been subject to both child protection and care plans the IROs and Child Protection Advisors have continued to work together to ensure that the dual status of these young people is kept to a minimum.

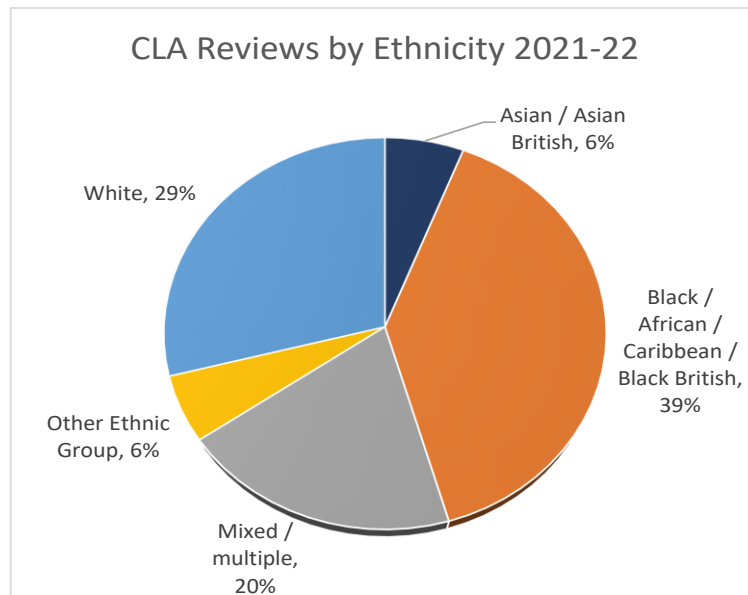


### Looked After population during 2021/22

A total of 1016 children in care reviews took place this year that considered the needs of Haringey children and young people in care. We continued to have more boys than girls in our care this year. In April - March 2022 59% (639) of reviews held, considered males, a very slight increase from (58%) in 2021. For the same period the majority (67%) of children and young people in our care are 11 years old and older which has remained the same as the previous year.



The children and young people are from diverse ethnicities 29% were recorded as white; 39% black; 20% had a mixed heritage and 6% Asian. This has remained very similar to 2021. 65.3% of the Haringey population is made up of non-white-British ethnic groups with 23% Other white (non-British), 9% Black African and 7.1% Black Caribbean. The IRO service recognises that there is an over representation of black children and young people within its CLA population. Over the coming year the IRO service will take a closer look at some of the reasons as to why this may be the case and how to best address this disproportionality.



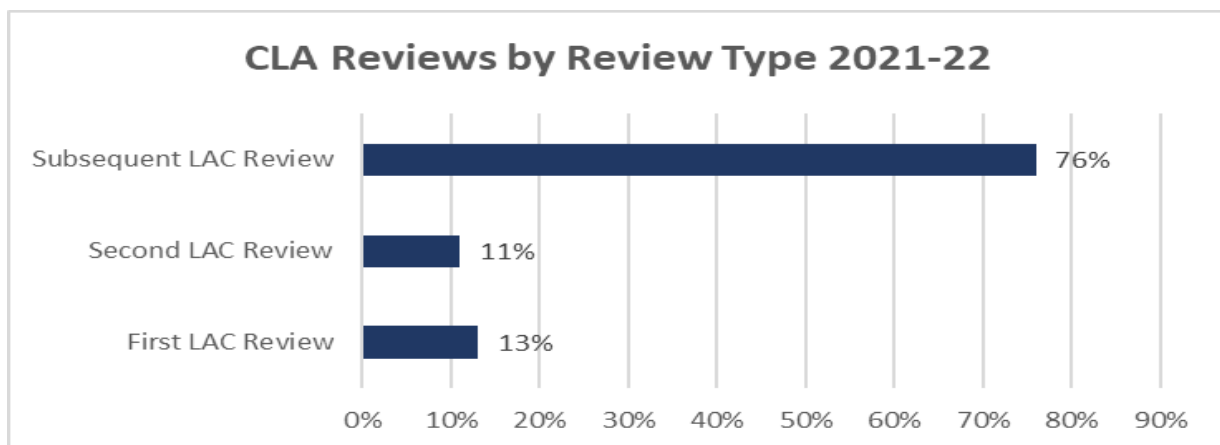
## Reviewing Performance

### Number and Type of Children in Care Reviews

The CLA review must be understood as a flexible process that will vary in relation to each child/young person. It can be a stand-alone meeting attended by all the relevant people in the child's life, or a number of meetings, with one central meeting attended by the IRO, the child, the social worker and some of the significant adults in the children's lives.

The IROs attend to the needs of each individual case and make decisions on how to hold the CLA review which best suits the circumstances of each child, so their wishes and feelings are heard. The role of the IRO requires striking the right balance and ensuring that a child-centred review is held, and that all the areas of the child's care plan are considered, some of which might be uncomfortable for the children / young people. Where possible, the IROs will encourage or enable children and young people to chair or take part in managing part of their meetings.

The chart below illustrates that subsequent reviews held, in particular for those children and young people who have been in care for at least 10 months. The number of reviews held does not represent the number of children in care but reflects the number of times a review has been necessary.

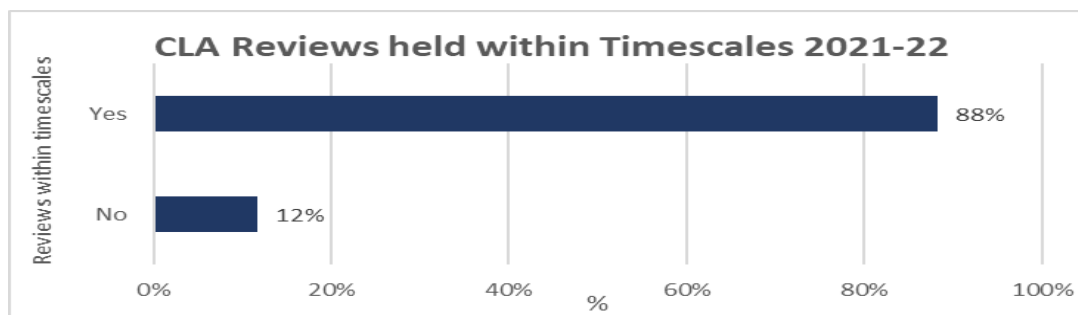


### Timeliness of Children Looked After reviews

The IRO Service continues to support the department to improve the practice in relation to its statutory requirements for CLA reviews. As such, a concerted effort has been made in 2021/2022 to ensure that the Local Authority presents an updated Care Plan/Pathway Plan and Social worker report to each CLA review.

There are a number of reasons for some reviews (12%) being held out of timescales during 2021/22 which include late notifications of children coming into care, some young people missing from care at the time of their review, key people being unable to attend or there not being sufficient information to progress with a meaningful review. Work is being done to help reduce the number of late notifications by ensuring that practitioners and placement team are aware of the need to begin CLA processes early and IROs are encouraged to hold CLA reviews where a young person is reported to be missing to help ensure oversight of safety and care planning. In such cases IROs will hold earlier reviews or contact the young person to ascertain their views. It is envisaged these will help reduce the number of reviews held out of timescales over the coming year.

IROs are encouraged to be booked a month before their due date to work with the local authority to adequately scrutinise care plans and avoid adjournments (as per Regulation 36(2) of IRO handbook).



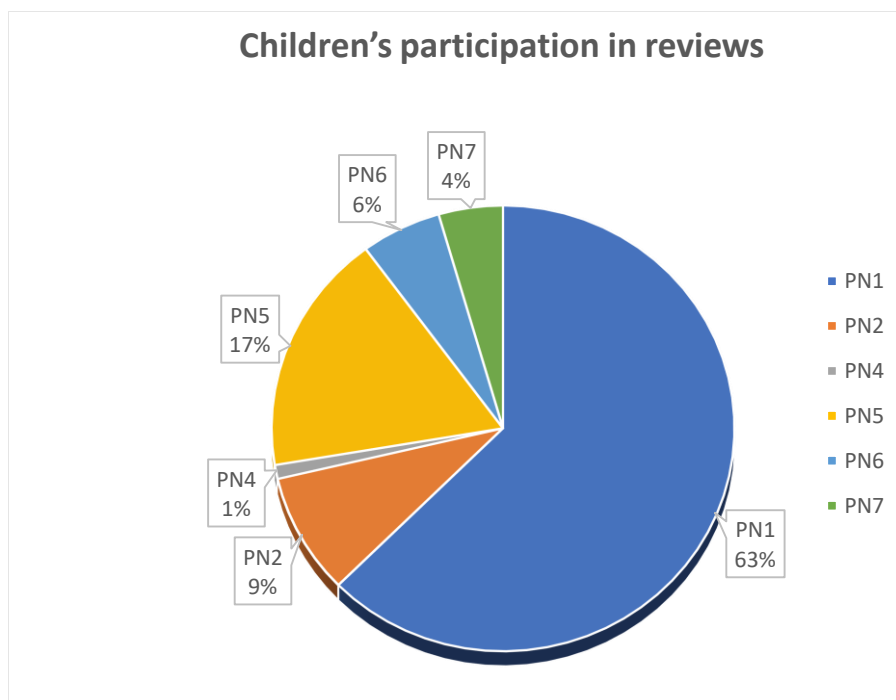
### Children and young people's participation in reviews

Over the past year the IRO service has moved away from holding all reviews virtually to now holding in person or hybrid reviews. The Child Centred Practice Guidance for CLA reviews places emphasis on the voice of the child and young people are offered a variety of ways in which they may be able to participate in their reviews. IROs continue to utilise a variety of ways in which children and young people participate which has included video conference calls, phone calls, communications through social media applications and face-to-face visits. IROs and young people have enjoyed a variety of activities as part of their reviews which has included cooking, drawing and reading out poems prepared for the review. This has led to an improvement in children and young people's attendance and participation at reviews. Whilst IROs are reluctant to hold reviews during school hours or at the school there have been some occasions where this has been necessary due to distance and availability of key participants. On these occasions the IRO endeavours to meet or speak with the child or young person before the meeting and provides feedback so as not to disrupt education.

Of the reviews held, 16% of the children were under four years old. Where children are too young to share their views verbally the IROs make physical observations and gather information around routines and relationships to form a view of the child's perspective. For the rest of the young people considered 63% attended their reviews and spoke for themselves, an increase from 53% the previous year. 17% of young people attended or did not attend but had their views represented at the meeting, a decrease from 26% the previous year. 4% of young people did not attend their review and their views were not presented, an increase of 1% from the previous year.

Of the remaining 84%, LAC reviews were for children above four years, 80% of children and young people participated in their Reviews for the year ending 31st March 2022. Participation includes attending and / or contributing to their Review. This can be done in a variety of ways including direct communication with the IRO or other trusted adult, completion of consultation documents or representing views through advocates.





Code	Definition
PN0	Child aged under 4 at time of Review
PN1	Child/young person physically attends and speaks for him or herself
PN2	Child/young person physically attends, and an advocate speaks on his or her behalf
PN3	Child/young person attends and conveys his or her view symbolically (non-verbally)
PN4	Child/young person physically attends but does not speak for him or herself, does not convey his or her views symbolically and does not ask an advocate to speak for him or her
PN5	Child/young person does not attend physically but briefs an advocate to speak for him or her
PN6	Child/YP does not attend but conveys his or her feelings to the Review by a facilitative medium
PN7	Child/young person does not attend nor are his or her views conveyed in any way to Review

In recognition of there being no children or young people conveying their views through symbols the IRO service has liaised with the Virtual School and secured funding for a Podd Book which will open options available to children and young people with communication difficulties in how they choose to participate. For those young people who experience verbal communication difficulties through additional or complex needs IROs are encouraged to consider the appropriateness of an assessment for the child/young person to access equipment such as eye gaze which allows computer control through eye movement which could enable direct communication. Over the coming year we will be exploring additional training for the IROs to further enable them to communicate with non-verbal children and young people with additional or complex needs.

A majority of the remaining 4% (a increase from 1% from the previous year) who did not attend their reviews are linked to our cohort of young people who are missing or engaged in child criminal

exploitation, child sexual exploitation, gang activity, county lines and modern slavery. Some reasons for young people not attending reviews are that they were missing at the time of their review – or refused to participate. For missing young people communication continues to be facilitated via our highly trained and skilled Exploitation Team who endeavor to undertake Return Home Interviews. IROs consistently try to stay in contact with this vulnerable group however many of these young people change their contact details when they go missing making it harder to establish contact.

This year IROs have continued to encourage young people to chair or co-chair their own CLA reviews which has seen an increase in the number doing so. For example, when introducing this concept in the previous reporting year there were 2-3 occasions where the young person chaired their child in care review but in the current reporting period we have had 18 young people chair their review, which is significant progress. The IRO service has been working with the Participation Officer to look at developing the support and training to young people to improve on the number of CLA reviews being chaired by the young people themselves.

IRO's have been passionate about the implementation of the revised Haringey CLA guidance which includes a menu of choice to help promote participation and ensure that the Voice of the Child is Central in our work. The IRO Service Manager and IROs have provided working groups and lunch time training sessions to help promote and embed this practice guidance.

### **Parent's contribution to reviews**

Where possible, parents are invited to attend reviews virtually where it may not be appropriate for them to physically attend, the IROs endeavor to contact the parents prior to or following a review. If they have not attended IRO's have continued to make efforts to establish parents' views prior to the meeting, in these circumstances parents' views will still be recorded IRO contact is being achieved in a variety of ways.

Feedback from the IROs shows that in most cases, where parents are involved and work in partnership with the local authority, there have been better outcomes for the young person. There is also work underway to improve the database system to facilitate the potential to generate data returns pertaining to parental participation.

Feedback forms were revised and distributed to better understand how parents view the review processes and how these can be adapted to help them feel more included where appropriate to do so. The data from the feedback contributes to developing the IRO service plan and objectives and supports the permanency planning for Children in care

The IRO Service Manager has developed a monitoring form which will provide richer data in respect of parental participation. This is expected to go live in September 2022.

### **Quality Assuring the work of the IRO Service**

The IRO Handbook guidance states the IRO Service Manager is responsible for ensuring the effectiveness of the IRO Service. The IRO Service regularly looks to improve the quality of the service it provides.

The IROs have been observed whilst chairing Children Looked After (CLA) reviews by the IRO Service Manager and Director of Children's Services. IROs have been unable to undertake peer observations

this year but there are plans to continue this learning experience over 2022/23 using the Quality Assurance Observation Tool.

The IRO Service Manager had developed and implemented feedback forms, the aim is to obtain a comprehensive view of how CLA Reviews are experienced, what areas of practice are valued and where practice needs to improve. The feedback forms have been developed for children/young people, foster carers, social workers, supervising social workers and parents. At present these feedback forms are distributed as part of the CLA review invitation pack and at present remain in paper format.

In recognition that children and young people did not always complete we have explored alternative options for children and young people to complete feedback, which included a digital form online, a paper form and a digital app. We continue to send out a hard copy version of the feedback form and encourage young people to complete this whilst we continue to explore whether a digital option might enhance the return rate. We are also taking into consideration that our young people are telling us that their preferred option is a face to face conversation with a trusted professional.

Feedback has also been received directly from participants (including children and young people), through telephone calls, emails and social media. The analysis of this information revealed that children, young people, parents and professionals value the IROs skills in chairing what is a complex meeting with multitude of purposes, in a child friendly and light-hearted manner that keeps the focus of discussions on the needs and welfare of the young person. IROs continue to secure the contribution of all attendees in a skilful manner.

2021-2022 has been another very positive year for feedback in respect of IROs and the review process. Some of the detailed feedback about the IRO Service is detailed below:

**Feedback from CLA Review Participants:**

I was really impressed with the way that you spoke with him and managed to cajole him into some communication  
**Education Improvement Consultant**

you make these review meetings very enjoyed where young people feel confident enough to participate and take control of their meetings and share their views  
**– Social Worker**

I am very grateful for all your help leading up to me turning 18! In such little time you have had a great impact on the turn of events in a positive way, which I am most thankful for.  
**Young Person**

The reviews are well organised, concise but allow all attendees to express points of view  
**Foster Carer**



Thank you for a really positive forum. As you can appreciate, I sit through a fair amount of reviews for children we care for, but this was by far the most positive and upbeat meeting I can recall.  
**Head of Residential**

Your input and the calm and robust way that you have diarised and chaired the review has been the one constant and positive.  
**Mother**

Keep promoting the care plan for the looked after child.  
**Carer**

**Art work by Young Person**

M(IRO) chaired the meeting extremely well and explained things in a child centred way to K so that he understood the process, the proposed care plans and the actions going forward. K felt empowered and consulted.  
**Carer**

When I contacted him directly about something I wasn't happy with he gave me a resolution on what to do and I was happy with the outcome  
**Foster Carer**

I like that my meetings are long because more things are spoken about and nothing is missed out – I would keep my IRO  
**Young Person**

The feedback is positive and highlights a number of strengths in the service. It appears from responses received that most children/young people, parents and professionals valued the IROs skills in chairing what is a complex meeting in a way that is child focused, child friendly and promotes participation from all attendees. There has been no negative feedback and no complaints received to date.

In addition to the feedback from CLA review participants IROs have also received feedback from other professionals:

(IRO) brought to my attention a placement situation in a very timely manner and as a result we had a discussion involving Social Work team, (IRO) and fostering and averted an imminent placement breakdown.

**Head of Service**

I have had a strong sense in the past 2 weeks that (IRO) has gone the extra mile, or even two, for (Young Person)... I think (IRO)'s involvement has made a huge difference to the evidence and options that will be available to the Court which will be crucial by the time of the next hearing. She always does it with a smile too!

**Legal**

I have been to several meetings regarding (Young Person), and he has never verbally engaged with any professional...I was really impressed with the way that you spoke with him and managed to cajole him into some communication (despite it being limited).

**Education Improvement Consultant**

Good partnership working...Generally very available...Prompting of SWs is very good

**CLA Team Manager**

Midway reviews are really helpful to have that discussion with IRO /SW so that there is a discussion in between the 6 month timeframe...IRO have always been flexible when it comes to last minute cancellations or changes of review due to staff absences or case emergencies. We appreciate that!

**Children With Disabilities Team Manager**

The IROs perseverance in developing strong working relationships with and to engage young people and support them take part in their review has also been recognised throughout the local authority and external partners.

The level of knowledge and passion for their young people is demonstrated by all IROs at a multitude of panels and professional meetings, has been commended by all levels of the management group, and they have been a consistent professional for most of our Children Looked After.

Alongside the role of challenge, IROs have raised numerous compliments and commendations for the great practice that takes place in Haringey. These are shared not only with the practitioner, Team Manager and Service Manager but also with Heads of Service, Assistant Director and Principal Social Worker.

The IRO Handbook places a responsibility on the IRO Service Manager to ensure that the IROs are provided with direct support to fulfil their duties. This includes managing their workload and ensuring they are able to effectively challenge the Local Authority. The IRO Service Manager provides monthly supervision to IROs including professional advice on individual cases where this is needed which is reflected on the case file. IROs are also able to consult with the IRO Service Manager informally and on an ad-hoc basis when needed. The IROs also attend monthly group supervision which helps seek resolution to dilemmas and allows a safe space to unpick value based, practice and ethical challenges associated with the role.

The Quality Assurance (QA) Team review IRO's as part of the monthly audits undertaken as part of the QA framework. The auditors have provided the following feedback from the CLA cases they have reviewed:

### **What we are doing Well**

- Review minutes are routinely written to the child
- IRO's are using the Dispute Resolution Processes
- IRO's are committed to achieving permanency and participation for children and this is evident in reviews
- IRO's are supporting practitioners to strengthen care plans
- IRO's have represented continuity for many of our children in care
- IROs are motivated to improve outcomes for children and young people
- IRO's support children and young people to transition to adulthood

## Areas for development

- There is scope to further improve permanency planning (ie) reviews to evidence consideration of Special Guardianship /Adoption conversations for those children in long term placements
- Timeliness of minutes
- Improving IROs understanding relating to disproportionality and understanding the impact of this upon a child's lived experience and future planning

Over the coming year the IRO service will be working on supporting children, young people and parents to have timely access to minutes of the CLA review and agreed recommendations. The IRO service will continue to listen to the children and young people around how they want their reviews to be conducted which may lend itself to some reviews being held as a series of meetings.

## Partners in Practice

Our Partners in Practice, Islington, undertook a focused visit to the Haringey IRO Services in June 2019.

PIP returned to meet with the IROs in Haringey on 23<sup>rd</sup> November 2021 to review the recommendations as part of a focus group. They recognised that we had made significant improvement in all the areas identified above and shared that:

*“Overall, we found a service that has worked hard to develop and embed changes. The IROs were keen to discuss their development journey and were evidently clearer and more confident about their independence and the QA role they play in improving outcomes for Haringey’s looked after children and young people.”*

In their letter to the local authority dated December 2021 PIP recognised that the IRO Service has:

Written comprehensive Practice standards for IROs clearly setting out the services vision, standards, its commitment to children and young people as well as the expectations of their role within children services.

- A strong sense of identity within the department which is coupled with respect and recognition resulting in concerns being addressed more timely
- Developed review templates which are more child and young people focused
- Created opportunities around training and support for IROs to take up their role
- Provided briefings across the workforce to authorise IROs in their independent role in tracking and providing QA for the experience of children in Haringey’s care and services
- Raised awareness of the role of the IRO to scrutinise care and Pathway Plans, reassigning their development and ownership to social workers and team managers
- Developed feedback loops to senior leaders and the workforce to develop a learning culture
- Created an ongoing learning and development culture for IROs with consistent representation at the London IRO and Managers forums
- Contributed to the development of IT systems that support practice

As part of this visit PIP recommended the following areas of development:

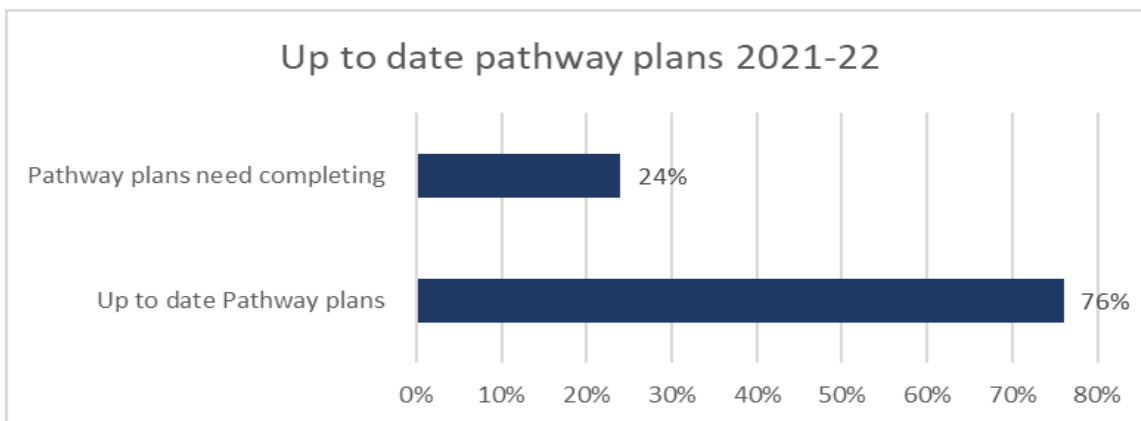
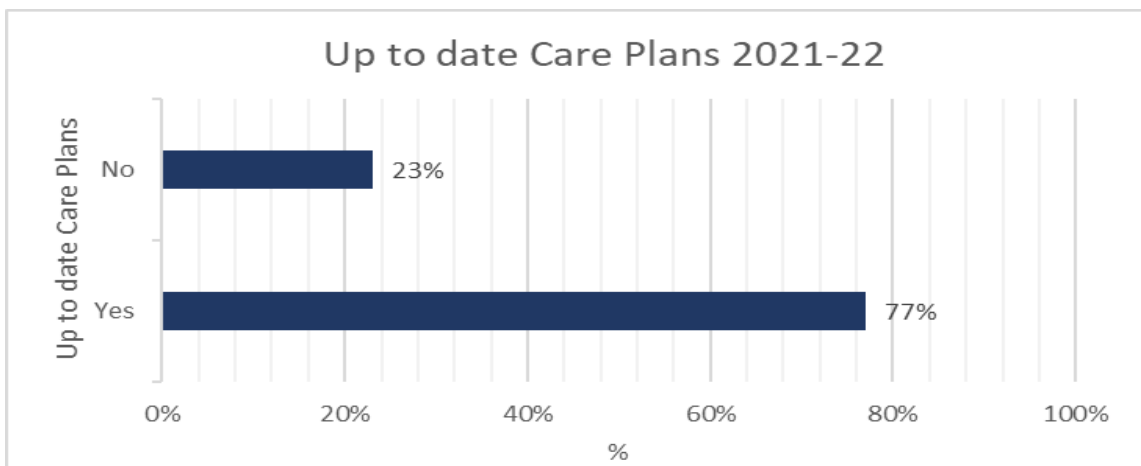


- Working with children with disabilities and having a better understanding of smoother transitions.
- Creating a Critical Learning Group in partnership with another local authority.

Following this visit IROs have attended a workshop facilitated by the Service Manager for Children with Disabilities and look forward to taking part in the PIP workstream with Haringey SEND. Haringey IROs are holding 6 weekly Critical Learning Groups with another Local Authority's IROs and the IRO Service Manager is meeting monthly with his counterpart from the other authority.

## Care Planning

The IROs primary focus is to quality assure the care planning and review process for each child / young person in the Local Authority's care and to ensure that his/her current wishes and feelings are given full consideration. The IRO must ensure that the care plan for the child / young person fully reflects his/her current needs and that the actions set out in the plan are consistent with the Local Authority's legal responsibilities towards the child / young person.



This year has seen a lower number of young people having up to date care plans and Pathway plans from the previous year 90% and 85% respectively. This is attributed to the challenges around sickness absence, including Covid, and staff movement which is an issue experienced by many other local authorities. IRO have supported practitioners and team managers where they have been able to do so through discussions and the use of the DRP where appropriate to do so.



In October 2021 the My Social Worker's Assessment for My Review was introduced replacing the Social Worker's Report document. The My Social Worker's Assessment for My Review now incorporates a review child and family assessment which helps ensure that Care and Pathway Plans are informed by a baseline assessment of the young person's needs. The introduction of this new format together with the more child centred Care plans allows planning to be more focused and SMARTer.

Haringey Children and Young People's Service (CYPS) have developed a new and more engaging and child-focused approach to Looked After Reviews that can best capture the child's views and experiences and ensure it is a process they enjoy, wish to take part in and are at the centre of.

The IRO Service recognises that:

- young people continued to feel the need to be better informed and prepared for their Looked After Reviews
- young people wanted to have a say in who was invited and where the review took place
- there was a need for young people to be supported should they wish to be involved in chairing their own review.

To help achieve this the IRO Service has supported the implementation of the Child Centred Looked After Review – Guidance for Practitioners by providing a monthly working group and briefing workshops to all service areas.

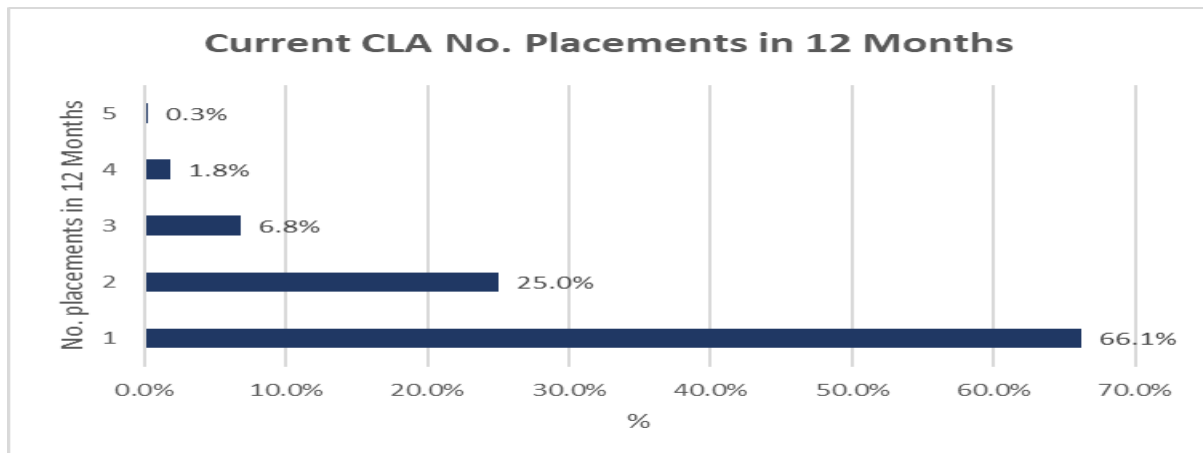
The IROs have also revised the format of review minutes to be aligned with the Child Centred Practice Guidance, Care Plan and Social Worker's Assessment for My Review. The minutes are in keeping with the ethos of writing to the children rather than about the child or young person.

The work undertaken and progress made by the IRO Service has been positively recognised by our Partners in Practice.

The IRO Service will continue to work with the Principal Social Worker to help imbed this practice guidance within Haringey.

### **Stability**

The majority of our young people in care, 80%, have enjoyed stability and have not experienced any changes in their homes and the quality of care provided. 25% of our young people experienced one change in home that this is mostly due to young people coming into care being placed in emergency foster homes and then moving on to longer term homes. The number of young people who have experienced more than one move has remained at 9% this year. The reasons why 9 % of our young people experienced more than one move includes challenges around youth violence, criminal exploitation and challenging behaviors. 131 children or young people have been in their homes for longer than 2.5 years. Staying put has gone up by 9%, at 15% this year. This represents 29% of 18-year-olds who leave care, 10% higher than last year.



The Ofsted focus visit in March 2021 recognised that many of our young people are in safe and stable accommodation. In reviewing the data for those young people who have experienced 3 moves or more this relates to those vulnerable young people who are victims of modern slavery, subject to criminal exploitation or have experienced significant trauma. IROs continue to liaise with social workers, the exploitation service and other professionals to help ensure that the safety plans around this vulnerable group remain appropriate and the need to move placements is kept to a minimum.

IROs have continued to make recommendations for young people to be referred to CAMHS and/or for social workers to arrange consultation meetings with First Step where young people have complex histories, have experienced significant trauma or where SDQs reflect a need to do so.

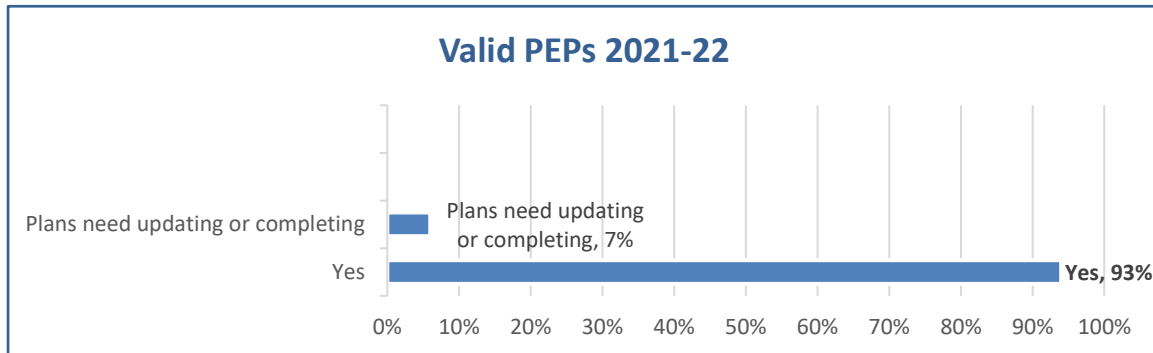
### Unstable Placements Panel

The Panel has continued its success in supporting placement stability for a number of young people and where appropriate has helped to develop placement profiles to optimize prospects of suitable placements for some of our most vulnerable young people in care. This Panel is chaired by the Head of Service for the CLA service with the CLA Service Manager or IRO Service Manager chairing in his absence. In the 2022-23 period we will continue to develop our policies to help ensure that practice continues to strengthen stability for our young people.

### Education and Health of Children Looked After

IROs review education and health care planning processes as part of the CLA Review process and monitor weekly key performance indicators. Personal Education Plans (PEP's) and Health Assessments feed into the review process to ensure our children in care are receiving a good standard of care.

## Personal Education Plans



This year 93% of our Children Looked After had an up-to-date Personal Education Plan. Whilst the completion rates are very similar to 2020/21 (94%) the IRO Service Manager and Virtual School Head have worked together from September 2021 to look at how PEPs can be completed earlier in the term, thereby ensuring that children and young people are able to access the support they need to help achieve their potential sooner.

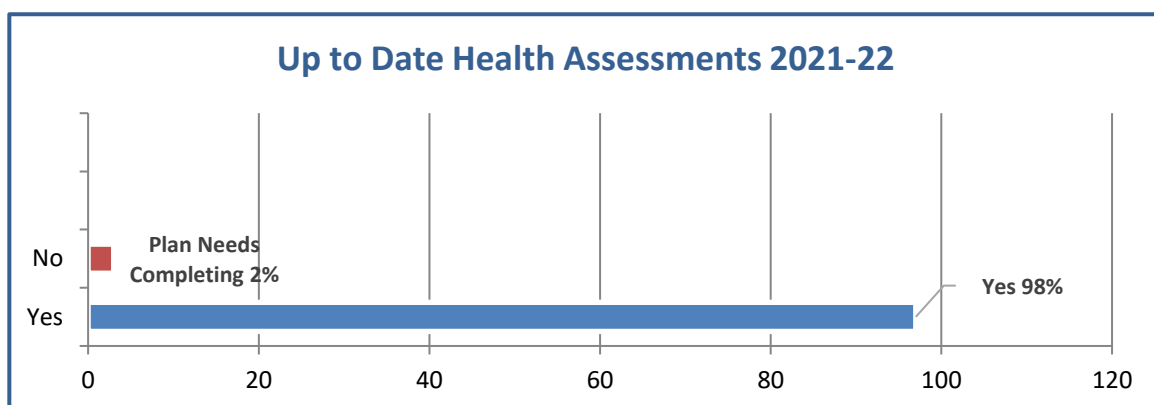
To ensure continuity between Social Care, Education and Health, the IRO service works in close partnership with the Health and Virtual School services to optimize positive outcomes for children in care.

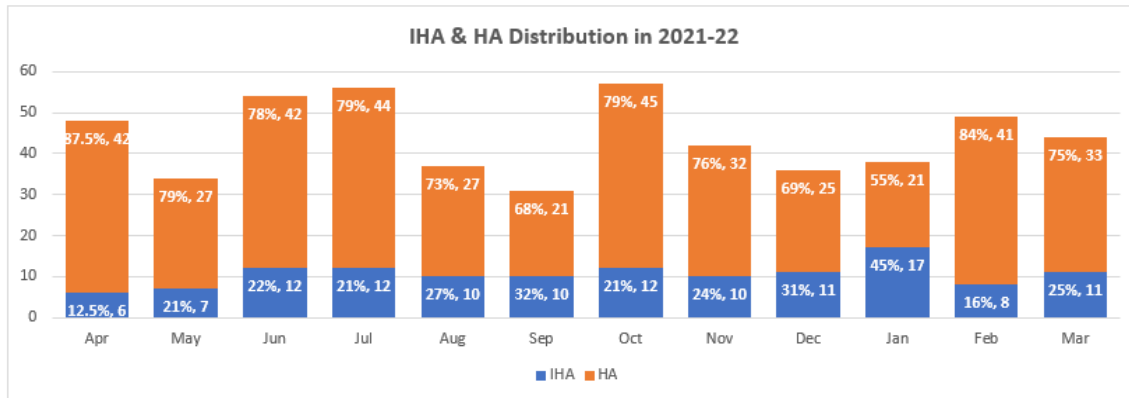
Over the coming year IROs will continue to focus on the quality of the personal education plans including a greater understanding of how the Pupil Premium Grant is being used to help achieve our young people’s educational potential.

## Health

Every young person is expected to have an annual health assessment. In 2021-2022, 98% health assessments had been completed which is above the national average of 90%. We continue to work with some of our challenging young people who may not view a health assessment as a priority to ensure that their health needs are met.

Further work is needed to help improve the rates of Initial Health Assessments for those young people coming into care which can be achieved by seeking formal consent for assessments to be completed at an earlier stage.





## Permanency

IROs rigorously promote children having a secure, stable and loving family to support them throughout their childhood and beyond.

2021-22 has continued to see further developments in progressing permanency for our children in care. There has been a 4% improvement with long term placements increasing from 78 to 82. It stands above the performance of our statistical neighbors and England;

In addition to seeking permanency plans by the second CLA review IROs actively contribute to permanency planning meetings, chaired by the service managers of the respective service responsible for the young person, attend or provide written contributions to the Permanency Tracking Panel and provide input into the ADM decision making forum chaired by the Assistant Director. The IRO Service Manager regularly attends both Permanency Tracking Panel and ADMs. Since April 2021, 22 young people have been matched with their long-term foster parents which has increased from 19 the previous year. There have been 11 Special Guardianship Orders granted, an increase on the previous year and a 2% increase in the number of adoption orders granted.

Permanency planning continues to be a focus for the local authority and a Permanency Tracking panel has been developed to ensure monitoring and tracking of key performance indicators and permanency.

## Strengths and Areas of Development

The IRO Service works together with all departments within Haringey Children & Young People Services (HCYPS). It recognises the strength of diversity, experience, passion, commitment and hard work demonstrated at all levels. As with many of its practitioners the IROs are proud to be in and to be supporting Haringey's journey of improvement.

The IRO service have identified the following areas of strengths in HCYPS:

- Wide range of experienced practitioners,
- Positive energy around practitioners' commitment to the children they work with,
- Good working relationships with the IRO service,
- Evidence of good working relationships with young people,

- Where stable workers have a good understanding of their young people's needs,
- Good collaboration with external partners.
- Rising to the challenges around Covid
- Lots of initiatives and projects to better the outcomes for Children Looked After including reunification
- Progressive evidence of Care Plans, Pathway Plans and Social Worker reports using language that cares and written to the young person

The IRO service identified the following areas for development:

- Further support is needed around timeliness of Care Plans and Pathway Plans to ensure that young people have a clear understanding of their plans,
- Children's electronic files to reflect the hard work being undertaken by practitioners with greater emphasis on detailed case recordings
- Greater consistency around life story work and letters for later life so that children and young people have a better understanding of their journey in care
- Team managers and IROs work more collaboratively to negotiate timeframes for recommendations arising from CLA reviews where these are not felt to be achievable
- Further work is needed around the timeliness of placement planning meeting so that carers have up to date information about the child/young person and how to best care for them
- Further embedding the Child Centre Practice Guidance for CLA Reviews
- Improving the timely completion of Strengths & Difficulties Questionnaire and Personal Education Plan
- Improving timeliness of responses to formal dispute resolutions
- Greater physical presence of practitioners within reviews
- Further development around person centred planning and independence including preparation for adulthood
- Earlier identification of young people who will likely need access to Adult Social Care

### **Dispute Resolutions**

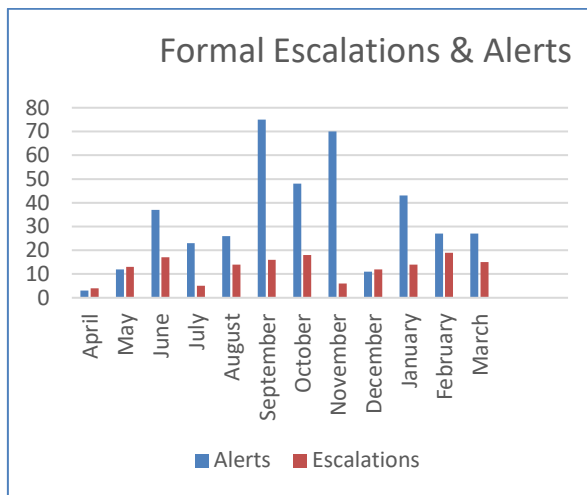
The Dispute Resolution Process (DRP) enables the Independent Reviewing Officers to raise concerns about practice issues which impact on the experiences of children and young people looked after.

The alerts raised by the IROs between April 2021 and March 2022 have been collated and analysed. The information is organised as follows:

- Number of informal alerts and formal escalations

- Stages of the formal escalations
- Relevant teams
- Categories & Themes

**Number of informal alerts and formal escalations – April – March 2021/2022**



For the period April to March 2022 there have been a total number of 571 uses of the DRP: 418 informal alerts and 153 formal escalations (27 via case note escalations). For the same period 2019-2020 there were 424 uses of the DRP; 152 formal escalations and 272 informal alerts seeing a 37% increase in the use of the Dispute Resolution Policy.

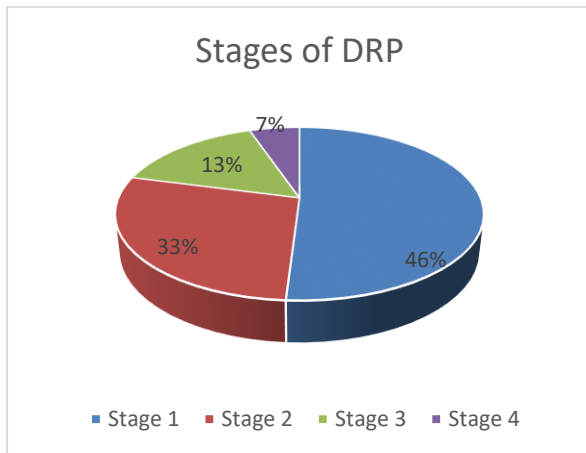
September and November saw a higher number of alerts as the IROs undertook a Quality Assurance exercise looking at outstanding Care Plans, Strength & Difficulties Questionnaires and Personal Education Plans using the same performance data disseminated to all levels of the management team.

**Impact Of Increased Challenge**

The challenge through the Dispute Resolution Policy evidences the IROs role as critical friends and delivering in its statutory function to monitor the functions of the local authority. The use of discussions, alerts and formal escalations has meant that many of our young people have a clear care and Pathway Plan, that their physical and mental health continues to be monitored through health assessments and Strength & Difficulties Questionnaires which has helped in our young people accessing services in a timely way. PEPs have been completed earlier in the term meaning that children and young people access educational support earlier.

There are numerous examples of where the use of DRP has had a direct impact upon the young person which include obtaining a passport in time for a young person to go on holiday with the foster family, a young person moving to his own room in his long term home, increased consideration being given to safety planning for some of our most vulnerable young people.

## The stages of the formal escalations



- Stage 1 (Team Manager level)
- Stage 2 (Service Manager level)
- Stage 3 (Head of Service level)
- Stage 4 (Assistant Director level)

One of the strengths in the organisation is that many formal escalations are resolved at stage 1. A number of alerts have escalated due to there being no response at a previous stage. The main themes for the alerts are: quality of care plans/pathway plans and preparation for the CLA reviews which have been impacted upon due to challenges related to sickness absence, including Covid, and staff movement. Staff movement within social work as a profession has been a challenge experienced locally, regionally and nationally. Service managers in all departments are working hard to recruit permanent social workers and manager to help improve stability.

The IRO Service Manager has continued to work closely with the CLA Service Manager to optimise the number of permanent and long term employees recruitment process and to monitor progress of formal dispute resolutions timescales.

In recognition of the challenges being experienced within the workforce a collective alert was raised on 15<sup>th</sup> December 2021 to highlight the impact of absences and staff movement.

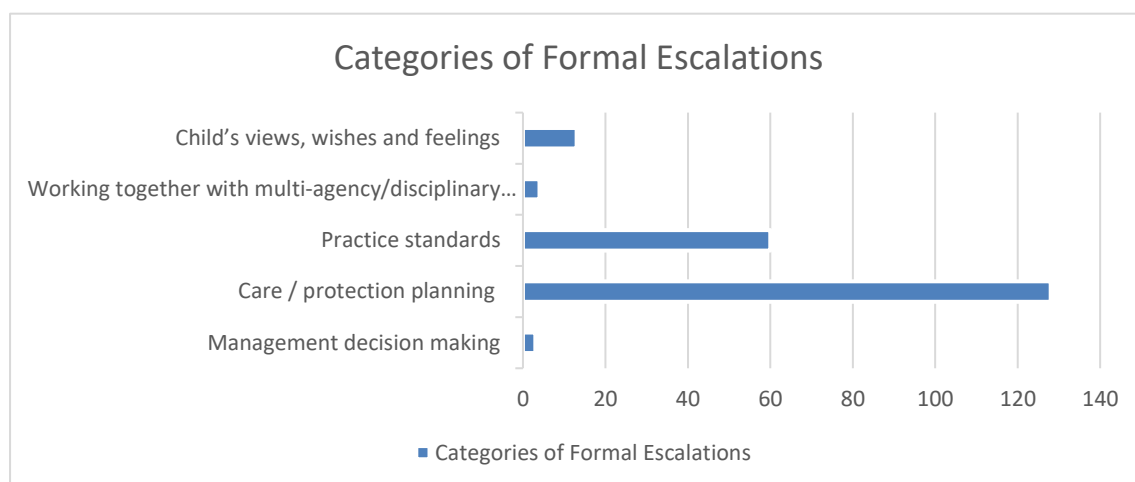
The IRO Service Manager has continued to provide DRP workshops on a quarterly basis to ensure the IRO service continues to raise the profile of dispute resolutions, provide refreshers regarding processes and how to address disputes on the system (Mosaic) so that DRPs are resolved at an earliest stage.

All team managers have been enabled to access to the Reviewing Central Administration calendar enabling them to identify upcoming reviews so that duty cover can be arranged or CLA reviews rearranged in a planned way to help reduce the impact upon young people and their carers.

All IROs have been encouraged to ensure that they make better use of their calendars to help ensure that they monitor the outcome of responses or resolution in a timely manner and where this is not achieved that they escalate to the next stage until the matters are resolved. In addition to this IROs are now sending emails or MS Teams messages to the CLA service manager when a Stage 1 escalation is raised to enable the service manager to have oversight.

## Categories & Themes

The following is a breakdown of the categories for which formal escalations were raised in the period November – March 2022:



The main themes for the formal escalations and alerts in the period April-August 2021 are:

Themes of Escalations & Alert	Escalations	Alerts
Care Plan / Pathway Plan / Social Worker Report not completed	68	113
Delays in Matching / Permanency	3	5
Drift in Care planning / Implementation of Review Decisions	26	26
EU Settled Status	5	3
Strategy / Safety Planning	2	3
Social Worker availability	5	15
Placement Stability / Suitability	4	5
Case Recordings	1	4
Finances / subsistence	3	8
Child & Family or other assessments not completed	7	10
Strengths & Difficulty Questionnaires not completed	4	20
Unregulated Placement	3	4
Visits not undertaken	26	22
Multi agency working	3	1
Concerns raised by the Young Person	7	0
PEP not up to date	8	57
CLA Review Out of Timescales	3	12
Dentals out of timescales	5	44
Working/Communicating with Parents	0	2



Not having sufficient information to progress with a meaningful review triggered the most uses of the DRP. IROs have been able to provide some oversight around visits to some of our most vulnerable young people being delayed. The review decisions have an important role in driving forward the care plans and when these are not implemented, it can bring drift and delay to the outcomes that are to be achieved for the children and young people.

There have been fewer formal escalations and alerts around dentals, health assessments, SDQs and PEPs than in preceding months as there is now a dedicated IRO link with the CLA Nurses Team and First Step and the IRO Service Manager has been working more closely with the Head of Virtual School holding monthly meetings with PEP champions from each service area which has been an improvement in the number of PEPs completed. IROs are also regularly making recommendations for young people to be presented to Unstable Placements Panel where there are concerns regarding placement suitability or stability. Equally IROs have a greater presence at ADMs, Permanency Planning Meetings and Permanency Tracking Panel to help address and drift or delay around achieving permanency for all our young people.

## Developing IRO Challenge

There is clear evidence of better use of the DRP process and reasoning at the right stages though there is further work to be done to ensure that there is improvement in the application of the DRP in respect of consistency in applying the DRP to improve outcomes and timescales for responses to whom the escalation has been raised. In recognition that the DRP is not the only way to resolve issues for our young people the IRO service is:

- Monitoring revocation of Placement Orders where a change in care plan has been agreed
- Liaising with CLA health around better access to dental check for our young people
- Working with the Virtual School Head and holding monthly PEP working groups to improve earlier completion of PEPs so our young people get earlier access to the support they need
- Leading on the implementation of the revised CLA Guidance and accompanying documentation for CLA reviews – this includes an implementation working group
- Holding quarterly DRP workshops for managers, service managers and Heads of Service
- Each IRO is linked with a service and attend service/team meetings at least once per quarter to share observations and seek feedback
- Increase the number of midway reviews and monitoring between CLA reviews
- Attending the monthly Permanency Tracker Panels, Unstable Placements Panels & contributing to ADMs
- Holding discussions with social workers, team managers and above to seek speedy resolution

In addition to the above there are plans for all IROs to attend a IRO specific training later this year to help IROs further develop in their duties to provide appropriate and timely challenge.

## Collective alerts

If themes regarding practice issues regarding children in care emerge, the IROs would raise a collective alert to address the issue. From April 2021 until March 2022 the IRO Service raised one collective alert. This alert relates to the challenges faced by the local authority around staff movement and its impact on its ability to progress care plans in a timely manner. In response to the collective alert the local authority convened two meetings between the respective Heads of Service and Service Managers to

consider solutions including CLA BSO's accessing the Review Central Administrative Calendar and coordinating with practitioners and Team managers two weeks in advance of a review.

## Impact of IROs upon Outcomes for Children Looked After

The Independent Reviewing Officers (IRO's) are part of the Engagement, Safeguarding & Quality Assurance Service within Children and Young People's Services. An IRO's core functions include reviewing plans for Children Looked After (CLA) and monitoring the Local Authority in respect of its corporate parenting and safeguarding responsibilities.

Through the exercise of these functions IRO's have been able to support practitioners in promoting some great outcomes for our CLA in Haringey. Some of our collective achievements have included:

### Education, Employment & Training

IRO's ensure that our young people in care are accessing the right support to help them achieve their best. Through this we are proud that 49 former Children Looked After are attending Universities which includes Oxford and Cambridge. 16 of our young people are expected to graduate this year. We have a young adult graduating from the university of East London this year, with a 2.1 degree in law and looking forward to training as a barrister. She is a former asylum seeking young woman and Haringey Care Leaver now in early 20s.

In the 19–21-year-old group 65% (8 more than last year) are in Education, Employment or Training, which is a positive performance beating both England and statistical neighbors.

### Stability, Managing Money & Independence

IRO's consider transition planning to adulthood as part of the reviews which begins as early as 14 years old for young people who have Education & Health Care Plans. Through this monitoring and encouraging preparatory work around independence we have been able to support many of our young people secure permanent tenancies. 56 young people moved to their one bed flats or apartments and 2 parent and babies moved to their 2 bed flats. Included in this number was 6 successful reciprocals as some young people could not be accommodated in Haringey so we approached other LA's and agreed reciprocal arrangements.

Haringey successfully opened our Money House in 2020 which helps prepare our CLA in managing money and finances through which our young people are able to enjoy responsible financial independence. Haringey has also launched our Skills for Life modules which helps ensure that our young people in care and those leaving care have the necessary life skills to live and be independent.

### Independent Visitors & Advocacy

IROs routinely encourage children and young people to access an advocate or an Independent Visitor as is evidenced within CLA review minutes. The IRO Service Manager has supported a review of the contract between Haringey and Action for Children and the capacity of Independent Visitors has now

doubled to 20. There are currently 14 young people matched with Independent Visitors with a further 5 waiting for an appropriate match to be identified.

Our children and young people in care access advocacy through Barnardo’s. Advocates play a crucial role alongside IROs to support our young people in representing their views, wishes and feelings within review meetings and outside the reviewing process. As with last year our young people have accessed a higher number of advocates than our statistical neighbour.

	Enfield Quarter 1 April- June 2021	Haringey Quarter 1 April- June 2021	Enfield Quarter 2 July Sep 2021	Haringey Quarter 2 July – Sep 2021	Enfield Quarter 3 Oct- Dec 2021	Haringey Quarter 3 Oct- Dec 2021	Enfield Quarter 4 Jan – March 2022	Haringey Quarter 4 Jan – March 2022
Number of children looked after accessing advocacy	8	18	8	20	9	19	6	16

### Voice of the Child Strategy

The IROs have been strong advocates for and believers in Haringey’s Voice of the Child strategy. As part of this strategy, they have driven the implementation of the Child Centered Practice Guidance for Reviews which places a strong emphasis on placing the voice of the child central to the care planning processes and Child Looked After Reviews.

The IROs have led the way in which reports and CLA documentation is written which now focuses on writing to the child or young person rather than about them using language that cares. This contributes to children and young people having better access and understanding of their review minutes which can also be used as part of their life story work. IROs are supporting and encouraging practitioners and team managers to also adopt this style of writing within the Social Worker’s Report for the Review and Care and Pathway Plans and feedback from practitioners has been positive.

IROs endeavor to have greater contact with social workers and review participants prior to the CLA review meeting to discuss and seek solutions to any challenges that the child or young person may be experiencing. This allows review meetings to be a more positive experience for the young person and solution focused.

As part of the Guidance foster carers are also encouraged to write a letter to the child or young person which outlines their achievements. The examples of these letters have been a true delight to read and also contribute the he child or young person’s life story.

As mentioned above the Child Centred Practice Guidance has been show cased and shared with other London Local Authorities to aid them in developing their own strategies around promoting the Voice of the Child. The Guidance has been positively received and the work undertaken within Haringey has been greatly acknowledged.

There are plans in the coming year to showcase examples of review minutes and letters by foster carers as part of the next Let's Talk sessions hosted by the Director of Children Services.

## **Additional IRO Service developments/achievements 2021-22**

### **IRO links with Adult Transitions**

There is an established IRO who attends Adult Transitions to support post 18 care planning for some of our most vulnerable young people. The IRO is also responsible for maintaining a tracker to monitor those young people in care who have an EHCP or identified mental health difficulties to help ensure that they presented to this panel for consideration.

### **IRO Team Links**

Each IRO is allocated to a team or service to offer consultation, support and advice for matters relating to Children in Care. IROs regularly attend service meetings for their respective team links once per quarter and offer workshops around the Child Centred Practice Guidance. We have now also established IRO links with First Step and CLA Health services.

### **Organisational Learning & Development**

There are now two qualified practice educators who support the learning and development of Undergraduate students in placement.

### **Bite size Learning & Workshops**

IROs have continued to provide lunch time bite size learning events and workshops to social workers, Team Managers and Service managers which has included the Child Centred Practice Guidance, the role of the IRO and CLA reviews and Dispute Resolutions.

### **Secure Accommodation Reviews**

The IRO service has supported Secure Accommodation Reviews. IROs help form part of the secure accommodation panel. The IRO Service Manager continues to chair and coordinate these meetings.

**Child Exploitation Panel & Missing from Care (CEP):**

IROs actively contribute to the CEP panel, identifying vulnerable young people in care, ensuring they are considered by the panel. IROs share information and intelligence on our most worrying children and young people suspected to be subject to exploitation.

**MS SPOC**

The IRO service now has a dedicated Modern Slavery SPOC (Single Point of Contact) who is developing links within and external to the local authority to help develop our own internal strategies to support this vulnerable group

**Introduction to Health services:**

The IRO link with the Designated Nurse for Children in Care has been the main facilitator for the introduction to health services in Haringey. She has taken charge of the programme and held the space for both facilitators and participants in a way that was conducive of people bringing their whole self to the session. Her practice wisdom and knowledge means she is able to guide the conversation and respond to questions. She uses her own experiences to illustrate what is being covered so participants can better relate to the presentations.

**IRO Service Priorities 2021-22**

There has been significant progress within the IRO Service and evidence the IROs are using more rigor and challenge. The following areas of development remain a priority to improve outcomes for looked after children and young people:

Revising the current Midway monitoring form to be in line with the Child Centred Practice Guidance

Implement an IRO monitoring form to help gather richer data around child and parent participation

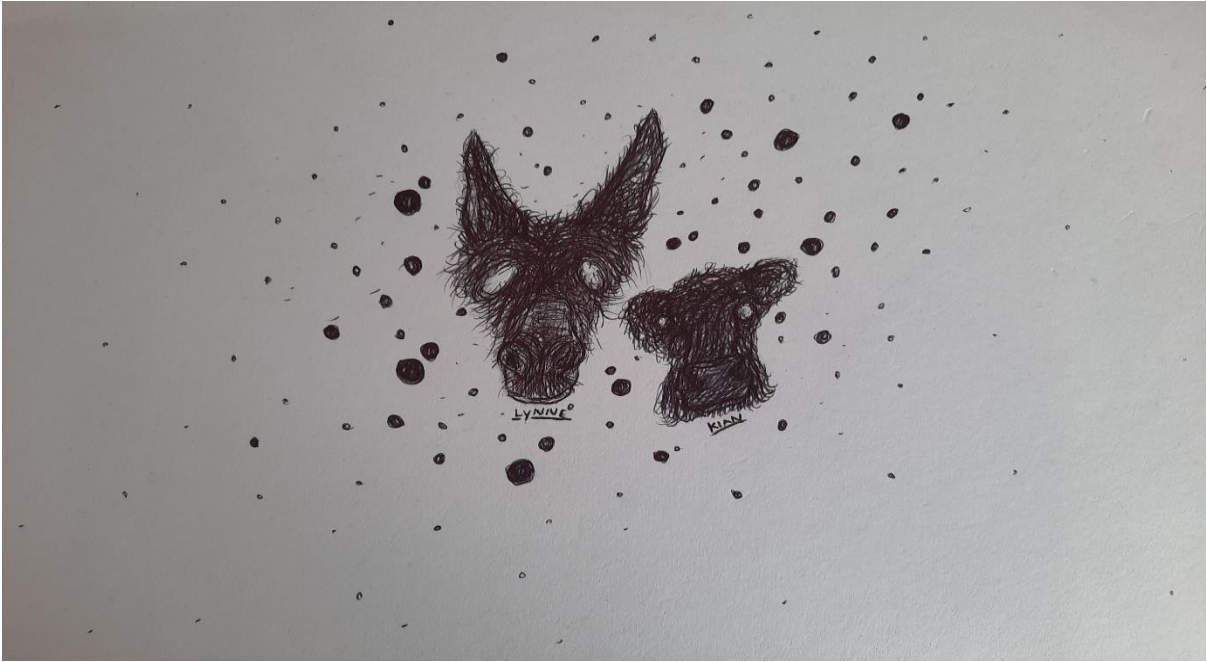
IRO's will continue to support implementation of the Haringey CLA revised guidance which will help promote participation and ensure the Voice of the Child remains Central.

IRO feedback forms for young people and professionals to be offered digitally to optimize learning from this essential feedback loop.

IRO service will meet with Aspire quarterly to understand trends and themes that will help promote children and young people's participation in their child in care reviews.

IRO's will continue to strengthen the use of the DRP relating to escalations and alerts.

Work toward reducing the number of reviews held as a series of meetings



Artwork by Young Person

**Report for:** Corporate Parenting Advisory Committee

**Item number:** 8

**Title:** LAC sufficiency strategy 2022-2026

**Report**

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

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

**Ward(s) affected:** ALL

**1. Describe the issue under consideration**

1.1 This document sets out how Haringey Council intends to fulfil its duties, as a Corporate Parent, and ensure that a dynamic and responsive offer is in place to meet the diverse accommodation needs of our looked after children and young people and those leaving care.

1.2 This sufficiency strategy sets out how the Council will seek to achieve this through understanding the needs of children and young people in our care and working collaboratively to ensure that there is sufficient, appropriate accommodation within the local authority area in response to those needs. We will be stringent in our efforts to ensure that all accommodation in scope is well placed to deliver improved outcomes for children and young people.

**2. Recommendations**

2.1 That Members note report contents

**3. Reasons for decision**

N/A

**4. Background information**

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

4.2 Demand for children's social care and health services remains high and means there continues to be significant pressure across the whole system. We know that those providing accommodation for children and young people are facing increasing running costs and need to plan for meeting increasing complex needs. We also know that the limited supply of high-quality provision locally and regionally is contributing to the Council's placement cost pressures. There is a need for the close monitoring of costs, whilst we continue to develop more innovative approaches to meeting our parental responsibilities and collaborate with local authority and health partners to address the system-wide issue of the availability of suitable and sufficient placement provision.

4.3 The Care Planning, Placement and Case Review (England) (Amendment) Regulations 2021, introduced changes that have a direct impact on the current sufficiency of accommodation for under 16-year-olds. From September 2021, the placement of any under 16- year-old child in an unregulated provision became unlawful. Whilst offering greater protection for vulnerable children, this legislative change creates a need to develop capacity amongst providers and increase the volumes of regulated care available. In addition to this, ensuring that 16- and 17-year-olds, particularly the most vulnerable, are in accommodation most suitable for their needs is a key priority.

**5. Contribution to strategic outcomes**

**6. Use of Appendices**

**7. Local Government (Access to Information) Act 1985**

N/A





HARINGEY COUNCIL

Beverley Hendricks

LOOKED AFTER  
CHILDREN  
SUFFICIENCY  
STRATEGY  
2022-2026



## 1. Introduction

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

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

## 2. Local and National Context

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

### 3. Our Vision

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

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

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

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

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

#### 4. Principles

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

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

## 5. The Journey so far – Making Progress

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

- Primary Health Designates
- Youth Offending Service

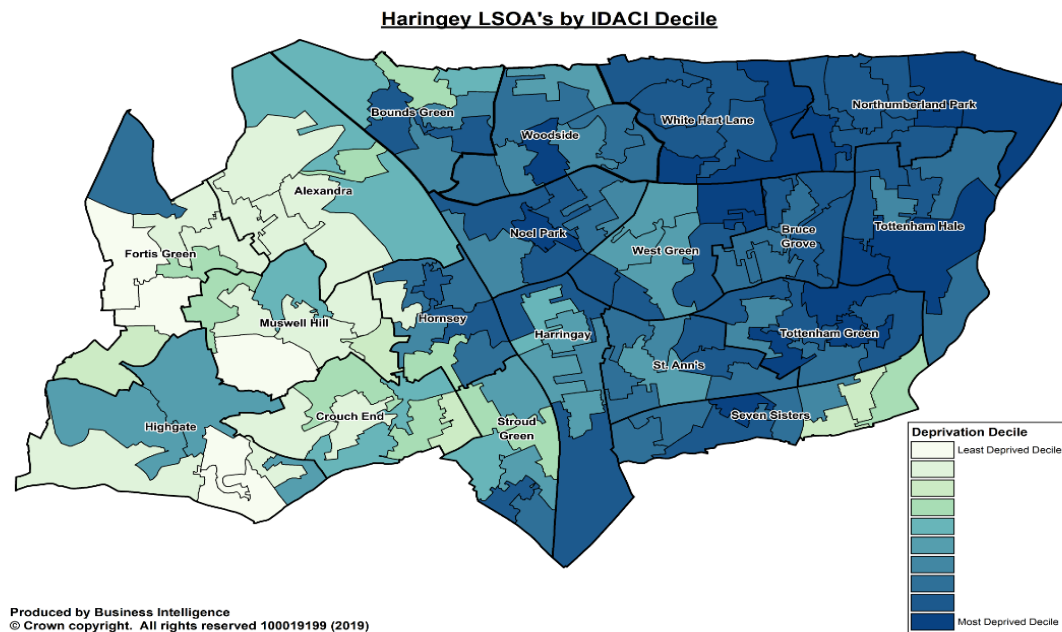
- 5.4 The HART project (Haringey Adolescent Resource Team) which prepares young people for stepping down from residential placements into fostering placements is well established and actively supports the finding and matching of suitable placements for young people. Additional expert resource, through Anna Freud's, (BERRI), has been brought in to support social workers and providers with referrals that support better matching of placements.
- 5.5 We have also been developing our support to, and recruitment of, in-house foster carers. A new foster carer recruitment team and additional marketing capacity is now in place. The first Mockingbird hub has been developed and will see an extended family model in place where one foster carer is paid to act as a hub offering planned and emergency respite, advice, training, and support to six to ten satellite fostering or kinship care families. This programme will help us to improve the stability of fostering placements and strengthen the relationships between carers, children, and young people, fostering services and birth families. This will also assist our retention of foster carers.
- 5.6 Being able to mitigate the additional challenges to meeting placement needs during the pandemic has required some targeted work with the provider market as well as support to placements. Key actions have included:
- Working closely with CCG to manage discharge from Tier 4. Haringey is now part of a new pilot to improve the risk management assessments and direct work with step down providers, parents and community network increasing the capacity within the home treatment teams.
  - Initiating new dialogue with providers to strengthen relationships and better identify and respond to support needs.
  - Placing support workers alongside foster carers in supporting placements.
  - The careful management of complex cases, ensuring information in the referral is contextualised and balanced, through the development and implementation of the BERRI tool.

## 6. Current Understanding of Need

### 6.1 Children in Haringey

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

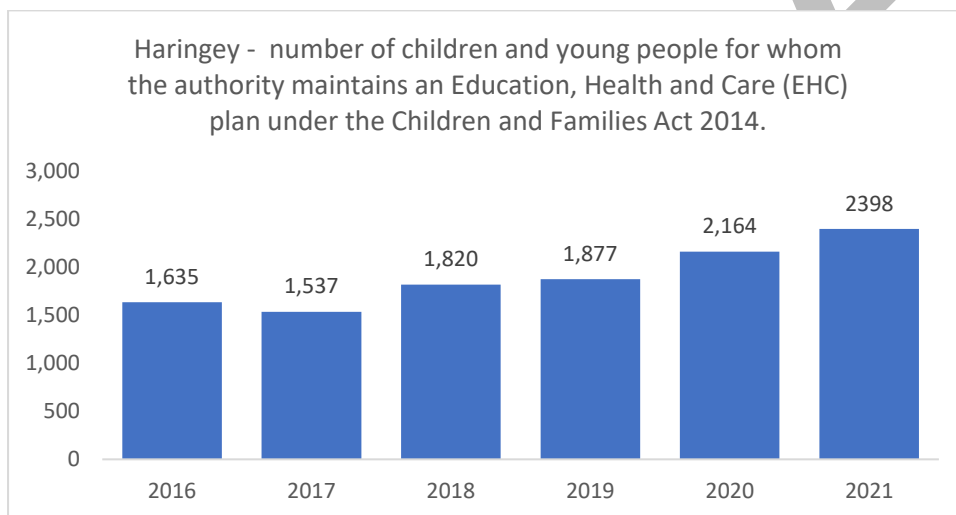
In 2019/20, almost 1 in 5 children in Haringey were living in poverty and we know that the borough has a high concentration of small geographical areas (Lower Super Output Areas - LSOAs) that fall within the top 20% most deprived in the country.



Source: IMD 2019

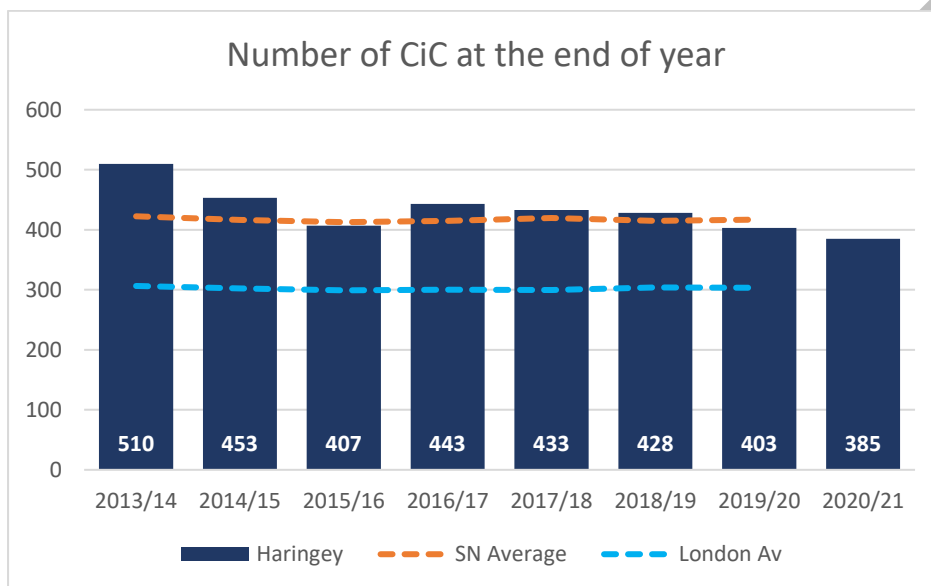


- 6.2 The picture, in terms of access to resources and opportunities, across the borough varies and we know that central and east Haringey exhibit high levels of risk factors for poor mental health, such as deprivation, unemployment and homelessness. The quality of the education provision for children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



## 6.4 Children in Care

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



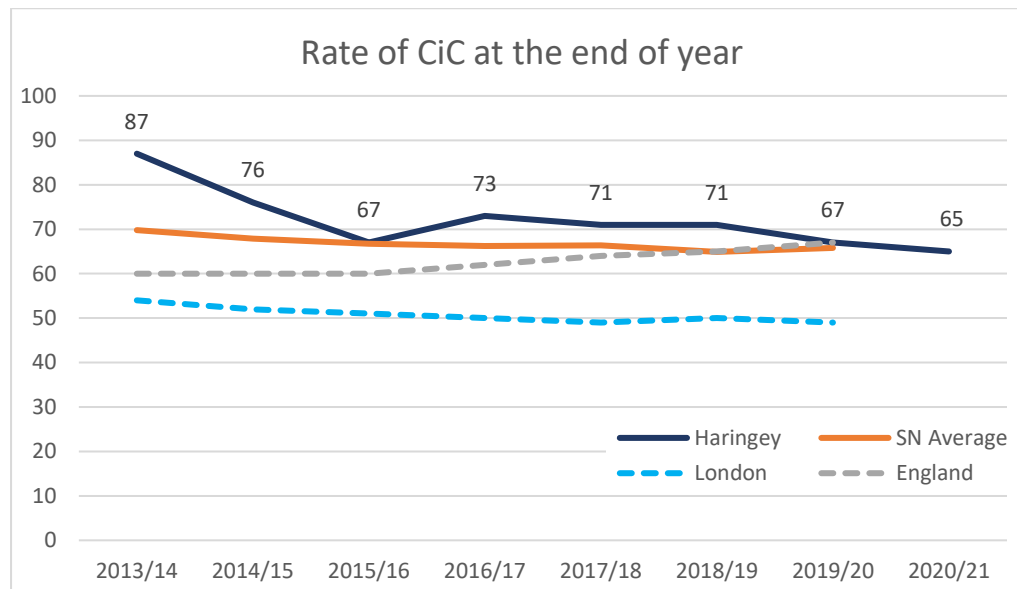
6.4.2 Fundamental to reducing the number children in care is our ability to embed an early help approach and develop, with our partners, effective early identification and intervention responses to those issues and concerns that are recognised as contributing to the likelihood of children and young people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

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

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

DRAFT

## Looked After Children Sufficiency Strategy 2022-2026



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

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

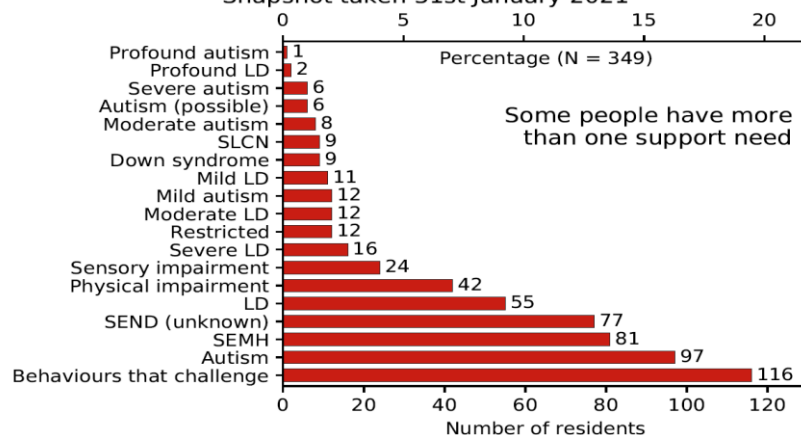
Year	No. of Children on a CP Plan with a disability	% Children on a CP Plan with a disability
2017/18	4	1%
2018/19	7	4%

## Looked After Children Sufficiency Strategy 2022-2026

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

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

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



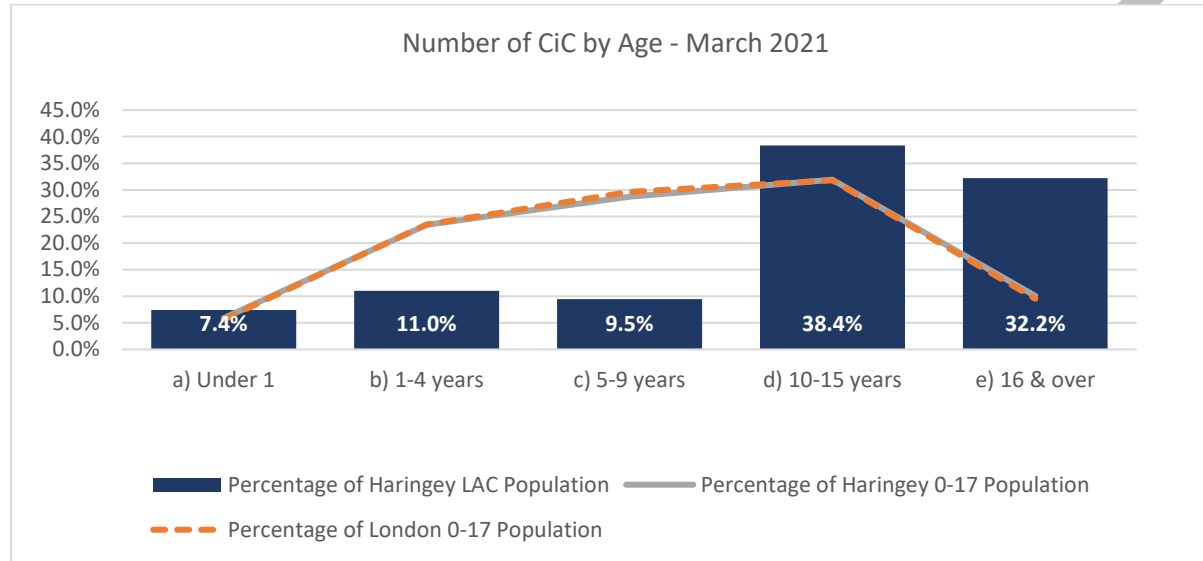
It is recognised that for some families, the complex needs of children and young people can contribute to barriers in parents’ ability to provide appropriate care. In some instances, parents and carers experience difficulties managing behaviour as children with special educational needs and disabilities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

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

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

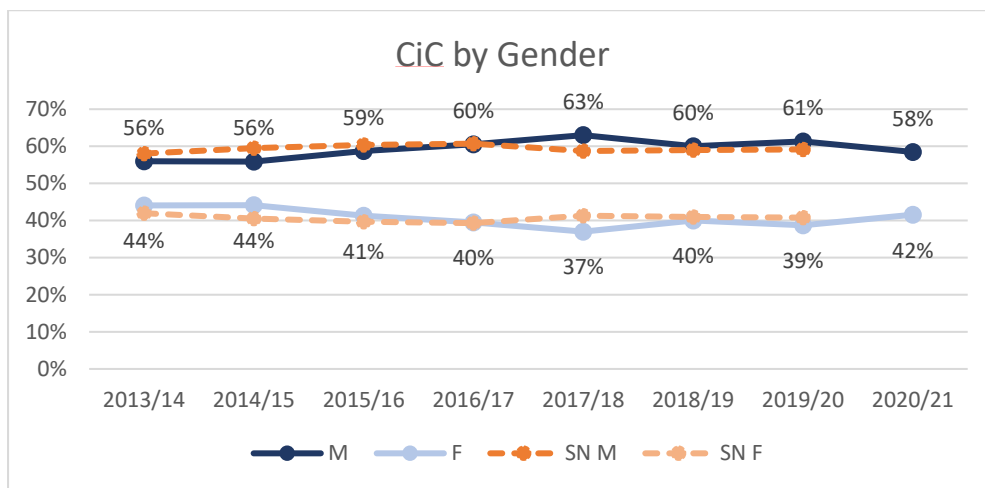
## Looked After Children Sufficiency Strategy 2022-2026

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

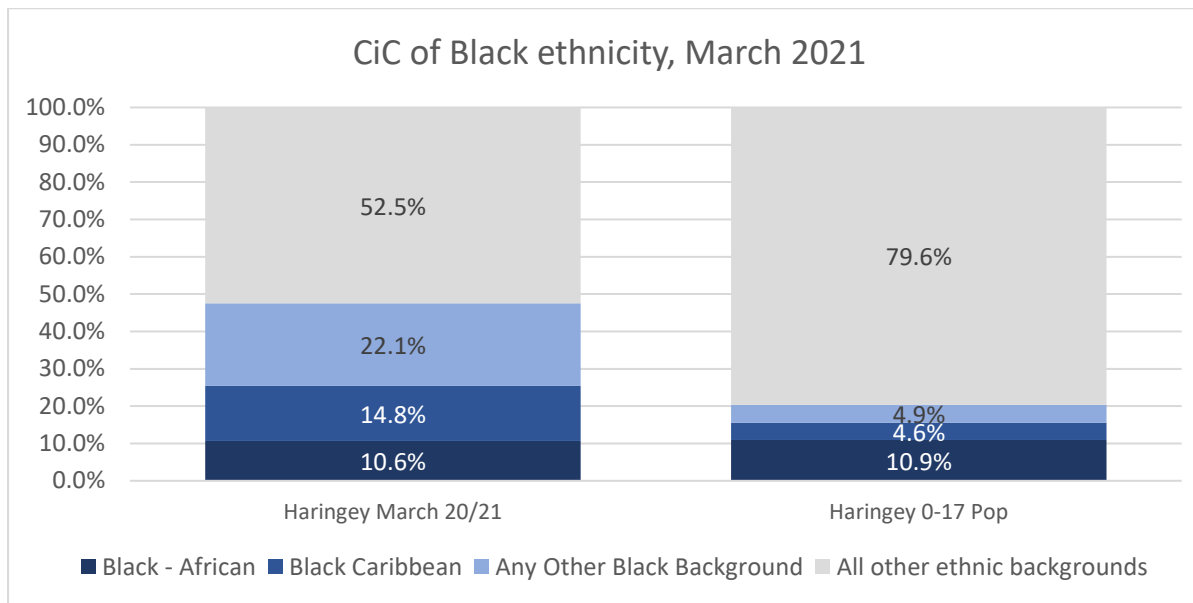


6.4.8 Haringey CiC are disproportionately male at 58% male to 42% female. The gap has fallen from its peak in 2017/18 when 63% of those in care were male. Haringey’s statistical neighbours have a similar ratio with male children in care making up 59% compared to 41% female. The age breakdown by gender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

## Looked After Children Sufficiency Strategy 2022-2026



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



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

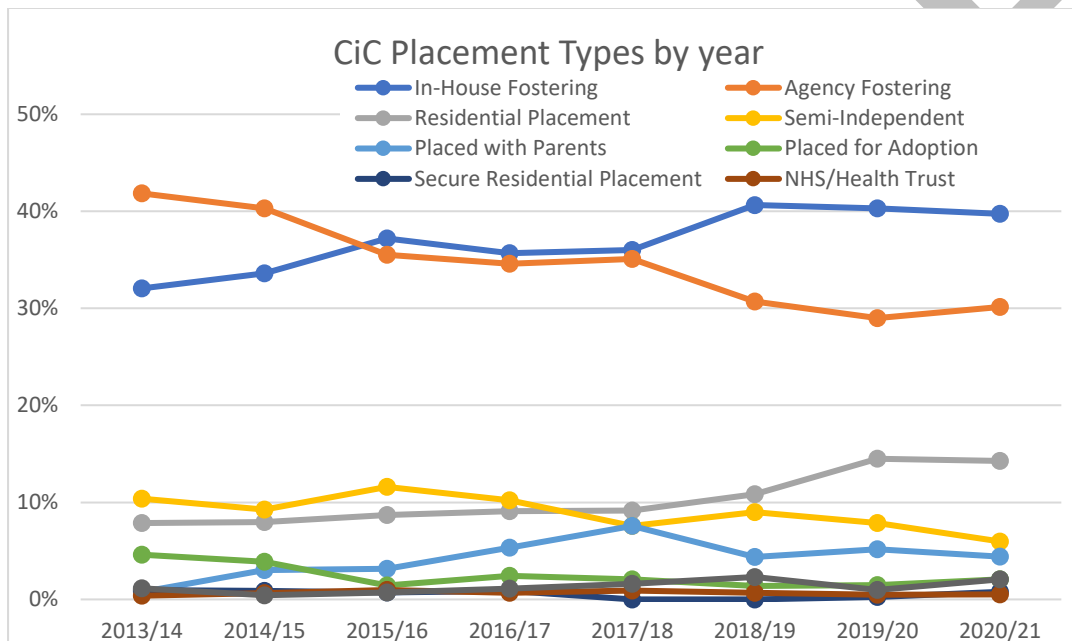
- 6.5 By March 2021, the number of unaccompanied asylum-seeking children (UASC) had fallen from 48 in March 2020 to 24. This is approximately 7% of the CiC cohort. It is likely that this reduction reflects the impact of the COVID 19 pandemic and the associated global restrictions in movement between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



## 7. Placements

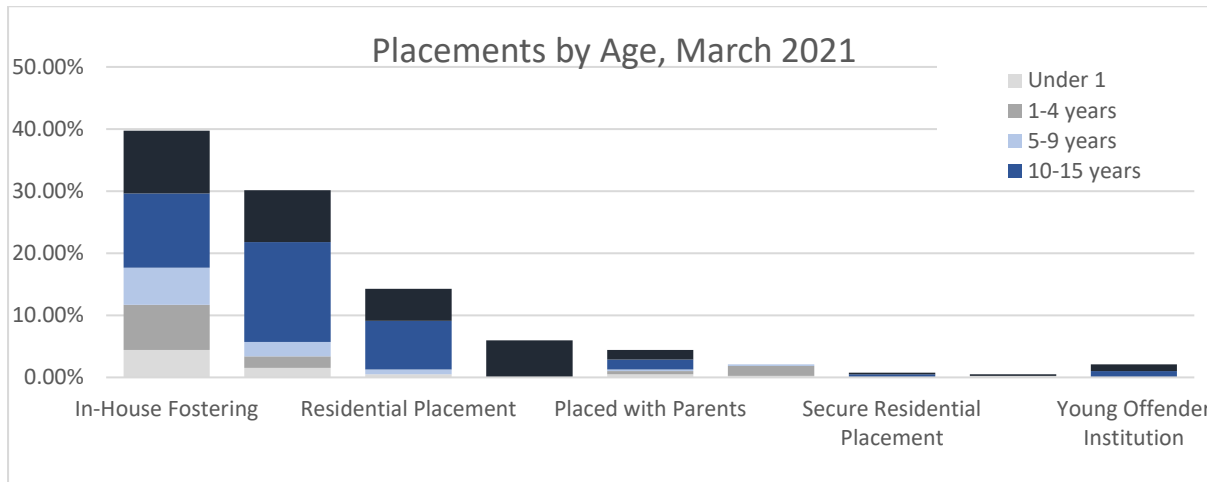
7.1 The term “Placement” refers to different types of arrangements including when a child or young person is placed with an individual who is a relation, friend or other person connected with the child, placement with a local authority foster carer, placement in a children’s home registered under Part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

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



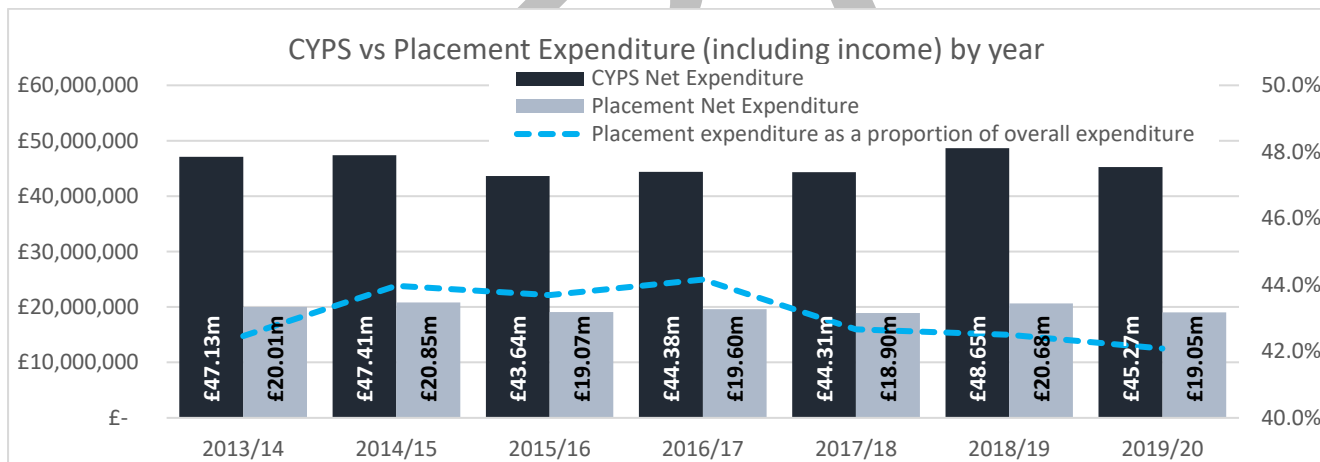
The majority of those placed in residential settings were between the ages of 10-15, whilst all children placed in secure accommodation, or a young offender institution were aged 16-17. All Children adopted fell within the 1-4 age range.

## Looked After Children Sufficiency Strategy 2022-2026



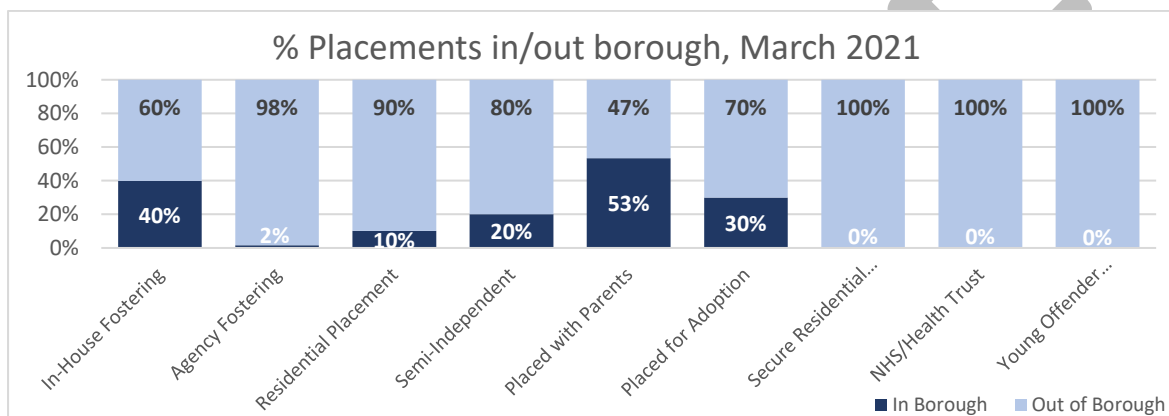
### 7.3 Placement Costs

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



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

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



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

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

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

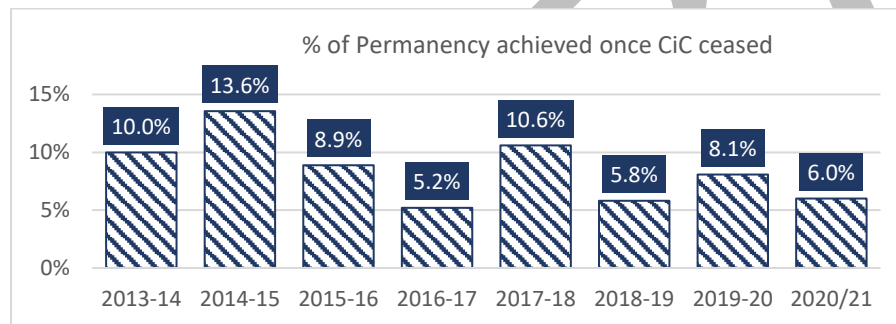
7.6 There is currently a lack of suitable residential placement options for children approaching 16 years of age.

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

7.8 **Adoption**

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

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



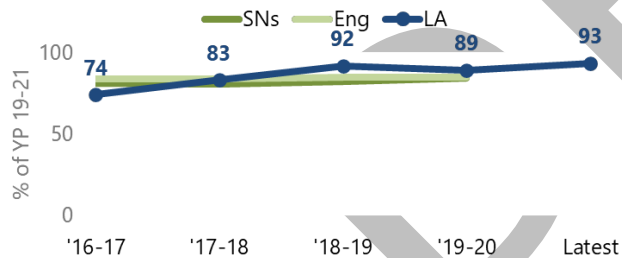
This is a reduction on previous year and perhaps reflects the effect of the pandemic. Improving permanency options continues to be a focus.

7.9 Care Leavers

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

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

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



## 8 Sufficiency

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

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

### 8.2 Virtual Schools

Obtaining a good education is not only a fundamental human right, but in many respects, it holds the key for an individuals' future happiness and quality of life. This is why good parenting should strive to actively support their children in education. This is true for all children but has a particular relevance for looked after children in care, who have experienced and where, education can be the means through which they are supported to create a positive and hopeful future. In order to engage successfully in their learning, children and young people need to feel safe and secure with a supportive network around them. As corporate parents we must ensure that a good quality and standard of education is provided, that will help our children in care to achieve age-related expectations and positive educational outcomes, in order for them to reach their potential.

There are many reasons why children in care experience poorer educational outcomes have compared to their peers.

As good corporate parents, we want to reverse any adverse trends and ensure our children do attend school, access meaningful learning, receive the learning opportunities and targeted support they need. This for some, will not be an easy, as the circumstances of some young people are complex. To achieve it, collaborative working will be needed by all partners involved, including social workers, foster carers, residential staff, teachers, SEND, safer neighbourhood police and the Virtual School.

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

The Protocol commits to the following principals: principles

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

In addition:

- We would expect schools to access training around trauma-informed practices including Anchor Approach and other Local Authority initiatives.
- We would expect a reduction in the suspensions and exclusions of children in care in favour of exploring other interventions and support.
- We would expect the network around the child or young person to inform the Virtual School of any changes in behaviour and engagement so the relevant support and interventions can be put in place earlier to avoid suspensions and exclusions.

## 9. Priorities for Action

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

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

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



- Ensuring our practice addresses disproportionality, is trauma-informed and supports the development of all children and young people

### 9.3. Our priorities for 2021-2024

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

- **Priority 1 - Expand our 'Edge of Care' offer and non-residential placement step down options.**
  - We will seek to expand our edge of care offer. Current capacity to offer intervention and support suggests a need to grow our offer and target risk associated with: Mental Health issues /Substance misuse/Criminal behaviour/Learning difficulties/Gang affiliation/Abuse and Neglect
  - We will continue developing a diverse range of options to support families and increasing the number of children and young people able to remain at home. This will include increasing access to respite and short break as part of a drive to improve the early help offer for children and young people with SEND and their families. The focus of our "edge of care" work will be to maximise the opportunities for families to access local support, when needed, to prevent issues escalating.
- **Priority 2 - Increase the sufficiency of placement provision both in, and out of borough.**
  - We will work to increase the number of in-house foster carers, through a sustained drive to increase interest and the numbers recruited. A robust training and support offer will be in place to maintain our current cohorts and enable us to grow the number of specialists foster carers.
  - Work will be undertaken, in collaboration with sub-regional and regional partners, to determine an approach to developing the right supply of provision to meet complex social emotional and mental health (SEMH) needs.
  - We will develop and implement a robust quality assurance framework and seek to increase the quality of provision, supporting providers to contribute to improved outcomes for children and young people through the implementation of a refreshed outcomes-based commissioning and contract management model.

- We will ensure all practitioners are supported to deliver on our strategic priorities through a training offer that encompasses trauma-informed and enabling practice.
- **Priority 3 – Increase step up and step-down options for high-risk young people.**
  - We will seek to increase Placement options for children and young people with complex needs. In achieving this, we will continue our efforts to develop the capacity of independent fostering agencies to support children and young people with more complex needs.
  - We will engage in Pan-London work to explore the development of a semi-secure residential unit for young people.
  - We will review our high cost, low incidence placements to inform future commissioning options.
- **Priority 4 – Strengthen discharge planning from Tier 4 services.**
  - We will reduce gaps in provision for children and young people being discharged from Tier and increase the timeliness of discharge by building on current work with health partners and the provider market, to improve the range and supply of appropriate provision to support step down from Tier 4 services.
  - We will continue our plans to jointly commission step down provisions from Tier 4 with the CCG .
  - We will engage in a Pan-London initiative to develop a London Secure Service.
- **Priority 5 - Expand placement options for 16- to 18-year-olds.**
  - We will improve longer-term planning for children in care by developing and embedding an end- to end planning approach for our rising 16 cohort.
  - We will explore options for increasing the availability of sufficiently high-quality accommodation options for 16- to 18-year-olds.
- **Priority 6 - Improve permanency options for children in care and care leavers.**
  - We will continue our focus on developing the number of in-house foster carers who can support children and young people to step-down from residential care.

- We will increase our focus on “Staying Put” long term permanent fostering arrangements and promote decision-making based on placement best suited to deliver positive outcomes for children and young people in relation to their attachment relationships, education, and social relationships.
- We will explore ways in which the number of available beds for 18 years + care leavers could be increased.
- **Priority 7- Strengthen our approach to meeting the needs of children and young people with disabilities and their families.**
  - We will be informed by work that has already begun in Haringey to develop our Preparation for Adulthood Strategy, which will ensure an approach is in place to provide all children and young people with SEND, with the right, timely support to make decisions about their future.
  - We will develop proposals and seek to secure resources needed to develop two transition units for young people with learning difficulties.
  - We will implement a refreshed short breaks and respite offer.
  - We will align this strategy with Haringey’s All Age Autism Strategy and collaborate with the voluntary and community sector to develop current provider market and access to local support. In addition, this strategy shares a focus with the Autism Strategy in seeking to increase support and accommodation options for children and young people with complex needs.
- **Priority 8 – Build a workforce with the skills, expertise, and qualities to ensure children and young people develop during their period in care – the Haringey Way across the wider Haringey workforce.**
  - We want to increase the availability of local provision with the skills and confidence to support the needs of children and young people with disabilities and complex behaviour support needs.

Appendix 1

## Sufficiency Action Plan 2022 -2024

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

Looked After Children Sufficiency Strategy 2022-2026

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

Looked After Children Sufficiency Strategy 2022-2026

<b>children and young people develop during their period in care – the Haringey Way across the wider Haringey workforce</b>				
-----------------------------------------------------------------------------------------------------------------------------	--	--	--	--

DRAFT

## Linked Documents

1. Haringey Borough Plan 2019 – 2023  
[https://www.haringey.gov.uk/sites/haringeygovuk/files/borough\\_plan\\_2019-23.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/borough_plan_2019-23.pdf)
2. Early Help Strategy 2021 – 2023  
[https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey\\_early\\_help\\_strategy\\_2021-2023.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey_early_help_strategy_2021-2023.pdf)
3. Haringey All-Age Autism Strategy 2021 – 2031  
<https://www.minutes.haringey.gov.uk/documents/s126646/Appendix%201%20-%20Haringey%20All%20Age%20Autism%20Strategy.pdf>
4. Young People at Risk Strategy 2019 – 2023  
[https://www.haringey.gov.uk/sites/haringeygovuk/files/young\\_people\\_at\\_risk\\_strategy.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/young_people_at_risk_strategy.pdf)
5. Haringey SEND Strategy 2022 – 2025 (Draft)  
[https://www.haringey.gov.uk/sites/haringeygovuk/files/draft\\_haringey\\_send\\_strategy\\_2022-25.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/draft_haringey_send_strategy_2022-25.pdf)
6. Haringey CAMHS Transformation Plan  
<https://www.minutes.haringey.gov.uk/documents/s114368/Haringey%20CAMHS%20Transformation%20Plan%202019-20%20v21%20Executive%20Summary.pdf>
7. The Care Planning, Placement and Case Review (England) (Amendment) Regulations 2021  
<https://www.legislation.gov.uk/uksi/2021/161/made>

This page is intentionally left blank



**Report for:** Corporate Parenting Advisory Committee

**Item number:** 9

**Title:** Briefing from the Children in Care health team

**Report authorised by :** Lynn Carrington

**Lead Officer:** Lynn Carrington, Designated Nurse for Children in Care

**Ward(s) affected:** N/A

**1. Describe the issue under consideration**

1.1 Report provides an update on the work of the Children in Care health team.

**2. Recommendations**

2.1 For Members to note.

**3. Reasons for decision**

N/A

**4. Background information**

N/A

**5. Contribution to strategic outcomes**

N/A

**6. Use of Appendices**

N/A

**7. Local Government (Access to Information) Act 1985**

N/A

This page is intentionally left blank

## **CLA Health Team update and Clinical Activity**

### **Health assessments**

The Haringey Children looked After (CLA) health team is required by statutory guidance to ensure that all children looked after by the Haringey Local Authority have an initial health assessment (IHA) within 20 days of becoming looked after, and thereafter every 6 months (under 5 years) or annually (over 5 years). Initial Health Assessments (IHA) for Looked After Children aged 0-18 are completed by The CLA medical team based at Tynemouth Rd Health centre. The review health assessments are completed by the CLA Health team, either at the clinic or where the child resides. Occasionally requests are sent to the local health team where the child has been placed by Haringey local authority.

### **The Plans and Key Priorities for 2022-2023 were:**

To recruit a Designated and named Dr for Children in Care.

Aim for IHA report recommendations to be available for the first looked after Children review.

To secure funding for 1.0 full time equivalent CIC Nurse as per national guidance.

To raise the Immunisation uptake and dental check-ups of Children in Care.

Ensuring access to appropriate and timely mental health and emotional well-being.

Ensuring access to appropriate and timely health assessments, including neurodevelopmental, medical, and psychiatric assessments. This would include agreement across the area amongst the providers to prioritise our looked after children in line with their needs.

Ensuring collaborative working with Public Health teams to secure equitable provision for young people who are unaccompanied asylum seekers.

### **Activity and Data**

CLA data is submitted quarterly via Whittington health to commissioning. The CLA Designated professionals across the NCL meet regularly and scrutinise and share the data for CLA. We have been recently discussing and reviewing ways of increasing performance across the teams and The CLA health team has been working with performance team and social care managers to increase the uptake of IHA medicals being completed within the timescale.

The CLA Administrator is responsible for booking the IHA appointments, however getting this to work efficiently depends on working proactively, to ensure paperwork / information is received and sent for the children and young people awaiting assessment. The appointments are arranged once the necessary documents and consent is received to complete the medical. Receiving the notifications of children entering care has improved.

### **Initial and Review health assessments in January 2023**

In January 2023 15 children had Initial health assessments 40% (6) were completed within 20 days. At the end of January, we had 1 overdue health assessment for a baby who remains in hospital. This will be completed prior to discharge.

The CLA health team have been notified with regards to UASC in Haringey, we will be reserving 1 IHA appointment each week to ensure they are seen promptly. We also work closely with the Infectious Diseases Screening Clinic at University College

London Hospital who have implemented a process for reviewing the health of unaccompanied asylum-seeking children.

There are currently 14 overdue RHA's (Those children who have not had a date review health assessment between April 1, 2022, and 31.1.2023. Some have refused or have not attended appointments. The nurses continue to offer appointments often visiting placements on several occasions and liaising with SW's and carers to try to see the children.

#### **Dental checks**

95% of over 2's who were due RHA's in January had a documented up to date dental check.

In November 2021 London LAC services saw the launch of the Healthy Smiles Looked After Children's Oral Health Pilot., This enables social workers and health practitioners to refer children and young people to dental practices within London for a routine check.

#### **Immunisations**

89% of those due review health assessments in January were up to date with immunisations. 1 requires flu vaccine aged 3, 1 16-year-old requires men ACWY HPV & DPT. 1 16-year-old requires HPV.

I have concerns with regards to the uptake of some immunisations of CLA. I have met with public health, vaccination UK and lead IRO to discuss ways of improving the uptake and obtaining data with regards to current immunisation status of children. We currently request a report from the GP prior to the health assessment.

#### **Updates**

I have been notified extra funding will be awarded next financial year April 2023 to enable the team to recruit an extra CLA nurse, which will increase the team to 4 whole time equivalent CLA Band 7 posts. We currently have 1 vacancy due to resignation of one nurse who has been on long term sickness.

Interviews are taking place in March for the Designated Dr's post.

Regular meetings have taken place over the past year with social care, Commissioning, First Step. Open door and BEH MH Trust to review the children in care mental health pathway, we have requested Haringey CLA have access to timely CAMHS input if required. A proposal is to be submitted to request increase funding to ensure this is met.

Lynn Carrington  
Designated Nurse CIC Haringey 13.2.2023

**Report for:** Corporate Parenting Advisory Committee

**Item number:** 10

**Title:** Pathway plan

**Report authorised by :** Beverley Hendricks, Assistant Director, Children's Safeguarding and Social Care

**Lead Officer:**

**Ward(s) affected:** ALL

**1. Describe the issue under consideration**

Members have asked for a Pathway plan template to be shared in order to understand the work.

**2. Recommendations**

That Members note the form/template.

**3. Reasons for decision**

N/A

**4. Background information**

N/A

**5. Contribution to strategic outcomes**

**6. Use of Appendices**

Appendix A – Blank pathway plan

**7. Local Government (Access to Information) Act 1985**

N/A

This page is intentionally left blank

## My Pathway Plan

Name

Date of birth

Date of this plan

## Preface

### Regulations:

- (1) Regulations require that the pathway plan must be prepared as soon as possible after the needs assessment and must include the care plan. The needs assessment must be completed not more than 3 months after the date on which the young person reaches the age of 16 or becomes an eligible child after that age; within 3 months of arrival if they are an unaccompanied asylum seeker; within 3 months of becoming relevant if they do not already have a pathway plan; within 3 months of the LA being informed that a former relevant young person is pursuing, or wishes to pursue, a programme of education or training.
- (2) The pathway plan must set out how the young person's needs are to be met and the date by which, and by whom, any action required to implement any aspect of the plan will be carried out.
- (3) The pathway plan must be reviewed within the statutory regulations and when significant change impacts upon the plan. For example, a review may be called by the young person or a PA or other professional when there is an assessed risk of crisis or a change in circumstances (e.g. planned move, homelessness, sentenced to custody, or becoming a parent). The results of the review and any changes to the pathway plan must be recorded in writing.

---

This document incorporates the Needs Assessment, Care / Pathway Plan and Review. Practitioners should consider in their assessment, planning and review: the needs of the young person, what progress has been made since the last review (or since the Plan was drawn up if this is the first Review). Have the young person's needs changed? What outcomes have been achieved? What aspects of the Plan still need to be delivered? Does the Plan or the contingency arrangements need to be revised?

## All about me

This section is to record an overview of all your personal details.

### All about me



Person Name:

Person ID:

My Pathway Plan

Name Date of birth Gender

Disabled

Address

Communication needs

Current legal status

Leaving care status

Current immigration status

If you do not have the following documentation, it is important to make sure that the person's details who does have this information are included in the section below.

Who has got my Birth Certificate

Who has got my Passport

Where is my NI number recorded

Age - hidden field for use in validations

Plan Date

Date of this Pathway Plan / review

Date of next Pathway Plan Review

Name of Social Worker / PA

**People involved in preparing the needs assessment, developing this plan and review**

Name	Role	Telephone number(s)	Invited	Attended	Contributed	Emergency contact
Name	Role	Telephone number(s)	Invited	Attended	Contributed	Emergency contact

**Overall Care Plan**

Brief care history

What is the overall Care Plan for this young person

What attempts have been made to arrange for the young person to live with a relative or a close family friend as an alternative to care or accommodation if the child / young person is not already in a family or friends placement

**Visits**

Arrangements made for the young person to be visited (name, role, frequency, purpose, arrangements - including other professionals / agencies). If the young person is not in contact, what reasonable steps have been taken to re-engage the young person?

**Who am I?**

Profile of Young Person - My identity: culture, religion, values and language. Food that you like to eat, your friends, the clothes that you like to wear, the music you like to listen to. Your hobbies the books you like to read. What are your social views? etc About me

Details of social/leisure activities participated in

My achievements

Photo

**People supporting me**

What support services are available outside of office hours, who can be contacted and how?

**My family and social relationships**

If you are looked after then contact between you and your family are likely to continue as planned, please discuss what arrangements you would like to make with your worker and carer. Please give details on how often, how, dates, times and locations of contact with friends or relatives including transport to and from.

My family and social relationships

[Empty text box for family and social relationships]

Worker's assessment

[Empty text box for worker's assessment]

Contact Arrangements

[Empty text box for contact arrangements]

**My education, employment and training**

Your education is very important, the more you invest now the more opportunities will open for you, you have support in place to assist you, and your participation is essential. If you are in full or part-time education or training then you may continue to have a PEP to accompany your Pathway Plan. The Pathway Plan will focus particularly on your career plans and any help you need to achieve them. Questions you might like to consider are: What do you want to achieve? What job do you want to do? What education or training or work experience do you need to get the job that you want? What application forms do you need to complete? How will your education or training be financed? What support do you need?

**Education, employment and training history**

Current establishment	Address	Telephone number	Support contact	Date	Responsible LA

**What is my current situation and current needs for education, employment and training?**

My view

[Empty text box for My view]

Worker's assessment

[Empty text box for Worker's assessment]

My education plan: long term goals

[Empty text box for My education plan: long term goals]

Short term plans

What?	How?	Who?	When?	Achieved?	Progress made

My health and development

This section is about your health. This includes your self-esteem, self-awareness, stress management, self-control and confidence as well as your physical, emotional and mental health needs. It is also important for the right people to know about any allergies, current medication or treatment you have. Your PA / worker may also ask you whether you would like any help with diet, fitness, immunisations, sexual health, smoking, drugs, alcohol etc. They will discuss with you how you access healthcare services (doctors, dentists, specialist services etc) and any special equipment you need, and whether you know your medical history or would like help to find out about it.

Do you know how to find out about your medical history, if not would you like help in this?

Would you like advice and information with: diet, fitness, sexual health, self-harm, smoking, drugs, alcohol, mental health, emotional health, sexuality?

**What is my current situation and what are my needs for health care?**

Current medication

[Empty text box for current medication]

Known allergies and / or medical conditions

[Empty text box for known allergies and/or medical conditions]

Emotional and behavioural issues

[Empty text box for emotional and behavioural issues]

My view

[Empty text box for my view]

Worker's assessment

[Empty text box for worker's assessment]

Short term plans

What?	Who?	How?	When?	Achieved?	Progress made
[Empty]	[Empty]	[Empty]	[Empty]	[Empty]	[Empty]

Age validation

- Under 18
- 18 and over

Has the care leavers health summary been completed and provided at the 18th birthday?

- Yes
- No
- N/A - under 18

Managing and living independently

In order to live independently you will need a set of practical, emotional and other skills. What skills do you already have and what skills do you need to gain or improve (e.g. basic DIY, use of transport, self-care ...)? How are you going to gain or improve your skills?

**What is my current situation and what are my needs for managing and living independently?**

My view

Worker's assessment

Managing independently: long term goals

**Short term plans**

What?	Who?	How?	When?	Achieved?	Progress made

**Where I live**

**Details**

Date	Type	Placement address	Name	Carer	Current LA placement phone number	Email	Confidentiality

Give details of other members of the carer's / provider's household (where relevant)

**My placement and accommodation plan**

This is about where you are living and for you to describe what is good / not good about your current accommodation. If you are moving to different accommodation, then your plan will explain this and include details of any support that you need in order to manage in your new home.

My view

Worker's assessment

My accommodation: long term goals

**Short term plans**

What?	Who?	How?	When?	Achieved?	Progress made

**My money**

Are you entitled to claim any grants, student finance or any other benefits (do you need help with any of these)? Can you budget your money for travel, clothes, food, savings etc.

**What is my current situation and financial needs?**

In order to live independently you need to be able to manage your money by saving regularly and budgeting for your needs (food, clothes, accommodation, travel etc). Do you have a bank account, national insurance number, regular income, savings or debts? Are you entitled to claim student finance



or other benefits? Do you need any advice or guidance on managing your money? Do you know what to do if your finances change or the cost of your accommodation rises?

My view

Worker's assessment

**My income - review**

Income	(££)

**My expenses - review**

Expenses	(££)

Total Income (A)

Total Expenses (B)

Total (A-B)

**Short term plans**

What?	Who?	How?	When?	Achieved?	Progress made

Person Name:

Person ID:

My Pathway Plan

--	--	--	--	--	--

### Backup plan

If the required progress is not being made in relation to any of the areas above, what is the backup plan?

### My future

What are your hopes for the future?

Worker's summary

### My general information

Do you understand how to get help, information and how to complain. Refer to your checklist for more information or discuss this with your worker.

Yes  No

Have you had information on the local offer?

Yes  No  
 N/A - under 18

My view

Worker's responsibility

**My life story**

Do you understand how you came into care? If you are not ready to discuss this now, when might you be willing to. Comment on whether you know how to find more information.

**Views and contributions**

My view

Parents' views

Carer's view

Views of significant others and support networks

Please note any disagreements in respect of the Pathway Plan and subsequent actions in respect of this e.g. complaints procedure

**Manager Sign-off**

Person Name:

Person ID:

My Pathway Plan

Team Manager Name Manager Comments

Date

### Other arrangements

Are there any other arrangements if the young person is not living in the authority?

[Empty text box]

**Copies of the plan to be sent to**

**Young person**

- Yes  No
- Not applicable

Date

**Carer / other**

- Yes  No
- Not applicable

Date

Other (please specify)

Date

Other (please specify)

Date

This page is intentionally left blank