

## NOTICE OF MEETING

# CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL

**Thursday, 13th February, 2025, 7.00 pm - George Meehan House,  
294 High Rd, London N22 8JZ (watch the live meeting [here](#), watch  
the recording [here](#))**

**Councillors:** Makbule Gunes (Chair), Anna Abela, Gina Adamou, Marsha Isilar-Gosling, Grosskopf, Anna Lawton and George Dunstall

**Co-optees/Non-Voting Members:** Yvonne Denny (Church representative) and Amanda Bernard (Haringey SEND Parent Carer Forum)

**Quorum:** 3

### 1. FILMING AT MEETINGS

Please note that 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

To receive any apologies for absence.

### 3. ITEMS OF URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with as noted below).

#### **4. DECLARATIONS OF INTEREST**

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

#### **5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS**

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

#### **6. MINUTES**

To approve the minutes of the previous meeting.

To follow.

#### **7. ANNUAL SOCIAL CARE PERFORMANCE REPORT (PAGES 1 - 24)**

#### **8. UPDATE ON CHILDREN'S MENTAL HEALTH OUTCOMES AND DEVELOPMENTS UNDERWAY FOR IMPROVEMENT (PAGES 25 - 44)**

#### **9. YOUTH JUSTICE SERVICE INSPECTION UPDATE**

Verbal update.

#### **10. WORK PROGRAMME UPDATE (PAGES 45 - 48)**

#### **11. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

## **12. DATES OF FUTURE MEETINGS**

N/A

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

Wednesday, 05 February 2025

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**Report for:** Children and Young People's Scrutiny Panel February 2025

**Title:** Social care annual performance 2023-24

**Report**

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

**Lead Officer:** Dionne Thomas, Assistant Director, Safeguarding and Children's Social care

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

**1 Describe the issue under consideration.**

1.1 This report provides an overview of safeguarding and social care activity and performance for 2023/2024.

**2 Member Introduction**

2.1 This report notes the progress and the consistent, effective performance with regards to safeguarding children and young people in Haringey for 2023/24.

2.2 The report identifies key developments, summarises performance activity levels and details several future priorities for vulnerable children.

**3 Recommendations**

3.1 Committee is asked to note the report and, in particular:

3.1.1 The service improvement and challenges contained within the report as well as the actions taken during 2023/24 in response to local demand and the financial pressures experienced by the service in relation to placements.

3.1.2 The areas identified as priorities for 2024/25 following analysis and review of the year's performance

**4. Reasons for the report**

4.1 The welfare of Haringey's vulnerable children is one of the Council's highest priorities.

4.2 The annual report is intended to inform Committee of the performance of Children Social Care Services in 2023/24. Committee should be aware of the progress made against managing the safeguarding demands. The report, in addition to other measures, enables Members to assure itself that the necessary arrangements are in

place for the Council to effectively discharge its children social care obligations. In this regard, there is a distinct leadership role for the Leader, Lead Member for Children and Young People's Services, the Chief Executive and Director of Children Services; also, there is a wider corporate parenting role for all members of the Council.

## **5. Introduction and Background**

5.1 This report provides an overview of performance for Children's Social Care Services for 2023/24. The report provides comparative data by benchmarking with our statistical neighbours and looks at how our performance has grown and developed, where this is appropriate. Haringey's statistical neighbours are a group of local authorities judged by the DfE to have the most similar demographic profile, these are:

- Croydon
- Enfield
- Greenwich
- Hackney
- Hammersmith and Fulham
- Islington
- Lambeth
- Lewisham
- Southwark
- Waltham Forest

5.2 Children's Social Care provides services and support for children and young people who are:

- in need
- at risk of harm and in need of protection
- children in our care who are looked after
- care experienced young adults

5.3 These children and young people have needs which are assessed as being complex or acute and require the statutory involvement of the Local Authority within the responsibilities set out in legislation, principally the Children Acts 1989 and 2004, and the Children and Families Act 2014 and various statutory guidance (including Working Together to Safeguard Children: December 2023).

5.4 The governance and scrutiny of the arrangements for safeguarding children take place through this Committee and the following multi agency forums:

5.4.1 Safeguarding Accountability Meetings chaired by the Leader of the Council with the Lead Member for Children, relevant Assistant Directors and, Director of Children and Young People Services in attendance. The meeting is held quarterly and allows the Leader to hold senior officers to account, to scrutinise performance related to vulnerable children, to be appraised of any concerns about the safety and welfare of children and to strategically drive improvements.

5.4.2 Corporate Parenting Advisory Committee has a dedicated focus on Children Looked After and Care Leavers and has in attendance seven elected members along with senior officers in the partnership. The Committee meets quarterly and scrutinises performance and strategic planning related to children in care and care leavers.

5.4.3 Haringey's Safeguarding Children's Partnership (HSCP) is overseen by an independent chair, the Partnership meets eight times a year, including the joint board meeting with the Adults Safeguarding Board. The Children and Social Work Act 2017 and Working Together to Safeguard Children 2018 has removed the requirement for Local Authorities to establish LSCBs and replaced this with new local multi-agency safeguarding arrangements. Under the new legislation, the three statutory safeguarding partners - Local Authority, Police and Clinical Commissioning Group - must make arrangements to work together, along with the relevant agencies to safeguard and promote the welfare of children in their area. Haringey's Executive Board meets 6 times a year monitoring and reviewing Haringey's statutory safeguarding arrangements.

5.4.4 The HSCP has sub-groups which oversees the work of the Safeguarding Children's Partnership in relation to Quality Performance and Outcomes, Practice Learning Workforce and Development, Training, Missing and Exploitation (MACE). The HSCP annual report evaluates the effectiveness of safeguarding and child protection in Haringey and has set the following priorities, to improve the collective effectiveness of agencies in:

- Children living with Mental Health Issues
- Prevention and Early Intervention
- Older children in need of help and protection, and contextual safeguarding including exploitation

## **6. National Context - National Statistical Reporting**

6.1 All local authorities report to the Department of Education to inform the Child In Need Annual Census and the 903 Children in Care Return. The results of which are published every October on the DfE website. The CIN census covers early intervention, contacts and referrals to social care and the reasons, Child and Family assessments and identified factors, the nature and volume of child protection activity, the numbers of children subject to child protection conferences. The 903 return covers

children entering care and the reasons, the types of placements used, the legal status of children, how many children have left care and for what reasons (including adoption) and details about care leavers and their accommodation, employment and training outcomes and how the local authority is keeping in touch with them.

6.2 In addition, more detailed returns are submitted to the North Central London Regional Adoption board on children with an adoption plan, the timeliness of matching and placing with an adopter and the recruitment of adopters.

6.3 An annual social worker workforce survey is also submitted to the DfE about the workforce profile, recruitment, retention, and sickness rates for social workers and also caseload numbers.

6.4 The Local Authority Interactive Tool (CHAT) hosted by the DfE collates a range of data across a number of returns and can be filtered to compare and benchmark performance across a range of children's indicators.

## **7. Future Challenges and Operational Priorities**

7.1 The future challenges and priorities can be summarised as follows (this is not an exhaustive list and the history of this type of work is that new priorities will emerge).

- The service is following the development of the new Children's Wellbeing and Schools Bill and preparing for the implementation of new social care reforms as set out in the new national policy statement, 'Keeping Children safe, Helping Families Thrive', Nov 2024.
- Continuing to meet the increasing demands for children's social care services and responding to factors arising from National and International challenges.
- Expand and improve the quality and timeliness of interventions available to children with presenting mental health or emotional wellbeing difficulties
- Maintaining operational effectiveness of the service in the context of new and emerging mental health and neuro-diversity support needs, the evolving and complex nature of child criminal and child sexual exploitation, the acuity of Domestic Abuse risks and needs, housing related risks and substance misuse.
- The costs associated with the placements for children in care which continue to be a significant pressure for the Council, more so given the Council current budget pressures. Additional corporate funding has already been given to the department, but as demand increases and the supply of placements comes under further pressure, the impact continues to be carefully monitored.
- The recruitment and retention of social workers continues to be a key focus and creative approaches to grow our own and recruit from overseas will continue to be explored.
- The development of permanence planning and tracking will ensure children achieve the earliest permanence



- Maximising the data provided by the newly implemented Liquid Logic system to strengthen performance dashboards and service compliance with key performance indicators.
- The priority in our Short Breaks Statement is to develop and deliver an Overnight Short Breaks provision within the borough itself, to provide children with the most complex and profound learning difficulties, respite and to mitigate against the need for these children to come into local authority care.
- Haringey Children's Academy providing learning and development opportunities for the children's workforce and supported by professors and academics, remains a central part of Children's retention and skills progression strategy. To continue to lead, jointly with our MET police colleagues, on our innovative Stop and Search work that is currently being piloted across London.

## **7.2 Local Background and Context**

7.2.1 The department continues to support high levels of need and complexity in families for the following reasons:

- In 2023, 17.3% of children in Haringey lived in relative poverty, close to the London average but lower than similar areas and the national rates (19.8%)
- Haringey has the highest alcohol sales per adult in London, with a significantly higher rate of alcohol related hospital admissions.
- 2% of Haringey's working age population claim Employment Support Allowance for mental health and behavioural disorders, the fifth highest in London
- The borough has the eighth highest rate of domestic abuse with injury in London
- Haringey ranks 8<sup>th</sup> in London for households in temporary accommodation, an improvement from 5<sup>th</sup> in the previous year

7.2.2 Alongside these challenges, Haringey as a local area continues to be a strong and thriving place for children growing up in the area. It is a place that has a rich history, strong and vibrant communities, great transport links and excellent facilities with a range of cultural events. Key strengths include:

- 98% of schools are judged as 'good' or 'outstanding' by Ofsted.
- 98% of Early Years settings are judged as 'good' or 'outstanding' by Ofsted.
- Diverse communities where more than 180 languages are spoken.
- Over a quarter of the borough is green space – with 25 Green Flag Parks and 120 venues where cultural activities take place.
- Residents report that they have good friendships and associations in their local area and good relations between different ethnic and religious communities.
- And we will be the Borough of Culture in 2027!

### 7.3 Our children and young people population

7.3.1 In Haringey, there are 54,422 children aged 0-17 years, representing 21% of the overall population (Census 2021), largely in line with statistical neighbours and London where 21% and 22% of people are aged 0-17 respectively. Notably, the ward with the highest proportion of 0-17-year-olds is South Tottenham (29%), while the ward with the lowest is Stroud Green (15.4%). The number of under 18s is not expected to change significantly in future years and will remain most concentrated in the east of the borough.

7.3.2 Almost half of the pupils in Haringey schools do not have English as a first language (47.4%). After English, Turkish, Spanish, Polish, Bulgarian, and Somalian are the most commonly spoken languages (May 22 Census)

7.3.3 One of the most significant challenges is inequality in outcomes. Poverty is a crucial determinant of poor outcomes. Childhood deprivation is unequally distributed across the borough and children in the east of the borough are substantially more likely to be affected by income deprivation. In 2023, 10,863 children in Haringey were living in relative poverty and this equates to 17.3% of all 0-16 year olds. This is the 11th highest of all London Boroughs.

### 7.4 Outcomes for children and young people

7.4.1 **Haringey's Children in Care have above average educational outcomes** and there are improvements evidenced in their performance overall in Reading, Writing and Maths at Key Stage 2. In KS4, 34% of the cohort who sat GCSE's obtained a 4 or more in English and 26% in Maths, which is in the top quartile in England (2023-21).

7.4.2 **Children with Special Educational Needs (SEN) have higher educational outcomes**, with many featuring in the top quartile in England. Key Stage 4 achieving 9-4 in English and Maths for pupils with SEN Support is ranked 16<sup>th</sup> in England and KS4 SEN Pupils with EHCP going to, or remaining in, education & employment-training overall (including special schools) is ranked 19<sup>th</sup> in England (2023-24).

7.4.3 **Haringey has fewer secondary pupils being permanently excluded** and is better than the national average (0.01%) and its percentage of NEET children, those (Not in Education Employment or Training) improved (1.7%) from 1.9% in the previous year.

7.4.4 The percentage of children making progress across all 5 areas of their development within their '2 Year Checks' is aligned with previous years (82.8%) and is above the national average of (80.4%).

7.4.5 The levels of child obesity are worse than England for 10-11 year olds (24.4% increased from 23.6%) but similar to the national average for 4-5 year olds (9.5%, improved from 10.5%)

## **8. OFSTED**

8.1 Ofsted inspectors visited the borough in February 2023, when they assessed the care, help and protection given to children, young people and care experienced young adults and their collective experiences of this support. They also examined what was being done by leaders to improve services.

8.2 They found that since 2018 many services in Haringey have been “transformed,” with most children now receiving “good support, when they need it, from the right people” including from social workers, personal advisers, early help workers and staff in schools.”

8.3 The report also included 6 areas that could improve:

- The effectiveness of permanence planning for children in care, including the challenge brought by independent reviewing officers.
- The identification of and response to children in private fostering arrangements.
- The provision and quality of life-story work at key developmental stages in children’s lives.
- The quality of supervision in ensuring that plans for children make a positive impact.
- The understanding and knowledge of frontline workers about adoption.

8.4 The report concluded the following paragraph:

“Haringey’s diverse population is reflected in the workforce and senior leadership team. This is important to frontline staff and one of the attractions of working for this local authority. Staff and leaders are acutely aware of the enduring public perception of Haringey children’s services. At all levels, staff are proud of working for Haringey. A culture of appreciation, kindness and support is firmly embedded. Staff said their leaders care about them, listen to them and take action to address the things that need to change. In turn, staff are loyal and they care about their leaders. Staff who leave often return to Haringey. They talk about the feeling of ‘family’. This sense of emotional safety is vitally important, enabling workers to practise with the confidence and persistence needed to effect change for children and young people who are living in very challenging circumstances.”

## **9. Safeguarding and children in care trends**

9.1 This section of the report sets out the data we monitor every month to assess our performance in supporting children in need, those who are on a child protection plan and those who are in our care. The data supports us in tracking our improvement and identifying our challenges for action and this is shown for the past three years.

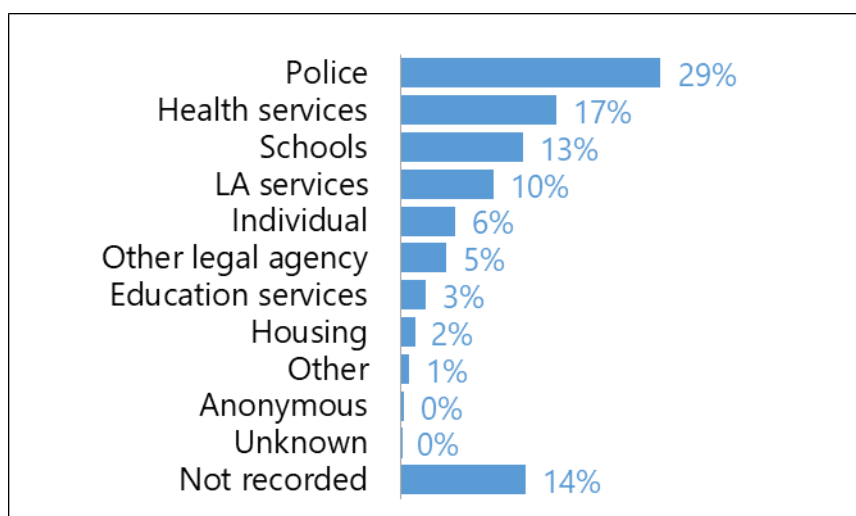
9.1.1 The Multi Agency Safeguarding Hub (MASH), which receives contacts and referrals, is our local single point of contact for anyone who is worried about a child. The service continues to effectively collaborate with key partners and has sustained the practice and performance.

9.1.2 Our internal auditing process, part of our comprehensive quality assurance framework indicates that practice within the MASH is strong, we remain focused on continuing to strengthen practice and means that children receive a timely and effective response.

### 9.1.3 Contacts and referrals to children's social care

9.1.3.1 The communication of concerns from partner agencies or the public to children's social care is an important step in initiating a child protection response. Not all of these communications from partners and the public will meet the threshold for referral to assessment and result in a referral to social care, some will be passed to the Early Help service or signposted to universal services, others are simply one of our partner agencies ringing for some advice or support. These communications are categorised as contacts.

In the 12 months to March 2024 there were 13,826 contacts to MASH which reflects a 4% increase in last years' number. The break-down of sources is set out below:

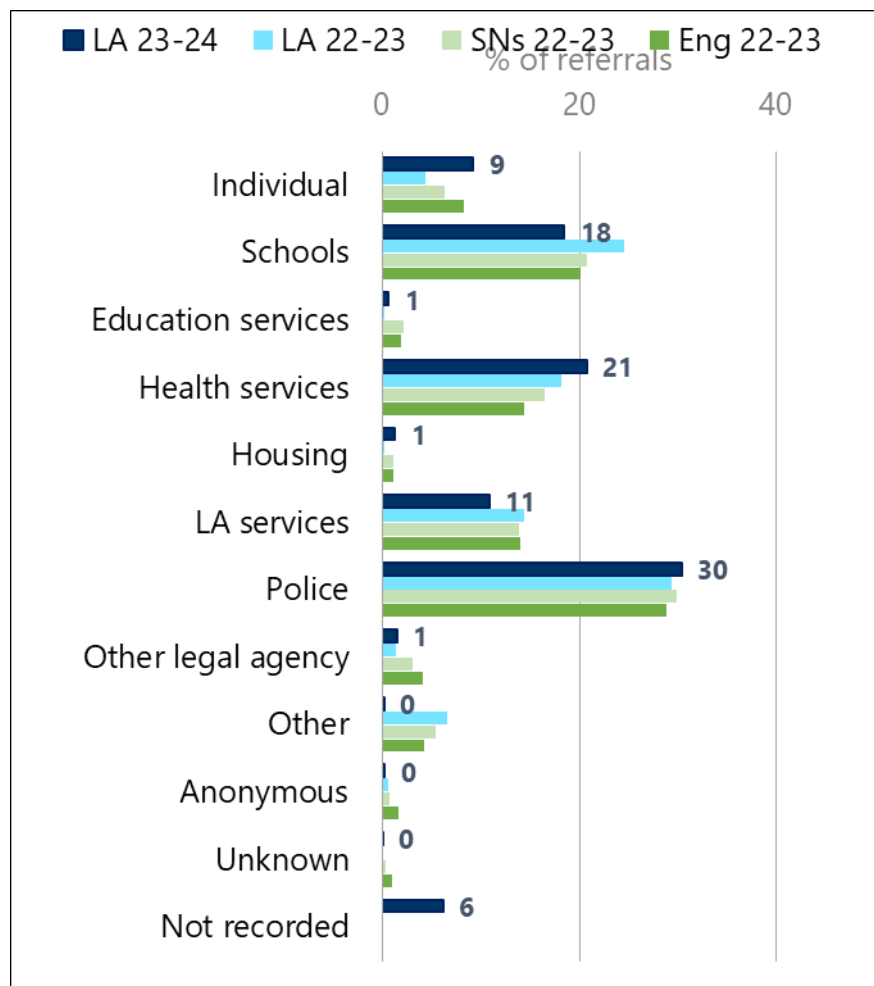


9.1.3.2 A referral is a contact that meets the threshold for services to be provided by children's social care, in respect of a child who is not currently open to the service, which meets the agreed threshold. This means that social workers in the multi-agency assessment hub (MASH) share information and complete a risk analysis for the referral.

9.1.3.3 Referrals received (rate per 10,000 children) The number of referrals received was the highest since 2018/19, and is in line with our latest comparisons.

Year	Haringey Number	:	Haringey Rate	SN rate	Eng rate
2020-21	2851		480	499	494

2021-22	3379	568	580	538
2022-23	3,456	581		
2023-24	3338	619	621	661



9.1.2.4 The Police continue to be the largest source of referrals in common with our statistical neighbours and England. We have seen a reduction in referrals from schools and an increase in referrals from our colleagues in health.

## 9.2 Children with a Disability

9.2.1 The Disabled Children's Team (DCT) continues to meet the complex and diverse nature of the range of needs experienced by children with disabilities.

9.2.2 The stability of the management team is helping to strengthen the skills, experience and expertise within the service though focus is maintained on continuing to develop and embed this across the service

9.2.3 It is clear however that complexity is rising and the service has seen an unprecedented increase in court proceedings, impacting on timeliness and performance data. This is seen alongside an increase in children qualifying for CiN

support and those being received into local authority care. The percentage increase in CiN with an open episode of disability need is not however comparable to previous years, as it now reflects children in receipt of short breaks.

9.2.4 Regular multi-agency meetings take place with special schools and they continue to ensure the partnership approach to providing children with disabilities robust and timely support.

### 9.3 SEND Special Educational Needs & Disabilities

9.3.1 2023 saw a significant increase the number of new EHCP plans issued and an improvement in their timeliness.

9.3.2

	2020	2021	2022	2023
<b>New EHC Plans Issued (Number)</b>	309	260	410	454
Haringey	30%	68%	44%	97%
London	62%	64%	55%	70%
England	58%	60%	59%	50%

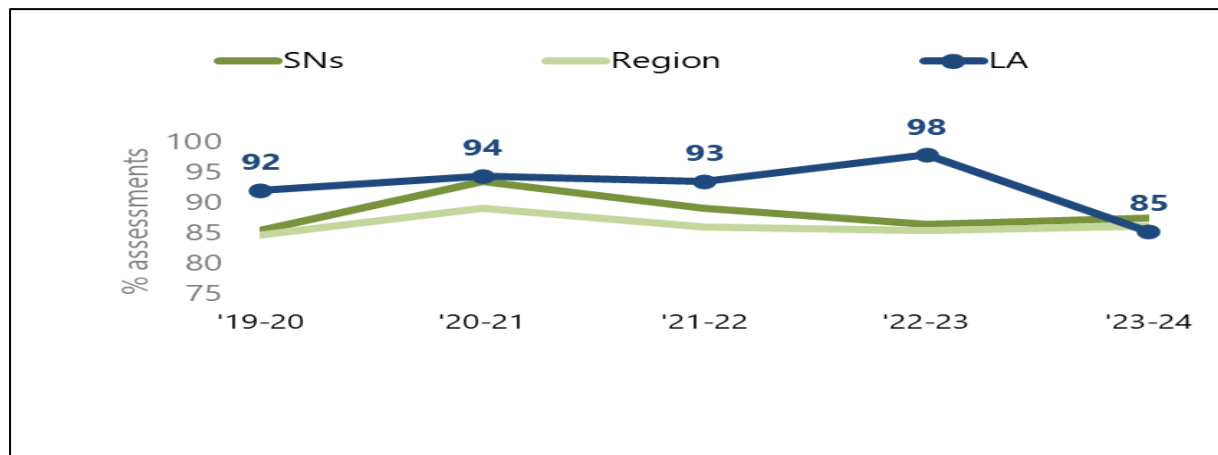
Number of open EHCP at year end				
Haringey	1820	1877	2164	2567

### 9.4 Assessments

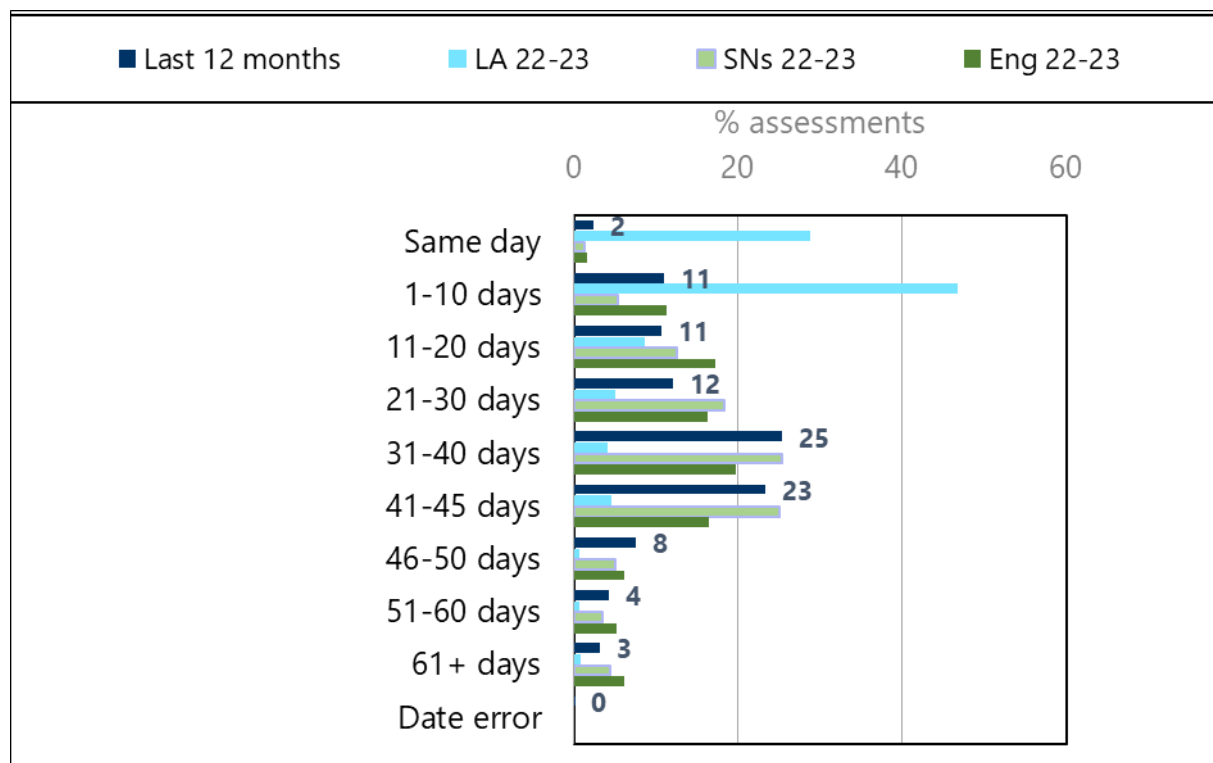
9.4.1 A referral to social care will either result in a decision to complete an assessment of the child's needs (within 45 working days) or in addition if there is a concern that immediate protection may be needed as the child is suffering or likely to suffer significant harm, an immediate strategy discussion with police and other partners is held. At the strategy discussion it is decided whether to initiate enquires under section 47 of the Children Act 1989; which is an enquiry to decide what type of action is needed to safeguard a child and if necessary, hold an initial Child protection conference within 15 working days.

9.4.2 During 2023 there were 3,144 assessments completed at a rate of 583 per 10,000 children, up from a rate of 527 per 10,000 children in 2022/23. In each of the past 6 years, at least 85% have been completed in 45 working days, as shown in the graph below. This represents continued good performance in the completion of assessments which compare well to statistical neighbours and England but represent a decrease in the timeliness since last year (98%). Assessment audit data is more frequently good however, which might indicate that the quality of assessments is strengthening, leading to more appropriate intervention at the expense of timeliness.

### Assessments completed in 45 Working Days (%)

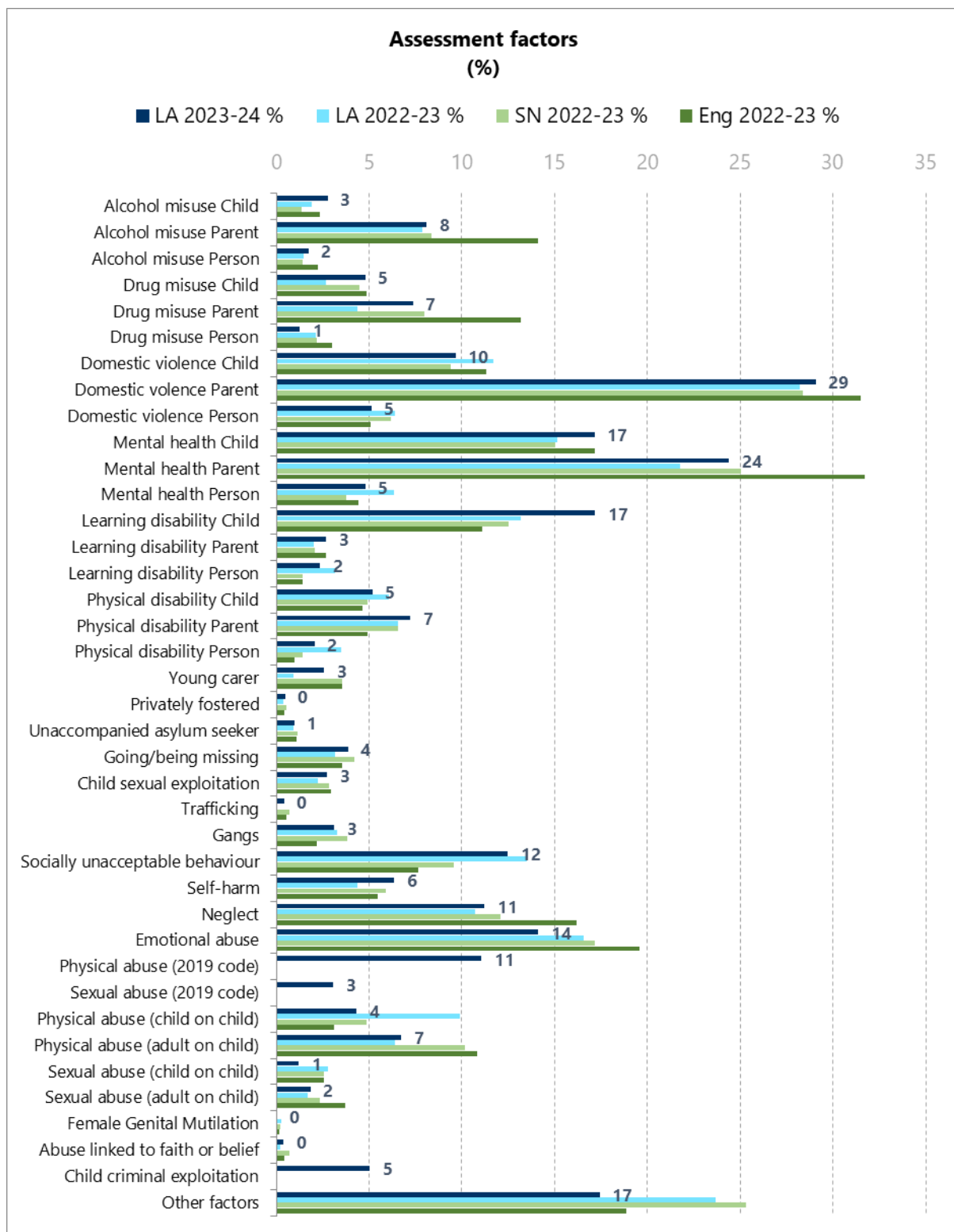


### Comparing Timelines



#### 9.4.3 Factors found at the end of assessment

- 9.4.3.1 Parental Domestic Abuse continues to be the single most common factor found at the end of assessments.
- 9.4.3.2 Other areas seeing a year-on-year increase include Learning disability and Parental and Child Mental Health
- 9.4.3.3 Area with fewer factors found include Emotional Abuse



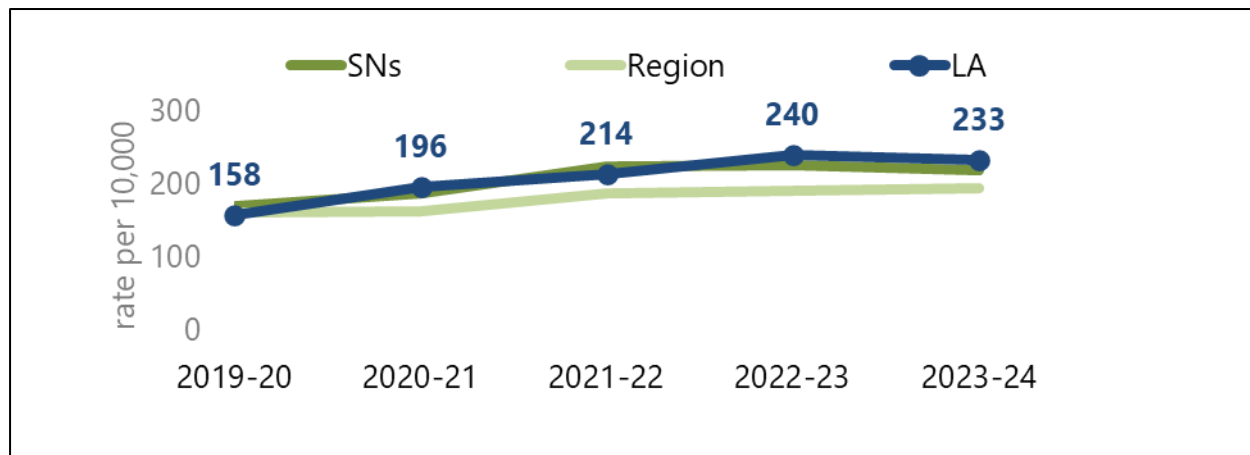
## 9.5 Section 47 enquiries

9.5.1 As noted above, Section 47 enquiries are carried out when there is a referral in which a child or children are reported to be at immediate risk of harm. This always follows a multi-agency strategy discussion.



9.5.2 The rate of section 47 enquiries per 10,000 children aged 0-17 decreased to a rate of 232 per 10,000 children from 239 in 2023/24 and our rate is just above the last published rate of 204 for comparator boroughs and the England average rate of 192.

#### Rate of s47 enquiries per 10, 000 children



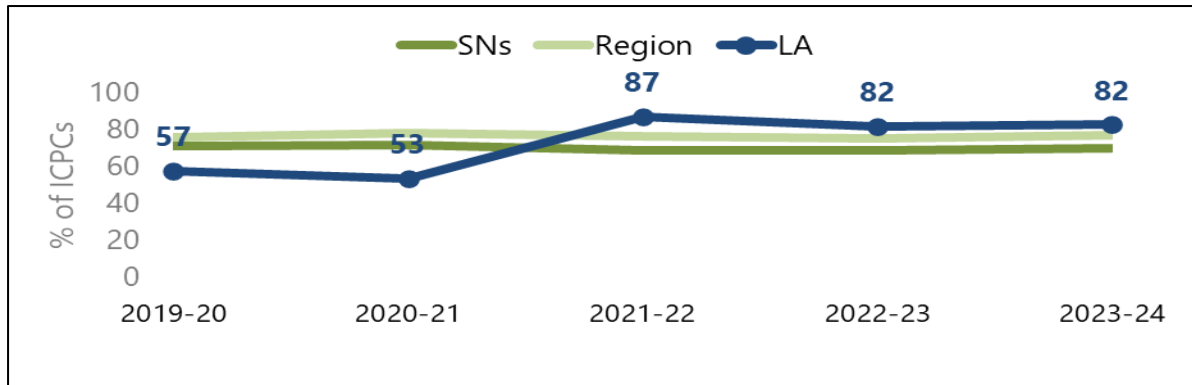
## 9.6 Initial Child protection conferences (ICPC)

9.6.1 Following section 47 enquiries, where needed, an initial child protection conference is held. Bringing together family members (and the child where appropriate) and all relevant information, it is the responsibility of the conference to make recommendations on how organisations will work together to safeguard the child, including the option of placing the child on a child protection plan.

9.6.2 In 2023/24 a total of 199 ICPCs were held, a reduction of 12% on the numbers from the previous year.

9.6.3 It is critical that initial child protection conferences are convened quickly. Timeliness is defined by ICPC's which take place within 15 days of a strategy discussion and this is an area where performance showed a decline up to December 2020. The graph below shows that since January 2021 a new system and tight monitoring has been in place effectively addressing this decline with an 81% completion rate, which is more or less in line with the performance data from last year.

### 9.6.4 Trend of ICPC Timelines

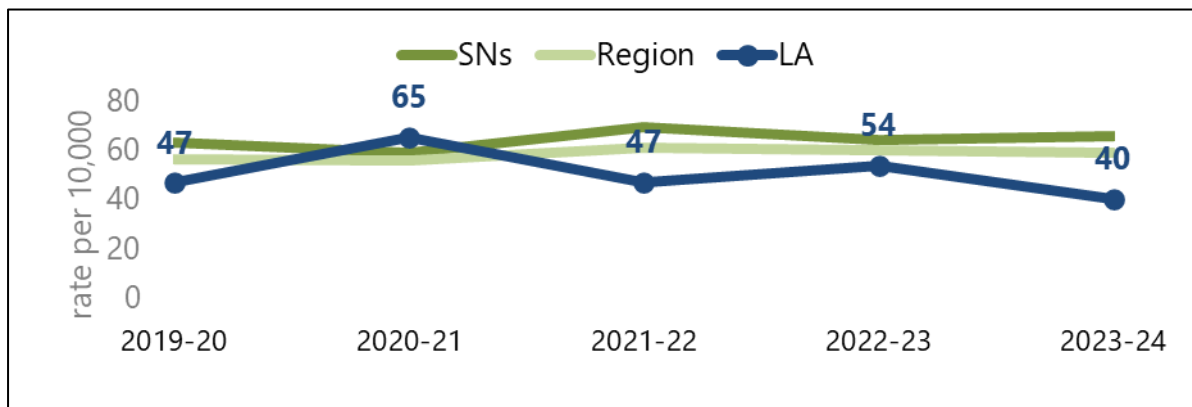


## 9.7 Child Protection Plans

9.7.1 The aim of a child protection plan is to ensure the child is safe from harm and prevent further suffering and harm. The plan should promote the child's health and development and support the family and wider family members to safeguard their child provided it is in the best interests of the child.

9.7.2 There were 180 children on a child protection plan at the end of March 2024 or a rate of 33 per 10,000, which is below the last published statistical neighbours rate (43)

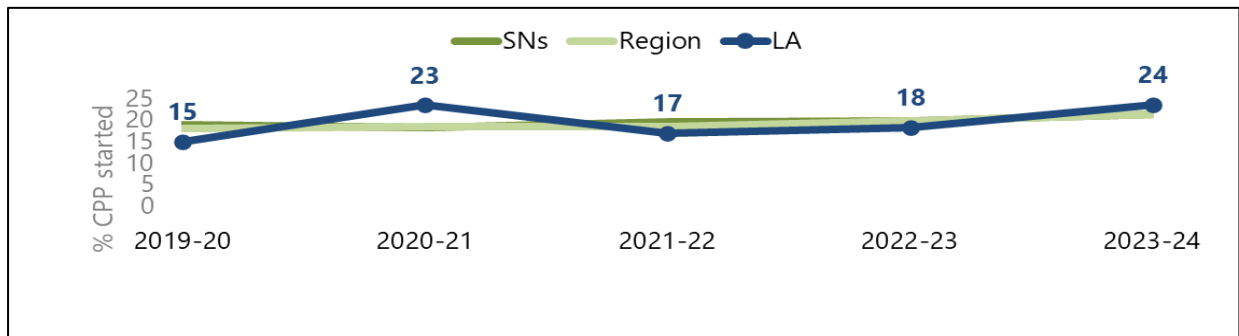
### 9.7.3 Rate of CP Plan per 10, 000 children



9.7.3 It is vital that the right children only remain subject to plans for the length of time required to bring about and demonstrate change. A simple measure for this is the rate of second and subsequent plans, if these are too high, it could be the plans are ineffectual or are not lasting long enough, too low and it could be that a degree of over caution is evident. The described percentage rate matches our statistical neighbours rate, (albeit with a minor data variance). We are keeping cases subject to subsequent

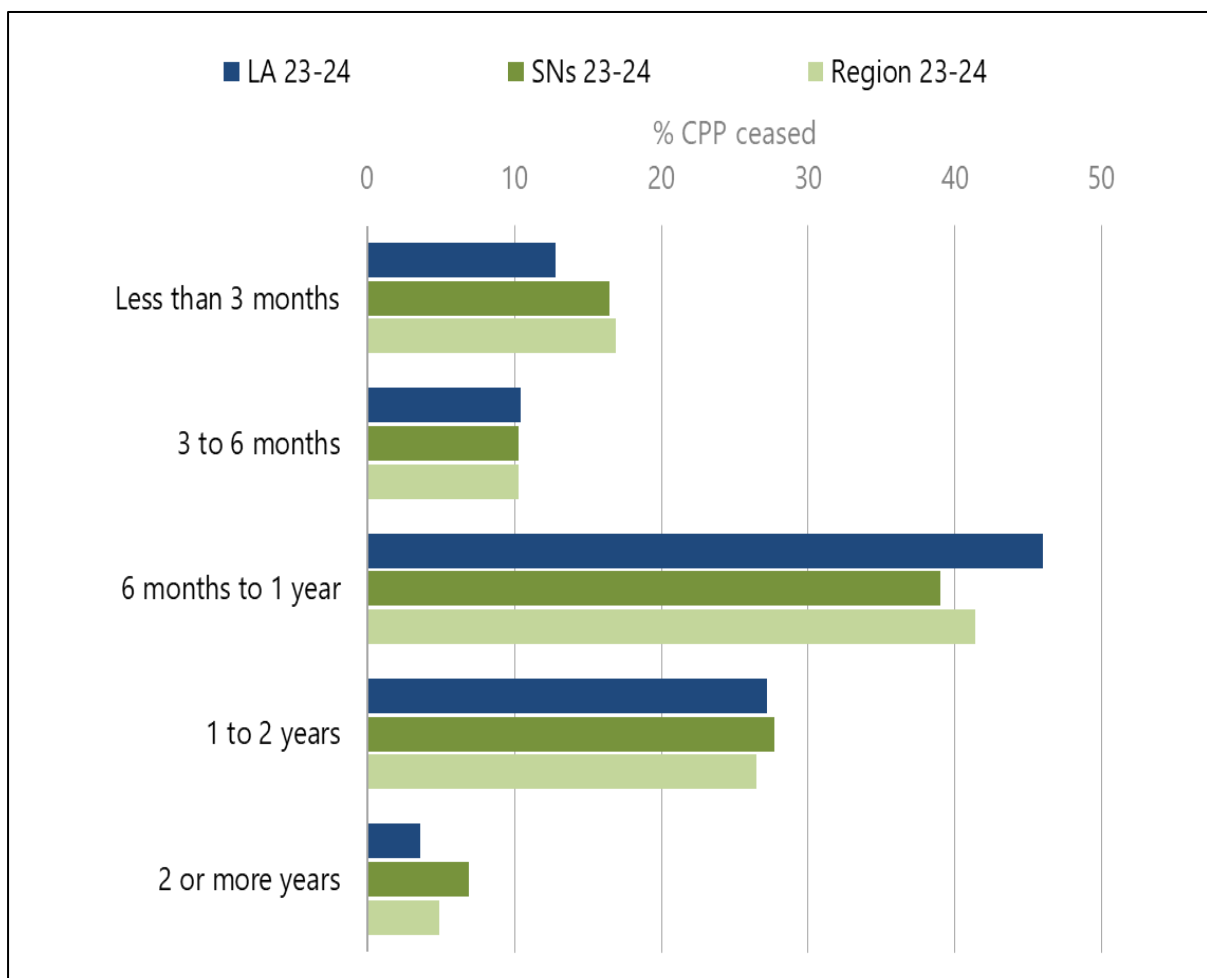
plans under review, to ensure that thresholds are applied appropriately and to see if there is any learning for the service in relation to early de-planning

#### 9.7.4 Comparing re-registrations for Child Protection Plans



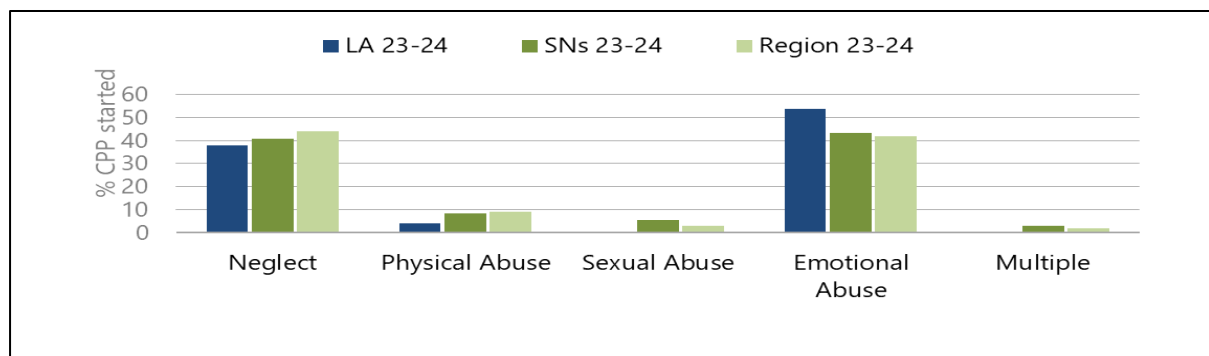
9.7.5 Most child protection plans cease within two years. At the end of March 2024 Haringey had no plans open for more than two years.

#### 9.7.6 Comparing Duration of open CP Plans



9.7.7 In common with other local authorities, the main initial reasons for children becoming subject to a child protection plan relate to emotional abuse and neglect (37%) as shown in the chart below and our rate is higher for emotional abuse (54%) which might correspond with the high number of children known to us for Domestic Abuse.

#### Latest category of abuse for current CP Plans up to March 31<sup>st</sup> March 2024

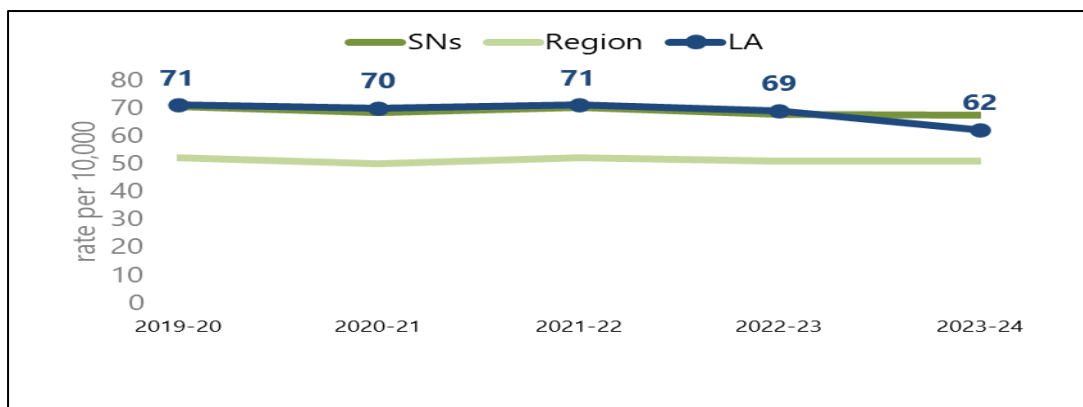


## 9.8 Children Looked After

9.8.1 A child who has been in the care of a local authority for more than 24 hours is known as a Child Looked After (CLA). CLA are also often referred to as children in care. Children in care in general are either living with extended family members, foster parents, in a residential children's home or living in residential settings like schools or secure units. Children come into care for a variety of reasons, including because they are unaccompanied asylum-seeking children with no responsible adult to care for them or children's services may have intervened because it was believed that the child was at significant risk of harm. A child stops being looked after when they are adopted, are made the subject of a Special Guardianship Order, return home unless there is a Care Order in place, or turn 18. However local authorities are required to support most children who leave care at 18, until they are 25 years old.

9.8.2 At the end of March 2024, 334 children were in our care. This is 36 fewer than in 2023 and is disproportionate to the increase in national data but aligned with a decrease in statistical neighbours children in care cohort.

### 9.8.3 Rate of CLA started per 10,000 children



9.8.4 The table below shows the children in care by placement type at the end of March 2024. Foster placements continue to be the largest proportion of placement types along with the proportion matching that of all England.

Placement type (open CLA)	Own LA	Private	Other	Total
Foster placement	136	83	12	231
Placed for adoption	0	0	7	7
Placed with parents	0	0	12	12
Independent living	0	0	0	0
Residential employment	0	0	0	0
Residential accommodation	4	27	14	45
Secure Children's Homes	0	0	0	0
Children's Homes	1	21	5	27
Residential Care Home	0	0	0	0
NHS/Health Trust	0	0	2	2
Family Centre	0	0	0	0
Young Offender Institution	3	1	2	6
Residential school	0	1	0	1
Other placements	0	2	0	2
Temporary placement	0	0	0	0
Total placements	144	135	54	333

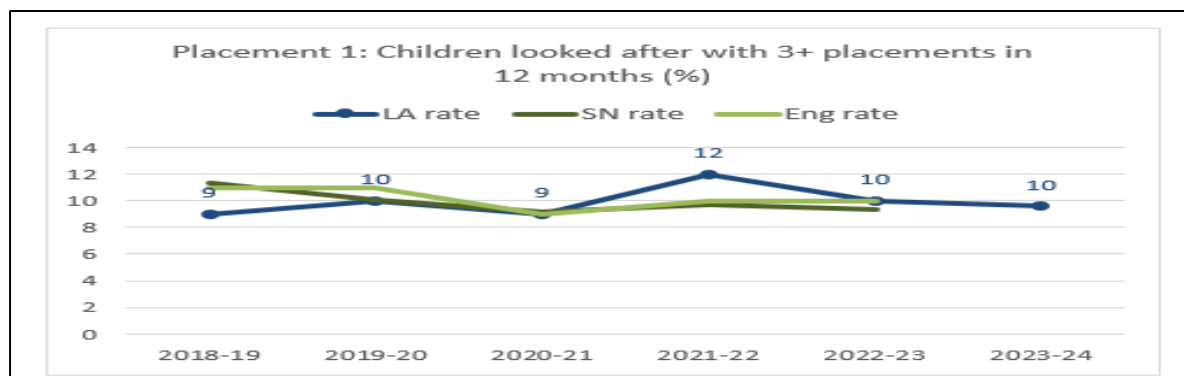
9.8.5 At the end of March 2024, 21% of children were in placements in or within 20 miles of Haringey. This is a reduction from 24% the previous year, but higher than the last known data for statistical neighbours (17%). Local provision continues to be a challenge, and we have this year opened our own residential provision, Haselmere, to mitigate national and local challenges. We also continue to build relationships with local providers and work with our regional and sub-regional partners to address sufficiency issues.

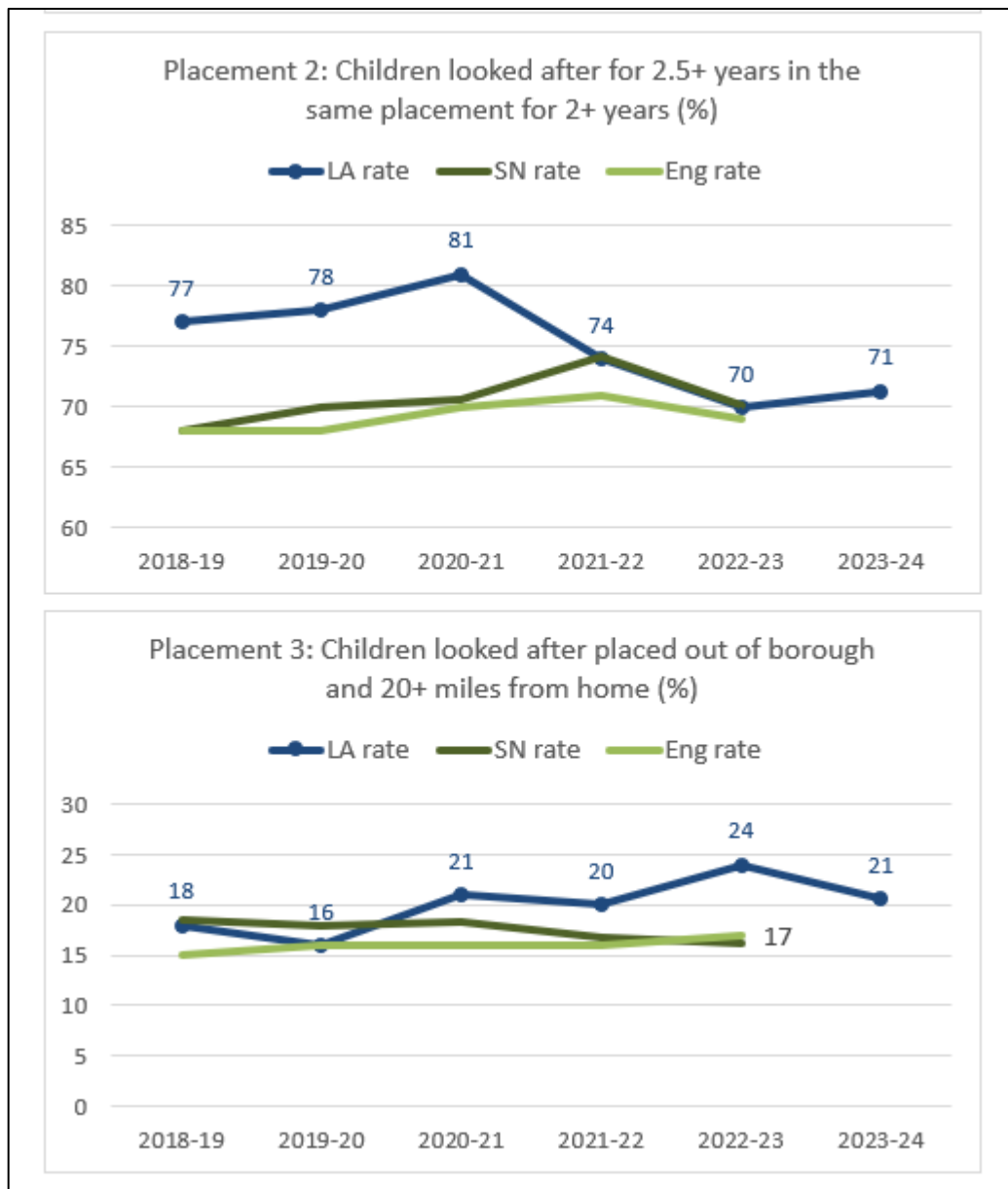
9.8.6 Placement stability is a key factor in children's wellbeing. Having the chance to settle into a foster or residential placement over a period of time, supporting our children in developing a feeling of belonging, helping them feel secure in themselves.

Stability will be achieved only by making sure that the child is in the right placement for them. There are two types of placement stability that we measure – short term stability which looks at the number of placements for children in the last 12 months, and long-term stability which considers those children who have been looked after for more than 2.5 years and have been in the same placement for more than the past 2 years. It is a combination of these indicators that gives us confidence that our children in care are in a stable environment.

9.8.7 Our short-term stability performance shows that 10% of children in our care had three or more placements in the past 12 months. This is in line with the previous year, statistical neighbour data (9%) and the national average.

9.8.8 Our performance in relation to long term placement stability is improved slightly from 70% in 2023 to 71% at the end of March 2024. Permanence planning is continually being monitored and strengthened, and we ensure that Independent Reviewing officers (IROs) have sufficient information to enable expedient and timely permanence planning. Our trackers are helping us monitor children who have not been matched and we constantly check and review children's permanency plans through to permanence.





9.8.9 The data for children who go missing from care shows us that 11% of children were reported missing in the period 2023-2024 which is better than the previous average of 15%. When children do go missing from placement there is a robust and effective response from children's social care and the Police. The missing co-ordinator tracks, and risk assesses children who go missing to ensure appropriate safeguards are in place to prevent repeat occurrences and return home interviews are routinely conducted by specialist workers.

## 9.9 Unaccompanied Asylum-Seeking Children (UASC)

9.9.1 There are two means by which UASC come to Haringey. Firstly, as spontaneous arrivals, most frequently arriving at local police stations. The second

means is through the National Transfer Scheme, which aims to equitably re-distribute UASC, especially those from Kent and Croydon.

9.9.2 At the end of March 2020 there were 48 unaccompanied asylum-seeking children (UASC) in care, this fell to 32 in March 2023 and was further reduced at the close of March 2024, to 26. This represents around 8% of the children in care cohort.

## **9.10 Adoption**

9.10.1 There were 7 adoptions during 2023/24 which is in line with the last reported data from statistical neighbours but we remain beneath the national average. We also have 12 children matched for adoption, a similar number to the previous year.

9.10.2 Haringey and the ALN (Adopt London North) have strengthened practitioner knowledge around early permanence as a placement option for children, with ALN running a number of in person and virtual training sessions for practitioners across the directorate.

9.10.3 A key priority continues to be the reduction of disparity in adoption for children of Global Majority heritage and improve the adoption system so that more adopters of Black heritage become applicants and choose to adopt through Adopt London.

## **9.11 Leaving care**

9.11.1 For young people qualifying for service as Care Leavers also known as Care Experienced Young Adults, there is a requirement for Haringey to stay in touch with the young person, keep their Pathway Plans 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.

9.11.2 The service has been continuing to work with the duty on local authorities to support all care leavers up to age 25 who can return to the local authority at any point after the age of 21 and request support.

9.11.3 At the end of March 2024 there were 764 care experienced young adults who had left care and a further 157 aged 16-17 who were preparing to leave care. This represents a 28% increase.



9.11.4 Looking at care leavers in suitable accommodation and those in employment, education or training Haringey has a higher percentage than both our statistical neighbours and the England rate

Key Leaving Care Performance Indicators	19/20	20/21	21/22	22/23	23/24
Care Leavers aged 19-21 in Education, Employment or Training	55%	57%	65%	63%	55% <b>(219)</b>
Care Leavers aged 19-21 who are in suitable accommodation	89%	87%	87%	91%	89% <b>(355)</b>
Care Leavers aged 19-21 who are in higher education	12%	10%	8%	10%	11% <b>(43)</b>

## 10. Workforce

10.1 The service has developed several initiatives with regards to recruitment and retention, enabling the service to 'Grow our Own' and obtain a high performing culture and be an employer of choice within the external marketplace. This is enacted through many routes; student placements; recruiting cohorts of newly qualified social workers; the step up to social work programme, supporting staff to be Practice Educators; promoting within and converting agency staff to permanent contracts. We remain signed up to the London Pledge and the Framework for London in Permanent Children's Social Work Recruitment.

The organisation has successfully recruit 9 internal social work students on to the Assessed and Supported Year Programme. In addition, Haringey has commenced the roles of 5 students on to the step-up programme and they began their first placements in Adults Services in March 2024. A further 5 social work apprentices started with Haringey in February 2024 as a product of the funding we secured in the previous financial year. We are also proud of the 13 international students we have recruited from India, 7 of whom completed their first year with us.

10.2 Haringey has made significant strides towards obtaining a higher percentage of permanent qualified social workers, despite the fact that there have been national challenges recruiting and retaining permanent social workers, given the trend of

qualifying social workers who are using their training in other non-practice related disciplines.

10.3 The National Workforce Census shows us that our agency rate for social workers was 24% (September 2023) which was in line with statistical neighbours (23.9%) and inner London (14.7%). This is an improvement from the year before when the agency rate was 26% which equated to 63 social workers. This brings the agency rate back in line with the figures from 2021.

10.6 The service has reached a greater level of recruitment stability, there has been a significant focus on retention initiatives, including a contractual relationship with Family Psychology Mutual offering reflective clinical supervision, continued access to a specialist culturally appropriate therapist to reflect the needs of our black and global majority communities, building workforce resilience in working with disproportionality. Team Managers have been supported to conduct daily team check ins which take place virtually. This has led to significant improvements in the retention of social work staff which is now at 11.2%, having previously been at 22% in April 2022.

10.7 The Assistant Directors lead the weekly 'Ask the AD' sessions where key messages are communicated service wide, and the workforce can ask any questions or make service adjustment feedback.

10.8 The Director's Roadshows have also continued, and the Director meets with the Head of Service to hear and resolve organisational challenges.

10.9 The Health and Wellbeing of Children's Services workforce is of great importance and all managers have been trained on how to carry out relevant risk assessments, create awareness of providing details of the EAP and OH referral schemes and enabling their teams to adapt to the new hybrid ways of working. There also has been service specific health and wellbeing surveys leading to the implementation of key actions. The service ensures that exit interviews are carried out and feedback to the relevant management level and staying interviews also take place across the service. These platforms provide invaluable feedback on what is working well and where realistic improvements may be made.

## **11 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

### **11.2 Finance**

11.2.1 There are no financial implications arising from this report

### **11.3 Procurement**

11.3.1 Not applicable

## 11.4 Legal

11.4.1 Under the Children Act 1989, the Council is responsible for safeguarding and promoting the welfare of children in need in its area. The annual report serves to inform Committee of Children Social Care performance in 2023/24 in the discharge of the Council's children safeguarding obligations. The report is for noting and there are no legal implications arising from the recommendations.

## 11.5 Equality

11.5.1 This report is for Committee to note Haringey Council's progress and performance with regards to safeguarding vulnerable children. As such it creates no disadvantage or inequality and the activity described serves to reduce inequality for some of the councils most vulnerable children.

## 12 Use of Appendices

Appendix A – Statutory Guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services

[Directors of children's services: roles and responsibilities - GOV.UK](#)

Appendix B – Working Together to Safeguard Children, 2018, updated December 2023 guidance

[Working together to safeguard children 2023: statutory guidance](#)

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**Report for:** Children's Scrutiny Panel - February 2025

**Title:** Children's Mental Health and Wellbeing

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

**Lead Officer:** Caroline Brain, AD Commissioning & Programmes  
Dionne Thomas, Interim AD Childrens safeguarding & social care

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

## **1 Describe the issue under consideration**

1.1 This report is a background paper providing an update on work in Haringey to support the mental health and mental wellbeing of children and young people in Haringey, in the context of the post-pandemic period which has been characterised by increasing complexity and demand for mental health services.

## **2 Recommendations**

2.1 Members of the Children, Young People and Schools Scrutiny Panel to note the report and discuss its content.

## **3 Background information - changing needs**

3.1 The Council updated its children's mental health needs analysis in December 2024.

3.2 The key findings are highlighted below:

- Nationally there has been a marked increase in mental health referrals and complexity among children and young people, with over a 50% increase overall since 2019. The latest complete dataset refers to 812,070 referrals to CAMHS in 2019 which rose to 1,200,000 in 2022 and continues to rise. The position in Haringey reflects the national picture showing there has been an increase in young people neurodiverse struggling with their wellbeing and mental health.
- The highest levels of needs were identified in the 13 – 25 age groups
- The highest levels of needs were identified in the children in need, child protection and special educational needs (SEND) cohorts
- Children with a primary SEND need identified as having social, emotional and mental health (SEMH) were identified as a priority group. In this group there were a significantly higher number of males.

- 2.4% (890 from 37,112) of school-aged pupils in Haringey were identified with SEMH needs. The prevalence is higher in secondary schools at 3.1% (415 from 13,377) than primary schools 1.9% (451 from 23,735)
- Overall, there were similar levels of need amongst males and females.
- Around 2,000 referrals for mental health support were made to CAHMS in the last 12 months with around 50% coming from Schools and 35% from the GPs.
- The Child and Adolescent Mental Health Services' (CAHMS) Caseload: the service is currently managing 1,613 active cases, up from 972 in February 2023.
- Wait Times: 336 children are awaiting their first appointment, with 95 waiting over the service target of 13 weeks (28%)
- 214 cases are waiting for a second appointment (usually when treatment may begin), with 66 waiting over 13 weeks (31%)
- 51% of cases commenced treatment within 26 weeks, against an 85% target.
- 239 cases have been waiting over 40 weeks to begin treatment, marking an 28% increase since October 2023.
- Around 95% of all referrals were for anxiety.
- Over a third of all referrals are for children and young people who live in the most disadvantaged areas of Haringey.

3.3 Despite increased investment in Children and Young People's mental Health services, the system is continuing to experience growing demand, this has meant waiting times continue to be too long.

3.4 Several key factors have been identified as contributing to the significant rise in mental health issues among children and young people and their parents. The changes we have seen locally in relation to mental wellbeing are mirrored regionally and nationally.

- COVID-19 pandemic exacerbated mental health problems for children and young people considered at least in part, to be due to their experience of increased isolation, disruption of routines and a developing sense of anxiety about health and the future.
- The cost-of-living crisis and austerity measures have led to reduced access to support services and heightened stress and anxiety among families, particularly in the most disadvantaged areas. This has contributed to need rising by an estimated 33% in recent years in North Central London, especially among young people.
- Digital and social media exposure have also been linked to higher rates of anxiety, depression and body image issues amongst children and young people.

## **4 North Central London Integrated Care Board (NCL ICB)**

4.1 Child and Adolescent Mental Health Services (CAMHS) delivered by the NHS and voluntary sector partners are commissioned by the ICB. The mental health service transformation is driven by a commitment to improve access, responsiveness and quality of care for children and young people facing mental health challenges. There is a focus on addressing health inequalities, developing a single neurodevelopmental service pathway, increasing access and reducing waiting times.

Significantly, the NHS continue to implement and invest in a 'core offer' for CYP mental health services, moving to a consistent level and offer of services across NCL and reducing variations in investment and service levels across NCL. In addition to the "core offer" additional investment via the ICB inequalities fund has been made into Haringey's Voluntary, Community, and Social Enterprise (VCSE) for community provision focussed on 20% most deprived areas including Open Door leading work with Deep: black (an award-winning social enterprise based in Haringey) and Tottenham Hotspur Foundation. The project was shortlisted for a Health Service Journal award in 2024.

4.2 See Appendix 1 for the fuller list of mental health services.

## **5 NCL Population Health and Integrated Care Strategy:**

<https://nclhealthandcare.org.uk/our-working-areas/population-health/>

5.1 The strategy was developed by and with partners (NHS, local councils including Public Health, Social Care and Voluntary, Community, and Social Enterprise (VCSE)) in the local Integrated Care System (ICS) and aims to:

- Reduce health inequalities.
- Focus on prevention, early intervention, and proactive care.
- Work together as a system.
- It includes an explicit focus on CYP mental health and more broadly on CYP with SEND and targeting black and minority ethnicity children facing greatest inequalities or deprivation.

## **6 Continued service improvements in Haringey to date**

6.1 A full review of Local Authority commissioned services has been undertaken over the past 12 months aligned with a refreshed needs and gap analysis of the children's mental health pathway and commissioned services. The review looked at the impact of commissioned services and value for money on investment in Council funded children and young people's mental health (CYPMH) contracts in 2024, and how closely they aligned with identified need in the Council's priority cohorts.

6.2 As a result of this initial review £181,000 of existing spend on specialist CAMHS (provided by North London NHS Foundation Trust, formerly known as Barnet, Enfield and Haringey NHS Trust, has been redirected to provide an in house multi-disciplinary emotional wellbeing team (MDT). The roles within that team are currently in the process of being recruited to. Once in place the team will form part the emotional wellbeing interventions arm of the Transitions HIT service, to deliver a "Whole Household Approach" model of early intervention and prevention for "Getting Help" and "Getting More Help" (tiers 1 and 2) and provide a holistic offer of transition support alongside Lead Professionals in Social Care, Early Help, SEND, Education and YOS to provide a co-ordinated multi-disciplinary joint response.

6.3 There has been further investment in the Parent Infant Psychology Service (PIPS) provides direct therapeutic work up until the infant's second birthday, over the first 1001 days. The PIPS' offer is a key component in the support for families and staff within the Family Hubs. This involves one to one working directly with families and their infants, providing group sessions and training to Family Hub staff to improve awareness and understanding of positive parent-infant relationships.

6.4 PIPS are now delivered as part of the borough wide Family Hub offer by the Whittington Health NHS Trust, which currently serves as a well-established delivery partner for the PIPS commissioned through the NHS North Central London Integrated Care Board (ICB)

6.5 After a successful pilot period of operation through 2024/25, a report has been drafted to extend the existing contract with the Whittington Health NHS Trust for a further 12 months, in line DfE's Family Hubs and Start for Life programme grant funding allocations, whilst work continues to review the wider mental health pathway.

6.6 The Borough Partnership in Haringey, which is the leadership forum for officers from the Council, NHS partners and the voluntary sector in Haringey focusing on health and wellbeing, agreed that, across all ages, mental health is a key priority in 2024/25. The adult mental health delivery plan is being implemented and a new, shared plan for Children and Young People will be brought forward for agreement in March 2025.

6.7 The Council and its partners use the Children and Young People's Wellbeing Board to discuss mental health priorities and progress (chaired by the Assistant Director for Social Care and Director for North London Foundation Trust (NLFT) CAMHS Service) and reports to the Start Well Board (chaired by the Director of Children's Services)

6.8 In 2024/25 the boards committed to several priority pieces of work. These included:

6.9 Improving wait times for assessment and treatment. As previously stated, 51% of cases commenced treatment within 26 weeks, against a local target of 85%. The aim is to reduce wait times to below the national 18-week target.

6.10 Maintaining a focus on recruitment and workforce development so that all investment translates into available capacity.

- Investment in the Education Psychologist service which has led to an increase in the parent/carers consultations available.

6.11 Progress in 24/25 has included:

- NLFT CAMHS Staff have improved staff retention: reducing turnover from 24 WTE (Whole Time Equivalent) (21.6%) in February 2023 to under 5 WTE (5%)



in October 2024, now maintaining a full complement of approximately 90 WTE staff.

- **ADHD Services:** A dedicated ADHD team has been put in place and is actively addressing assessment backlogs, with the longest wait currently now reduced. Staff are working hard to reduce this further with the recent addition of Saturday clinics.
- **Partnerships:** Relationships with local Voluntary and Community Sector Enterprises (VCSE) and SEND parent groups have been strengthened, enhancing community and parental engagement
- **CAHMS New Appointments:** The team has grown with the addition of Nurse Medicine Prescribers, three specialty doctors, and a consultant psychiatrist, strengthening our capacity to deliver high-quality mental health care.

## **7 Achievements**

7.1 Greater engagement with children and families to understand their experience and the needs in the community.

7.2 NLFT held a series of community engagement events and a targeted stakeholder event in May 2024 to set out their vision for the service moving forward.

7.3 After significant consultation with parents, schools, and wider stakeholders on Emotionally Based School Avoidance (EBSA) a conference was held. EBSA Pathway guidance was disseminated to schools to support implementation. A service mapping exercise was completed for existing services, which was then disseminated to schools as part of a toolkit to help roll out the new Graduated Response Pathway. A new graduated SEMH Pathway designed to support children, was finalised and launched in the 2024/25 autumn term of this academic year.

7.4 Building connections between services; defining a clearer, entire system offer which is easier to navigate comprehensive and effective.

7.5 In addition to the service mapping exercise, NLFT clinical leads led iThrive discussions to promote and improve whole system-based approaches to the management of risk and consider what could be done to improve system resilience.

7.6 Change in Inpatient Services: Simmons House temporarily closed in 22 December 2023. NCEL (North Central East London) Provider Collaborative commission this service and held a consultation to discuss the interim arrangements e.g. increase the beds at the Beacon Centre (Barnet based in-patient service) and an outreach service to support young people in their homes. Other improvements in the Home Treatment team and the Beacon Centre day services have meant that young people are not being placed outside of London for inpatient services.

## 8 ITHRIVE

8.1 The iThrive Framework is being used for transforming mental health support and is gradually being adopted within Haringey. NCL ICB Local Transformation Plan is aligned with iThrive and the framework is being implemented. iThrive provides a needs-based model that promotes prevention, early intervention, and holistic care across sectors.

8.2 The iTHRIVE Framework is an integrated, person-centered, and needs-led approach to delivering mental health services for children, young people, and families. Developed collaboratively by the Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families, it conceptualizes need into five categories:

1. Thriving: Children and young people who are managing life's challenges without additional support.
2. Getting Advice and Signposting: Those seeking guidance or brief assistance to maintain mental well-being.
3. Getting Help: Individuals requiring focused, evidence-based interventions.
4. Getting More Help: Those needing more extensive or specialized support.
5. Getting Risk Support: Young people who are unable to benefit from traditional interventions but remain a concern due to high-risk behaviours.

8.3 The framework emphasizes promoting mental health, preventing issues, and empowering families through shared decision-making.

## 9 Commissioning Responsibilities within the iTHRIVE Framework

9.1 Commissioning, the process of planning, purchasing, and monitoring services, involves various organisations:

9.2 Integrated Care Boards (ICBs): ICBs have taken over functions previously held by Clinical Commissioning Groups (CCGs). They are responsible for allocating NHS budgets and commissioning services for their populations.

9.3 Local Authorities (LA's): LA's commission public health services and social care, playing a crucial role in service delivery of early intervention, prevention, and community support.

9.4 In the context of the iTHRIVE Framework, both ICBs and local authorities collaborate to ensure a comprehensive mental health support system. For instance, services under "Getting Advice and Signposting" might be commissioned by local authorities focusing on early help, while "Getting More Help" services could be commissioned by ICBs addressing specialized interventions. The exact distribution of responsibilities varies by locality and is often determined through joint commissioning arrangements.

## **10 Implementation of the iTHRIVE Framework in Haringey**

10.1 Haringey has adopted the iTHRIVE Framework to enhance its mental health services for children and young people.

10.2 Haringey's Early Help Strategy incorporates the iTHRIVE model, aiming to build resilience in children and families through early intervention and support. This approach focuses on reducing harm, increasing social inclusion, and promoting trauma-informed practices.

10.3 Through these initiatives, Haringey demonstrates a commitment to delivering mental health services that are integrated, person-centered, and responsive to the diverse needs of its young population.

10.4 See Appendix 1: Service mapping of locally available mental health support services.

10.5 The North London NHS Foundation Trust (NLFT) CAMHS transformation programme has focused on early intervention and prevention driving growth in the Help and More Help domains of iThrive:

- a. A new 0-5s service was fully recruited to and embedded into early years settings, complementing Haringey's existing programmes of support, and addressing some of the gaps within the current support as referred to in 3.3 MDT development.
- b. A Single Point of Access (SPOA) – Centralised Referral System for CAMHS: Over the past 12 months, NLFT have implemented a Single Point of Access (SPOA) for CAMHS across three boroughs.
- c. This centralised system streamlines referral processes, with all referrals now directed through one central contact for ease of access, offering assessments and brief interventions. The model, based on iTHRIVE principles, ensures a “no wrong front door” approach and is currently working with the MASH and Early Help with plans for further integration with social care and third-sector providers.

10.6 The level of mental health and mental wellbeing support in schools as part of the Advice and Help offer has been increased further in 2024. The ‘trailblazer’ of support which initially went into Haringey's East schools, has now been expanded into all Haringey schools, with an additional mental health support team from the NLFT, working together with the Council and local charities. This support targets issues such as anxiety, depression and the issues that drive them. The Trailblazer programme is a national children and young people's mental health programme which Haringey is part of, with funding from NHS England and The Department for Education. As a trailblazer site Haringey established Mental Health Support Teams (MHSTs)

10.7 The trailblazer offers:

- a) Evidence-based support for mild to moderate mental health concerns.

- b) Consultation and guidance for school leaders to adopt a holistic mental health approach.
- c) Timely advice and referrals for students in need.
- d) Targeted work: Groups, 1:1 parent intervention in primary schools, 1to1 adolescent Intervention in secondary schools.
- e) Universal school support: Webinars, workshops, drop ins (teachers and parents), community outreach support, assemblies, coffee mornings, whole class groups.

**10.8 Inequalities Fund Investment** – Additional investment from the ICB inequalities fund has been made into Haringey's VCSE to extend the Trailblazer into further community provision. Haringey received £250,000 per year via the Inequalities Fund, and this is focussed on 20% most deprived areas, providing therapeutic work specifically and partnerships with schools via arts and sports: Open Door led the work with deep: black and Tottenham Hotspur Foundation. The project was shortlisted for a Health Service Journal award in 2024.

## **11 Increased investment in community mental health teams and in the voluntary sector**

11.1 NCL ICB invested from 3 major pots of investment agreed recurrently from 24/25 to support the delivery of the Mental Health Core Offer for Children & Young People:

- I. Investment into the NDD diagnosis pathway - increasing capacity and standardising the pathway
- II. Investment into community CAMHS services - increasing capacity
- III. Investment into the NCL Waiting Room - our digital offer to provide support, advice and signposting whilst waiting for services or seeking additional support.

11.2 NLFT Wellbeing Hub Service: Initially piloted in Haringey, the Wellbeing Hub now reaches across community organisations and GP surgeries, providing accessible mental health services. The team is focused on enhancing community outreach, involving faith groups, and creating materials to increase service awareness and accessibility.

11.3 Community-Based Initiatives to Destigmatise Mental Health: Recognising the stigma surrounding mental health in underserved communities, work began with Black and ethnic minority churches to raise awareness and reduce stigma. In addition to this, there is now active engaging with Muslim communities to establish similar services in local mosques, extending this initiative to reach even more diverse community groups.

11.4 Home Treatment Team – Crisis Management: Designed for youth facing mental health crises, this service provides intensive in-home care as an alternative to hospitalisation, aligning with evidence-based practices for managing self-harm and suicidal behaviour

## **12 Further Work in development**

12.1 The council will continue to review its existing services and, where necessary, revise existing services or recommission new services to more accurately reflect the priority areas identified in the refreshed needs and gap analysis. The Children and Young People's Wellbeing Board has been reconstituted and is focussing on finalising and implementing the draft CYP Mental Health Plan.

12.2 NCL ICB and NCL Directors of Social Care have recognise the need to prioritise support for children in care. As part of this work, a review of the existing governance arrangements, membership and reporting of KPIs will be undertaken during 2025.

12.3 Continue system wide engagement events to confirm progress against targets and develop improved pathway and referral planning.

12.4 The ICB will continue its work to implement the Mental Health Core Offer for Children and Young People, building on investments and transformation in previous years. This will be done in collaboration with NHS providers and other stakeholders, including the VCSE, local authorities as well as hearing from our children and young people and their families / carers.

12.5 Neurodevelopmental (ND) Assessments: There are ambitious aims and a commitment to both implement a ICB standardised Neurodevelopment pathway for CYP over a 2-year period and moving the age range to match that of the early year's education curriculum of 0-6 years rather than 0-5 years. The pathway is for children and young people presenting with neurological differences including Autism, Attention Deficit Hyperactivity Disorder (ADHD), and Tic/Tourette's. North London Foundation Trust CAMHS will be pivotal to these developments across the collaborative as the neurodevelopmental pathway progresses. The ICB work with partners, seeks to develop a single pathway, expand staff expertise and improve access to assessments and family support pre and post diagnosis.

12.6 This Neurodevelopment work is particularly important in Haringey because there are currently three separate providers. There is also a separate ADHD service which may potentially mean that CYP will wait for an autism assessment and then a separate ADHD assessment. Enfield and Barnet CAMHS services have a care pathway for both ASD and ADHD.

12.7 Refreshed Mental Health and Wellbeing Plan (2025-2028). Initial engagement events have highlighted several priority areas that include but are not limited to;

### **12.8 Early Intervention and Prevention**

- Parenting and attachment support: Integrate CAMHS programmes with Council-led evidence-based parenting initiatives, specifically targeting babies and young children newly taken into care.

- Community-based delivery: Embed mental health services in schools, youth centers, and family hubs.
- Upskilling the workforce: Equip universal service staff with mental health support training, such as Mental Health First Aid.
- I-Thrive2 Model: Embed within Early Help, Single Point of Access and mental health services.
- Positive Behaviour Support: Embed approaches into Early Help Service, Disabled Children's team, CAMHS Learning Disability Service and Special Schools.
- First 1,000 Days in a child's life: Ensure parental mental health, especially maternal mental health is considered and supported within early years settings, maternity and community health services.

## **12.9 Access and Treatment**

- Shorten waiting times: Expand capacity and use interim support like peer groups and digital tools while young people are awaiting treatment.

## **12.10 School Support**

- Anchor Project and Autism Education Trust: Scale up whole-school mental health initiatives.
- Critical incident response: Enhance links between schools, Educational Psychology Service, CAMHS and voluntary sector.

## **12.11 Transition to Adult Services**

- 0–25 model: Implement a seamless, age-spanning approach, as piloted in Birmingham and Norfolk.
- Voluntary sector involvement: Increase capacity for young adults who fall short of adult mental health thresholds

## **13 Contribution to the Corporate Delivery Plan 2022-2024 High level Strategic outcomes**

13.1 The work outlined in this report particularly supports the following Council high level outcomes:

- a) Best Start in Life; the first few years of every child's life will give them the long-term foundations to thrive.
- b) Happy Childhoods; all children across the borough will be happy and healthy as they grow, feeling safe and secure in their family networks and communities
- c) Successful Futures; every young person whatever their background, has a pathway to success for the future.

## **14 Carbon and Climate Change**

Not applicable

**15 Statutory Officers comments (Director of Finance (procurement), Head of Legal and Governance)**

Not applicable

**16 Equality**

16.1 Inequality is a major contributor to mental ill health, and the experiences of support people receive. Commissioners monitor access and uptake of services against protected characteristics and services compliment that with hearing the experience of young people and families accessing their services.

16.2 CAMHS services now have a profile which is now much more closely matched to the borough population than was the case previously, reflecting efforts to be more inclusive and accessible to those who need it regardless of background.

16.3 The offer of services includes a diversity of providers – e.g. NHS, Council, schools-based, community-based charities – as well as means of access – including digital support via [Kooth](#), self-referral and professional referral.

**17 Use of Appendices**

Appendix 1- Service mapping list.

**18 Background papers**

North Central London Children and Young People's Mental Health and Wellbeing Transformation Plan:

<https://nclhealthandcare.org.uk/wp-content/uploads/2022/04/CYP-MH-Transformation-Plan-Final.pdf>

**NCL Population Health and Integrated Care Strategy**  
<https://nclhealthandcare.org.uk/our-working-areas/population-health/>

**Outcomes Framework**

The **NCL Outcomes Framework** <https://nclhealthandcare.org.uk/our-working-areas/population-health/ncl-outcomes-framework/> has been developed to assess variation of need, support prioritisation, and identify where we can make a difference by working together as a system. The framework will be refreshed annually.





**Appendix 1- Service Map**

Service	Provider	Description	Age Eligibility
Parent Infant Psychology Service	Whittington Health NHS Trust	Perinatal community service supporting parental mental ill-health and attachment	0-2 years
Maple Service	North London Foundation Trust - NLFT	Bereavement and Trauma referrals	
Generic CAMHS	NLFT	A multi-disciplinary service delivering a range of interventions to children and young people with severe/complex or persistent mental health concerns	0-18 years
Health Visitors	Whittington Health	Support vulnerable women and their partners who may be experiencing. Offer specialist parenting training e.g. Mellow Parenting	
Adult IAPT	Whittington Health	Provide specialist perinatal mental health support for mild to moderate needs.	16 years +
North Central London Perinatal Mental Health Service	North London Foundation Trust - NLFT	Provide specialist perinatal mental health support for moderate to high needs. For women who have given birth within the last 18 months and can support for up to 24 months.	
CAMHS Early Years	NLFT	Note only 2.5 WTE Haringey specific.  <b>This was a 23/24 improvement for Enfield, Barnet and Haringey.</b>	0-5 years
CAMHS in GP Surgeries Pilot – evidence showed low usage. Cluster of users from the West of borough	Health and Emotional Wellbeing Service (HEWS) NLFT	Brief psychological interventions delivered in primary care for those not meeting the threshold for Tier 3 CAMHS currently running as a pilot	2-18 years

Service	Provider	Description	Age Eligibility
Haringey Adolescent Outreach Team	NLFT	An assertive team who provide support on discharge from inpatient services, crisis and risk support in the community and outreach for those unable to attend clinic services/hard to engage with significant risk, also fulfilling the role of an Early Intervention in Psychosis service for under 18s. Currently 5 days and little evening cover	12-18 years
Open Door Young People's Service	Open Door (Voluntary Sector)	Psychological therapies for young people experiencing emotional difficulties ranging across tiers 2 and 3 with a focus on psychotherapy- both brief and longer term interventions are available.	12-22 years
Parenting Teenagers Project	Open Door (Voluntary Sector)	Therapeutic support for parents of adolescents and young adults aged 12-21	Parents of young people 12-21 years
Paediatric Mental Health Team	Whittington Hospital	Support to children and young people admitted to hospital in mental health crisis or for self-harm and supports acute paediatric services with mental health presentations	0-16 years
Child and Adolescent Psychiatry Paediatric Liaison Team –	North Middlesex University Hospital	A multi-disciplinary mental health team providing support to patients accessing North Middlesex University Hospital with medically related conditions. Does not provide an emergency response for deliberate self-harm.	
CAMHS Inpatient Services	NCEL Provider Collaborative	Intensive psychological and psychiatric support and treatment for young people with significant mental health problems who cannot be successfully managed in the community. Associated schools.	0-18 years
	Beacon Centre (NLFT)	Operate a day service.  Under 12s are commissioned by NHS England.	13-18 years

Service	Provider	Description	Age Eligibility
Adult IAPT	Whittington Health	Adult 'Improving Access to Psychological Therapies' Service provides access to brief psychological interventions primarily for anxiety and depression. Big White Wall is a monitored and supported online resource primarily for peer support. Both are available for young people 16+ subject to the appropriateness of the service for the individual young person.	16+ years
RAID at North Middlesex University Hospital & Barnet General	NLFT	Psychiatric liaison within hospital settings. For over 16s, this team will provide support 24/7 linking young people into CAMHS on discharge.	16+ years

Service	Provider	Targeted Group
Health and Emotional Wellbeing Service (Schools) – low uptake and merged into SPOA	NLFT	Commissioned by Schools for individual school populations
Counselling in Schools	Various agencies/providers including Open Door and Hope in Haringey and Place to Be.	Commissioned by Schools for individual school populations. Managed by the schools. 4 schools are supported thorough
Bounds Green Outreach Service	Tavistock and Portman NHS Foundation Trust	Commissioned by the CCG to provide generic CAMHS/FAKCT and others for the locality and an outreach base for Tavistock and Portman specialist services
CAMHS LD Service	NLFT	Service for children aged 3-18 with a learning disability (IQ below 50, P levels or low level national curriculum) severe challenging behaviours, or suspected co-morbid mental health issues

CAMHS input into Youth Offending Service and Liaison and Diversion	NLFT	CAMHS support hosted into the Youth Offending Service to support children and young people in the criminal justice system
First Step Looked After Children Service	Tavistock and Portman NHS Foundation Trust	A screening and assessment service for looked after children and up to six sessions where required. Provides training and consultation support to the network working with CYP. <b>From 1<sup>st</sup> April this service is being decommissioned by the Council.</b>
First Step Plus – <b>Paid by NCL ICB</b>	Tavistock and Portman NHS Foundation Trust	Targeted support to stabilise Looked After Children's placements.
Educational Psychology Service (EPS)	Haringey Council	This service has a statutory duty around contributing to the Education Health and Care Plan process to facilitate an understanding of how learning can be accessed. Additional services can be commissioned by schools such as applying psychological principles, methods and techniques to help parents/carers, and schools increase the effectiveness of teaching and learning, for children where concern has been identified. Lead on Critical Incidents. Part of Mental Health in Schools Team.
Anchor Approach	Haringey Council	Emotional Well-being Coordinators Network. Part of Mental Health in Schools Team.
Mental health in Schools	NLFT,	EPS, Anchor Approach, Deep Black are commissioned to complement the work of the Mental Health in schools teams.
Parenting Programmes -	Haringey Council	Some are delivered solely by the Council, some delivered solely by voluntary sector or by CAMHS

Brandon Centre Service – Systemic Integrative Therapy. <b>Paid by ICB and Council</b>	Brandon Centre (Vol Sector) –	Assertive approach commissioned for highly complex social care cases. Young people on the edge of care
Centre for Interventional Paediatric Psychopharmacology (CIPP)	South London and Maudsley NHS Foundation Trust	Tier 4 Service for highly complex presentations of neuropsychiatric disorders
Gloucester House Day Unit <b>Paid by Education</b>	Tavistock and Portman NHS Foundation Trust	North London Service - A highly specialist joined-up health and education service within a single setting, that can involve psychotherapeutic, psychiatric, psychological and social work input.
Tavistock and Portman Child and Family Services	Tavistock and Portman NHS Foundation Trust –	NCL wide programmes - Specialist Services meeting the needs of groups who need tailored treatment and support: <ul style="list-style-type: none"> <li>• Fostering Adoption &amp; Kinship Care</li> <li>• Adolescent and young adult transition service</li> <li>• Lifespan autism/ neurodevelopmental</li> <li>• Trauma and Refugees</li> <li>• AFRID (Eating Difficulties)</li> <li>• NCL Waiting Room</li> <li>• Drug Court</li> </ul>
FCAMHS – Forensic CAMHS	Tavistock and Portman NHS Foundation Trust	NCL wide. Specialist consultation service for professionals e.g. CAMHS, Youth Justice Services, schools, colleges, Social Care. Aimed at young people
Lighthouse	NSPCC and Whittington Health mental provision	Historic sexual abuse and supports U 18s with sexual abuse/rape.
Kidstime	Haringey Shed	Young Carers who have seriously mentally unwell parents known to Adult Mental Health Services

Specialist CAMHS for the Deaf	South London based and covers all of London.	Note there is a specialist Deaf School based in Haringey.
Beacon Centre Day Service	North London Foundation Trust	
NCL DBT Service Dialectical behavior therapy (DBT) is an evidence-based psychotherapy	Whittington Health	Referred via Haringey CAMHS service.
NCL DBT Parenting Programme	Whittington Health	24/25 Pilot
NCL Home treatment Team	Whittington Health	Referred via Haringey CAMHS service.
NCL Out of Hours Service	RFH	Referred by
NCL 24/7 Crisis Line	NLFT	
NCL TCaPS		Intensive service and can travel to where the young person is. Up to 5/6 cyp per year. Targeted at autistic/Learning Disabled
NCL Keyworker	NLFT This works for BEH	DSR only up 18 years Targeted at autistic/Learning Disabled
NCL Keyworker Plus	NLFT and works for BEH	DSR only up targeted support for 18 Plus Targeted at autistic/Learning Disabled
Positive Behaviour Support training and consultancy	I Support Behaviour	Training and embedding good practice e.g. PBS within special schools. Commissioned for 23-25 and to be reassessed.
Mind Haringey	<b>Enfield has a MIND service.</b>	Well-being network Girls Generation – young women in care Mental Health first Aid courses – free to any one working or living in Haringey
Mentoring for Refugees	Hope for Young –	Small contract for up to 7 young UAM only through Social Care
NCL Waiting Room		Digital Support

Local Offer – Social Emotional and Mental Health Support	<b>This is lead by SEN/Ed Psychology Service.</b>	Graduated SEMH response
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Children and Young People’s Scrutiny Panel

Work Plan 2024 - 26

<b>1. Scrutiny review projects;</b> These are dealt with through a combination of specific evidence gathering meetings, that will be arranged as and when required, and other activities, such as visits. Should there not be sufficient capacity to cover all these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further detailed development and scoping.		
Project	Comments	Priority
Housing and children	To look at how housing impacts on children and young people and, in particular those who may be vulnerable or where there might be safeguarding concerns.	

1. <b>“One-off” Items;</b> These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.	
Date	Potential Items
<b>2023/24</b>	
<b>29 July 2024</b>	<ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Appointment of Non-Voting Co-opted Member</li> <li>• Haringey Youth Justice Plan 2024-27</li> <li>• Performance Update</li> <li>• Haringey local area SEND CQC/OFSTED Inspection Outcome</li> </ul>
<b>9 September 2024</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions – Cabinet Member for Children, Education and Families</li> <li>• Haringey local area SEND CQC/OFSTED Inspection Outcome</li> <li>• Update on the key issues relating to Housing &amp; Children</li> </ul>
<b>19 November 2024</b>	<ul style="list-style-type: none"> <li>• Budget Scrutiny</li> </ul>

<b>(Budget)</b>	<ul style="list-style-type: none"> <li>• Haringey Safeguarding Children Partnership Annual Report 2023-2024</li> </ul>
<b>13 January 2025</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions – Cabinet Member for Children, Education and Families</li> <li>• Exam and Test Results</li> <li>• Evaluation of Haringey's Early Help Strategy</li> </ul>
<b>13 February 2025</b>	<ul style="list-style-type: none"> <li>• Further Update around Children's Mental Health outcomes and developments underway for improvement.</li> <li>• Children's Social Care; Annual Performance 2023/24</li> <li>• Update on Youth Justice Service Inspection (Verbal)</li> </ul>

<b>2025/26</b>	
<b>Meeting 1</b>	<ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Appointment of Non-Voting Co-opted Member</li> <li>• Cabinet Member Questions – Cabinet Member for Children, Education and Families</li> </ul>

	<ul style="list-style-type: none"> <li>• Performance Update</li> <li>• Private Fostering Update</li> </ul>
<b>Meeting 2</b>	<ul style="list-style-type: none"> <li>• An update on the implementation of the Council's Autism Strategy.</li> <li>• An update on how the Council's ensures suitable accommodation is provided to children with disabilities.</li> <li>• Children's Social Care; Annual Performance 2024/25</li> </ul>
<b>Meeting 3</b>	<ul style="list-style-type: none"> <li>• Haringey Safeguarding Children Partnership Annual Report 2024-2025</li> <li>• Cabinet Member Questions – Cabinet Member for Children, Education and Families</li> </ul>
<b>Meeting 4 (Budget)</b>	<ul style="list-style-type: none"> <li>• Exam and Test Results</li> <li>• Budget Scrutiny</li> </ul>
<b>Meeting 5</b>	