

## NOTICE OF MEETING

# CORPORATE PARENTING ADVISORY COMMITTEE

**Tuesday, 14th January, 2025, 7.00 pm - (watch the live meeting **xxxinsert Teams linkxxx**, watch the recording [here](#))**

**Members:** Councillors Zena Brabazon, Felicia Opoku, Elin Weston, Lotte Collett, Marsha Isilar-Gosling, Cressida Johnson and Ibrahim Ali

**Co-optees/Non Voting Members:**

**Quorum:** 3

- 1. FILMING AT MEETINGS**
- 2. APOLOGIES FOR ABSENCE (IF ANY)**
- 3. URGENT BUSINESS**
- 4. DECLARATIONS OF INTEREST**
- 5. MINUTES**

**Corporate Parenting Advisory Committee Minutes HELD on the 17 October from 19:25 – 21:15pm, Woodbury Room, George Meehan House.**

### **Attendees**

- Cllr Brabazon – Chair of the Corporate Parental Advisory Committee.
- Cllr Collett.
- Cllr Ali (arrived 7:35pm).
- Cllr Opoku attended online.

### **Officers**

- Jackie Difolco – Assistant Director for Early Help and Prevention.
- Dionne Thomas – Assistant Director of Safeguarding and Social Services.
- Lynn Carrington – Designated Nurse.
- Richard Hutton – Senior Performance Officer.
- Nazim Hussain - IRO Service Manager.
- Emma Cummergen – Head of Young Adults Services.

- Dr Paul Sender – Designated Doctor.
- Dr Hajera Sheikh – Designated Doctor.
- Hayley Cook - Principal Social Worker.
- Eghele Eyituyo – Head of Virtual School.
- Sandy Bansil – Service Manager for Safeguarding and Social Care.
- Keith Warren – Head of Children in Care and Placements.

### **1- Filming**

The Chair ran through the requirements, and it was noted by all attendees.

### **2- Apologies**

Cllr Johnson, Cllr Weston, Cllr Isilar-Gosling, Cllr Das Neves.

### **3- Urgent Business**

No items of urgent business.

### **4- Declarations of interest**

None.

### **5- Minutes**

The Assistant Director for Early Help and Prevention was mistakenly recorded as absent in previous minutes. The minutes of the previous meeting would be amended and approved but at this point the meeting was not quorate.

Minutes to be approved at next meeting. **ACTION**

### **6- Performance Management**

The Senior Performance Officer ran through the report.

The main points are summarised below.

- There were 334 Children in Care at the end of the first quarter. This was the same number as June.
- There were 26 Unaccompanied Asylum Seekers (UAS), this figure increased slightly but the Senior Performance Officer commented the figure was steady overall.
- The 'Children Coming into Care Aged Three and Under' category was at 42. The Senior Performance Officer commented that this was slightly up on March, but down on levels in 2022-23.
- The number of 'Families Under Acute Stress' as a reason for coming into care had fallen to 6% this year. However, the numbers for 'Abuse and Neglect' as a reason for coming into care were much higher at 60%.
- As of September, 77% of Looked After Children under 16 had an up-to-date care plan.

- Of the 116 Children in Care aged 16 and 17 years, 67% had an up-to-date pathway plan.
- The number of Personal Education Plans (PEP) that were up to date was 95%
- Eight percent of children had three or more moves with the past two years. The Senior Performance Officer explained that this was down on the previous period which had the category at 10%.
- Children under 16 who had been in care for at least 2.5 years and were in the same placement for at least two years was now at 57%.
- The number of up-to-date health visits was 94% and the number of those in care with up-to-date dental visits was 79 %. The Senior Performance Officer commented that this was below expected figures.
- All care leavers under 21 have an allocated personal advisor. Ninety five percent were counted as 'in touch' with the service.
- Those in Education, Employment and Training (EET) were divided into two cohorts. Forty eight percent of the older cohort was in EET and 52% of 17 and 18-year-olds are now in education, employment, or training.
- Those in suitable accommodation was 95%.
- There had been 142 EHCP requests, which had been a similar rate to last year. Twenty eight percent already had an EHCP.
- Virtual School progress - the annual achievement figures were still to be released, the Senior Performance Officer stated that there was an update planned for future meetings.
- Twenty percent of the current Youth Justice cohort are also Children in Care, 13% are currently 'Children In Need' and 4% had an active Child Protection Plan. Ninety eight percent had an Asset Plus plan.

The floor was opened to questions.

A question was raised by the panel about the number of young people who had an EHCP and how many were waiting for them. The Senior Performance Officer replied that they had 2,086 active plans, 146 were being assessed for a plan and so far, this year the team had issued 316 EHCP plans.

Another question was asked as to how long on average Looked After young people are having to wait for their EHCP. The Senior Performance Officer replied that 98% are published within the 20-week statutory time scale.

Discussion turned to the Virtual School, and it was noted by the Committee that the results were very good last year. A question was asked about how this was achieved and if the results were similar to other boroughs. The Senior Performance Officer responded that the results had been compared with ten London boroughs with similar demographics. The Head of Virtual School also responded that the effort had been a joint one between The Virtual School,

SEND and Children's Services. This way of working with different services ensured the team had a holistic view of the pupil and this had contributed to its success.

The Director of Children's Services commented that overall, performance was consistently good with her team, however the areas which need to be improved were also consistent. Pathway plans were still an issue. She also commented that the EHCPs' performance had been very good and was in the highest quartile in the country. The Head of Young Adults Services then pointed out that in some areas of the service, they were achieving 80% of their pathway plans- and were working with other services to get percentages up. She said that improvement should be seen soon.

The Chair asked the Senior Performance Officer about the patterns and trends that were seen in the 'Abuse and Neglect' category. She also wanted an understanding of the trends and patterns that the team of doctors had seen. Dr Sheikh responded that there was a multitude of factors that led to a child coming into care. In some cases, it was abuse and neglect; in others it was an emerging disability. Dr Sender added that there were often elements of early interventions and mental health issues within the child's background – leading to an accumulation of very negative events. He added that categories for data are important to ensure that the service was fit for purpose however, he felt it significant to outline that whilst neurodiversity may not be a disability, it was still something they were seeing more of in terms of children coming into care. Designated Doctor added that patterns of behaviour were being seen in older children already in care that could be attributed to neurodiversity. The Director of Children's Services commented that Dr Sender was correct about the categories. She added that mental health, substance abuse, disability and learning disabilities were compounded by the cost-of-living crisis and by poor housing, causing stress in families. The team were now seeing emotional stress caused by financial issues. She added that neurodiversity was random in the community but not a reason that children go into care. She also added that poverty had increased in every area.

Discussion then turned to the high number of care leavers that Haringey looked after, and the impact on the rest of the services in terms of interventions, as well as how the Young Adult Service dealt with such a high case load.

The Head of Young Adult Services explained that her team had adopted a 'pod' model. This supported young people in a small team of staff with different specialisms. The team supported young people for up to nine years, and the pods worked well. She added that the Young Adults Services was a very stable team with a permanent workforce, so-a significant investment and knowledge remains within the team. However, the complexity of issues were increasing. Children were coming later into care – often without the

assessments needed. She added that her team had seen an increase in severe mental health issues in young adults and that they were working together with Adult Services to ensure that the cohort were being looked after.

Another question was raised about the numbers for those in Education, Employment or Training (EET). There was a request for more information into the figures – namely how many were in each category -employment, claiming benefits, education, or training. Also, more information was requested on the offer for EET, where the gaps were, and what a potential future offer could look like. The Chair highlighted that this should link up with the issues facing the older cohort as discussed previously. **ACTION**

The Assistant Director for Safeguarding and Social Care stated that a new project had been initiated in her team around care leavers. A presentation would be ready for a full update to the Committee in time for the next meeting in January. The Chair requested that this be added to the agenda for the next meeting. **ACTION.**

## **7- Annual Review for Children in Care**

The Chair complimented the service area on the report. Dr Sender then ran through the Annual Review. Discussion turned to the metrics. Dr Sender outlined the KPIs set out in the annual report, however he explained to the Committee that they did not illustrate well what the services experienced. He outlined five key metrics.

- The number of children and young people with an Initial Health Assessment (IHA) within 20 working days was at 73%. Dr Sender commented that this was not where the team wanted the figures to be. He stated that there was significant joint working with the service about identifying issues. He commented that the figures had been improving over the years, but that there was still work to do.
- The number of children and young people who have their Review Health Assessment (RHA) is at 97%. He stated that the remaining 3% reflected those who did not want the RHA.
- He stated that the number of dental care assessments reflected the scarcity of dental services available to children and young people. However, there were more initiatives ensuring that Children in Care were prioritised in central and north London, so he expected that the figures will improve.
- Dr Sender then commented on the percentage of children and young people who are up to date with vaccinations. He stated that there was a need to interrogate these figures and understand why it was underperforming. They were currently undertaking an audit of

vaccination coverage – which would look at individual children over 3-6 months.

- The number of Strengths and Difficulties Questionnaires (SDQ) completed was then mentioned. Dr Sender commented that there was a need to understand why the figure wasn't higher. Mental health and early intervention was now a focus for the team, as Children in Care are usually faced with significant challenges. He explained that the SDQ was a screening tool however it only screened for some conditions. He thought a better screening process would be helpful, as well as a stronger focus for early interventions when entering care for younger children, and a responsive service for older children in crisis.

Dr Sender commented that he wanted to look at data collection tools in the year ahead, and how well Children in Care were doing from a wellbeing perspective. He stated that the team wanted to provide early intervention and good services but that the data collected did not tell or measure what concerns children coming into care the most. This approach would give insight and understanding and ultimately improve the performance of the key metrics.

Discussion returned to immunisations. The Chair agreed with the team about the complexity of issues facing them but highlighted they were gatekeepers. If a child needed to be immunised, then Children's Services should determine this as Corporate Parents. She highlighted she was concerned about the high number of those in care without immunisation. Dr Sender replied that there were some issues regarding consent and the differing levels of care. He stated that looking at individual cases would give him more insight. The Principal Social Worker stated that even though children could be placed under a Care Order, the team had to make an application to the high courts to get permission to vaccinate. She added that there were many parents in Haringey that were suspicious of immunisations.

The Designated Nurse stated that the statistics included the flu vaccine –this was now part of the routine schedule and was given in schools. This had affected the figures. She highlighted that many foster carers lived out of the borough. Social Workers needed to consent to vaccinations for school immunisers. Dr Sender stated the team worked hard to get data from GPs. However, some records were not updated or accurate. The team was working with vaccination teams and Public Health to rectify this.

Another question was raised about whether a child could be vaccinated twice. This was answered affirmatively. Dr Sender explained that there was a fragmentation of datasets, and databases weren't linked effectively. He stated that Public Health England was aware of this.

A question was raised about the nature of early intervention, whether it was fit for purpose and the nature of the package of services available to children.

The Designated Doctor replied that there was work to be done to understand the providers that were involved and how they worked together. There had been engagement with the Anna Freud Centre and nationally across teams, however there was no uniformity of standards or design across the boroughs. This, he stated would be down to the Integrated Care Board (ICB) Mental Health Trust and other mental health providers. However, he emphasised that there was a need to look at these issues as a matter of urgency. Another question was asked regarding the level of commitment from the partners to treat this with urgency. The Director of Children's Services stated that the mental health system was fragmented. There were no clear pathways. Providers dealt with different age ranges and conditions. However, there was a drive to work together to achieve clarity. She stated the ICB were working on one pathway for everyone. She stressed that it had not been agreed yet, however there had been steps forward in recognising that there was a problem. She highlighted that there had been repeated changes to governance in Health Services. However, there was also some positive aspects of the services, and she wanted to showcase these more.

The Chair thanked the Designated Doctor and Nurses for an insightful report that raised multiple issues, and made fully understood the breadth of their role. She raised a question about young people in detention and aired her concern that they did not require a statutory health second assessment. She indicated that due to the number of EHCPs alone, there may be significant hidden health needs in the Youth Justice cohort, and she asked how the team could work with Youth Justice to ensure that these were being picked up. The Designated Nurse clarified that if the young person was part of the Looked After cohort in Haringey before they enter an offending institution - the team would be responsible for their health care. However, if a young person or child went into care whilst inside the institution - the youth offending teams would have their own units to look after health.

Another question was raised as to how many Looked After Children and Young People were in the Youth Justice System. The Chair responded that the performance data indicated it was 74 – however it was clarified that this was the whole cohort and not the percentage of youth offenders. This number was much lower. The Director of Children's Services wanted to assure the Committee that young people in institutions were having their health cared for, either by Haringey or in the Youth Offending teams. She suggested that a report could be brought before the Committee if needed. **ACTION**

### **8- Annual Fostering Recruitment Report.**

The Service Manager for Social Care and Safeguarding introduced the report. Main points are summarised below.

It was outlined that there was a national shortage of carers however Haringey's inhouse numbers were increasing and this was driven by the Recruitment Strategy.

She stated that the key priorities were:

- To ensure capacity was increased and the diverse needs of Haringey's Looked After Children were met.
- To ensure carers were adequately trained and supported so that Looked After Children experienced high quality care.
- To ensure inhouse placements increased and therefore reliance on independent foster carers decreased.

She stated that there was a wide range of foster carers over the age of 21. The team was successful in securing placements with Connected Carers - carers part of the child's extended network of family and friends. Marketing techniques had been used to attract more carers. This approach had seen an increase in number of carers. Another objective had been to increase inhouse carers to reduce reliance on independent foster carers. The team's current target was to recruit and approve eight new foster carers for this year and increase overall capacity by thirty. This would also include those currently with one placement increasing capacity to look after two.

- A further objective of the team was to increase the recruitment of foster carers from diverse backgrounds to reflect the diversity of children coming into care. For this the team had extended outreach into the community. She referred to the presentation in the report for more information.
- The team had also ensured the package was competitive enough to attract the right carers. She stated that the team had created a benefits and perks leaflet.
- Another objective had been to expand on foster carers who specialise in different areas such as disabilities. The team had informed prospective foster carers about the opportunity to develop and specialise as they progress. One specialist foster carer was approved ,and another going to panel. She referred to the presentation for more information. This approach meant that children were not placed with an independent agency or residential homes.

In 2023 the team had recruited:

- Five mainstream and five Connected Carers.
- Ten Regulation 24 (or interim placements for children with a family).
- Increased capacity for 2 more children within existing placements.



- In total the team had increased capacity by thirty in inhouse fostering.

In 2024 the team had recruited:

- Ten mainstream carers and placed 13 children.
- Six Connected Carers approved.
- Placed eighteen children with 13 Regulation 24 carers.
- Overall, the target for the year was thirty-three but this was exceeded to 43 children.

This year so far, the team had recruited:

- Two new mainstream carers.
- Nine new Regulation 24 carers.
- Working with inhouse carers to increase capacity for 5 more children.
- In April 2024 had increased capacity to 9.

Cllr Ali expressed approval for the plan and results so far. A question was raised as to how much the benefits and perks had influenced the recruitment drive. The Service Manager for Social Care and Safeguarding responded that some of that information was in the presentation at the back of the report.

Another question was raised as to whether the partnership work with Islington Council was to Haringey's advantage. The Service Manager for Social Care and Safeguarding responded affirmatively – she stated that targeted work had been done with Islington to find carers for the older cohort as well as emergency carers. There had been joint recruitment activities, two carers had been recruited and approved after the events.

The Chair suggested that those aged above 60, should also be targeted as foster carers. She then asked a question about a recent campaign to support Kinship Carers being paid. The Service Manager for Social Care and Safeguarding clarified that Kinship Carers in Haringey were called Connected Carers and were treated the same as regular foster carers. The Director of Children's Services pointed to the new statutory guidance regarding this – she outlined that her team would look at this and look at how Haringey's offer measured up to the new guidance issued. **ACTION .**

Some discussion took place to clarify the various procedures that a child goes through for a placement in terms of finances of special guardianship, Kinship Carers or mainstream carers. The Director of Children's Services clarified that the driver for placements would be a decision as to what was best for the child, then an assessment for the arrangement, and after this the finances arranged. She indicated the team had more special guardians approved than foster carers.

The Chair then indicated that a marketing film produced by the team and other local boroughs to recruit foster carers was outstanding. The Committee then watched the film.

### **9 - Corporate Parenting Week – a verbal update.**

The Assistant Director of Safeguarding and Social Care gave the Committee a verbal update. Corporate Parenting Week will be held from the 24<sup>th</sup> -29<sup>th</sup> of October to raise awareness of Children in Care and the responsibilities of Haringey Council as Corporate Parents. The Assistant Director of Safeguarding and Social Care stated that it was an opportunity to highlight the learning of last year and raise awareness of Corporate Parenting. There was planned opportunities for collaboration between local authorities and showcase successful stories and strategies that had a positive impact on young people. It also would promote participation and encourage elected members to actively engage with the welfare of Looked After Children. There was an invitation being circulated for cooking sessions with ASPIRE. The Assistant Director of Safeguarding and Social Care commented that the cookery sessions were a great way for elected members, to engage and communicate with young people. The team had planned workshops and training sessions as well as opportunities to highlight foster care stories. Stands were planned for the reception area and exploitation workshops specifically for care leavers. The team had planned for information stalls on fostering, schools and other partners. Total Respect training sessions and a Proud to Be Me cooking event was prepared by the young people in care. The Assistant Director of Safeguarding and Social Care highlighted that this would be a good opportunity to find out more about the challenges facing young people, strengthen support from partners and reiterate Haringey's commitment to young people in care. She asked that Cabinet Members show their commitment collectively.

The Chair agreed and asked that the invite for the cookery club sessions be sent round to all members. **ACTION.**

### **10 – Forward planning for CPAC**

As time was limited, and due to technical difficulties, it was agreed by the Chair and Committee to look at this in a separate meeting. **ACTION**

### **11. Any Other Business.**

None.

Meeting concluded.

## **6. MATTERS ARISING**

- 7. PERFORMANCE MANAGEMENT : CHILDREN AND FAMILIES**
- 8. ANNUAL REPORT FROM ADOPT NORTH LONDON.**
- 9. CARE LEAVERS AND 'PROTECTED CHARACTERISTICS' (PAGES 13 - 24)**
- 10. THE CHANGING LANDSCAPE OF CHILDREN'S CARE**
- 11. ANY OTHER BUSINESS**

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