



Special Overview and Scrutiny Committee

TUESDAY, 17TH FEBRUARY, 2009 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adamou (Vice-Chair), Aitken, Alexander, Dodds, Egan and Winskill

Co-Optees: Ms. F. Kally plus 2 Vacancies (parent governors), L. Haward plus 1 Vacancy (church representatives)

AGENDA

1. WEBCASTING

Please note: This meeting may be filmed for live or subsequent broadcast via the Council's internet site - at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. The images and sound recording may be used for training purposes within the Council.

Generally the public seating areas are not filmed. However, 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 for webcasting and/or training purposes.

If you have any queries regarding this, please contact the Committee Clerk at the meeting.

2. APOLOGIES FOR ABSENCE

3. URGENT BUSINESS

It being a special meeting of the Sub Committee, under Part Four, Section B, Paragraph 17, of the Council's Constitution, no other business shall be considered at the meeting.

4. DECLARATIONS OF INTEREST

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

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

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. ACTION PLAN IN RESPONSE TO THE JOINT AREA REVIEW OF SAFEGUARDING IN HARINGEY (PAGES 1 - 68)

(Report of the Director of the Children and Young People's Service) To enable the Overview and Scrutiny Committee to comment on the Action Plan prior to submission to the Secretary of State for Children, Schools and Families.

Please note that under the Council's Constitution, Part 4, Section B, Paragraph 17 no other business shall be considered.

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Monday, 9th February 2009



Agenda item:

[No.]**Overview and Scrutiny****On 17 February 2009**

Action Plan in response to the Joint Area Review of Safeguarding in Haringey

Report of Peter Lewis, Director, the Children and Young People's Service

Signed :

Contact Officer : Ian Bailey, Deputy Director, Business Support and Development, CYPS

Wards(s) affected: **All**Report for: **Key decision****1. Purpose of the report**

- 1.1. To enable the Overview and Scrutiny Committee to comment on the attached Action Plan prior to submission to the Secretary of State for Children, Schools and Families.

2 State link(s) with Council Plan Priorities and actions and /or other Strategies:

- 2.1 The action plan will form an integral part of the revised Children and Young People's Plan. It will also be fully represented in CYPS business plans.

3. Recommendations

- 3.1 That the committee consider this report and the attached action plan.

4. Summary

4.1 In the Joint Area Review (JAR) Report from December 2008, OFSTED makes a number of recommendations for improvement of safeguarding services in Haringey. The Secretary of State for CSF subsequently (1 December 2008) asked "the Director of Children's Service appointed from January 2009 to send me an action plan responding to [the OFSTED] report by the end of February 2009".

4.2 The attached plan is that response – and more. As well as responding to the specific points identified by OFSTED, the plan sets out the framework for a journey that will take 3 years as we progress from 'Inadequate', to 'Satisfactory' and on to be at least 'Good' if not 'Excellent'. Everyone working for children across the Borough has come together for this work with commitment, enthusiasm and a determination to deliver excellent services for children.

4.3 The Project Group that met during late December through to February has reviewed the full range of work to be done by an excellent Children's Service. In doing so, areas for change and improvement have been mapped out together with a series of actions that will deliver those improvements with outcomes clearly described.

4.4 Seven Themes emerged from the work:

- Leadership and Partnership
- Working Practices
- Getting the Organisation Right
- Early Intervention / Universal Services
- Commissioning
- Delivering success through people
- Monitoring the performance and the quality of safeguarding practice

This report summarises the action planned under each of these themes. The full action plan is attached as Appendix 1.

Each of these sets out particular areas for improvement that will support the move to an excellent Children's Service.

5. Consultation

5.1 This plan has been informed by extensive staff consultation both within the council and across the partnership, discussion with trades unions and with the Haringey Youth Council.

6. Service Financial Comments

6.1 The financial plan to support this action plan is still under development at the time of writing. Discussions continue with the DCSF on any additional resources that will be made available to Haringey.

7. Use of appendices /Tables and photographs

7.1 Appendix 1: JAR action plan

8. Local Government (Access to Information) Act 1985

N/A

9. Background

- 9.1 In the Joint Area Review (JAR) Report from December 2008, OFSTED makes a number of recommendations for improvement of safeguarding services in Haringey. The Secretary of State for CSF subsequently (1 December 2008) asked “the Director of Children’s Service appointed from January 2009 to send me an action plan responding to [the OFSTED] report by the end of February 2009”.
- 9.2 In anticipation of the Director’s arrival, a multi-agency project board was formed in December, drawn from senior staff across the Children and Young People’s Strategic Partnership’s statutory agencies. The membership of this board is shown in Appendix 1. The plan set out in full in Appendix 2 is the outcome of intensive joint working. As planned, the process of producing the plan has itself contributed substantially to developing shared understanding and a renewed commitment to partnership working between the statutory agencies.
- 9.3 In the following paragraphs we summarise the main element of the plan and what it will help us achieve.

10. Leadership and Partnership

- 10.1.1 Improvements to Leadership and Partnership will make safeguarding more explicitly a priority for Haringey Strategic Partnership (HSP). Although it always has been a priority, the changes proposed in this change programme will not only make that much clearer, it will provide mechanisms for the HSP to be actively involved in monitoring and managing the performance of those services who deliver safeguarding.
- 10.1.2 An early step in the change programme will be the creation of a Children’s Trust. The existing Children’s & Young People’s Strategic Partnership Board (CYPSPB) will become a Children’s Trust as required by the Children Act 2004. This change of status will helpfully reflect the renewed closer working between agencies and sectors in the Borough that has come about in the last 6 months as well as fulfilling our statutory obligations. Strong links will be forged between the work of the Children’s Trust and the Community Strategy.
- 10.1.3 We will establish an Executive Performance Monitoring Group for the Children’s Trust with a remit to ensure that targets are set and met by the Safeguarding services.
- 10.1.4 Work to improve partnership working and communication has already started. The Board that has come together to write and guide the change programme is evidence of a revitalised partnership across the agencies, with many examples of offers to work much more closely in multi-disciplinary teams being one manifestation of the commitment.

- 10.1.5 Changes to the Local Safeguarding Children's Board (LSCB) include appointing an independent Chair – already done. This confirms the capacity of the LSCB to act as a critical friend to Children's Services and undertake its own statutory role satisfactorily and independently.
- 10.1.6 Strengthened partnership working will ensure make sure that we write a strong Children's and Young People's Plan (CYPP) which is to be refreshed in 2009 to cover at least the next 3 years of our work together.

10.2 Working Practices

- 10.2.1 The changes that we will make to working practices – processes and systems -- will see much improvement in people's access to services. Agreement across the services about the consistent use of common referral systems together with more straightforward pathways will speed up how we deal with those referrals. We will be able to make decisions about whether or not assessment is needed more effectively – and we will tell referrers what happened much more consistently and quickly than we have been able to do thus far.
- 10.2.2 All partners have committed to a review of their processes to ensure effective sharing of information about children, as well as joint-training on all the core processes for assessment. Importantly, the thresholds for intervention are being revised and will be published widely across all agencies to improve understanding, particularly for those who refer large numbers and sometimes cannot see why a decision has been made. Telling people quickly what happened to the referral will also include some feedback on why the decision was made.
- 10.2.3 The revision to processes will ensure that things are dealt with speedily throughout a child's contact with the services. It will also bolster the robustness of our procedures by making sure there is better cross-checking between agencies when referrals are made. Backed by high quality training and development, these changes will build the confidence and competence of our professional staff, delivering the skills and capacity to deliver excellent safeguarding services.

10.3 Getting the Organisation Right

- 10.3.1 Revising structures – getting the organisation right - alongside the changes to systems will also help make sure that we have the right people, in the right place and at the right time. It will also help make sure that those people have the right skills to do the job they're asked to. Less complicated pathways with fewer changes of social worker as children move through the system will bring greater consistency to the assessment process as well as improving the child's experience.
- 10.3.2 The improvements to working practices and new investment and support staff will free social workers to use their skills where they are most needed – working directly with families. This will go some way towards helping recruit permanent staff who will welcome this as an important support to their work.

10.4 Early Intervention / Universal Services

- 10.4.1 Improving access to universal services and early interventions will reduce the number of children who come to need more targeted services later on – making overall caseload more manageable and providing better outcomes for those children and their families. More consistent monitoring of how well children

respond to these interventions will help us to refine our work and make it more effective, in turn delivering better outcomes.

10.5 Commissioning

10.5.1 To support the improvement in services we will improve our commissioning so that we get the best safeguarding, in the most effective manner while fulfilling our obligation to provide value for money. This will be helped by an increase in the shared working across the partners and bringing together previously separate budgets to be shared to greater effect. Forward planning the resource needs in the medium term will help all agencies to plan better and secure what is needed against a backcloth of volatile public finances.

10.6 Delivering success through people

10.6.1 As performance improves and the services deliver better outcomes, recruitment of workers should also improve since high quality and high performance act as a magnet to the best qualified and best performing staff. This will, over time, tend to become the virtuous circle of improvement where success breeds success. As these higher standards are agreed across all agencies and become embedded, it becomes easier for all agencies to monitor and encourage performance improvement across the agencies developing a culture of aspiration and improvement.

10.6.2 In the plan we set out the immediate steps we will take across the partnership to develop a Haringey Offer to retain good staff and to attract good new staff. We also set out our plans to ensure high quality supervision and management across the agencies, working to shared values and standards, to raise performance and quality in all interventions with children and young people.

10.7 Monitoring the performance and the quality of safeguarding practice

10.7.1 The whole plan is designed to produce better outcomes for children, the quality of which we must be able to recognise and measure so that our Performance is managed effectively – by ourselves and those to whom we report. The plan shows how will measure the quality of the work we do as well as the timeliness and quantity.

11 Immediate priorities

11.1 Whilst our ambitions go beyond simply responding to the JAR report recommendations, there are still urgent matters to be addressed in that report. OFSTED will make a Monitoring Visit to Haringey in June 2009. To demonstrate the capacity to improve and show at least satisfactory progress, by June 2009 the final published plan will set out in detail what we will have achieved by the time of that monitoring visit.

11.2 Beyond June, we shall make the other changes in a planned and progressive way, matching the pace of change to the development of the services and securing both success and stability.

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Action Plan in Response to the Joint Area Review of Safeguarding in Haringey

Theme 1 – Leadership and Partnership	
Aims	<ul style="list-style-type: none"> To provide stable, pro-active, capable, visible, supportive, inspirational, listening, confident leaders for the safeguarding of children in Haringey To create a strong partnership with a shared focus on safeguarding children & young people

Area for improvement 1: Creating a leadership team for safeguarding at partnership level and within agencies

Action	Lead	Involved groups	Timescale	Targets and outcomes
1.1.1 To strengthen governance by improving the effectiveness of Safeguarding in the Local Strategic Partnership and in the delivering of the Community Strategy outcomes.	Chief Executive Haringey Council	Partners to HSP	Feb - May 2009 July 09 March – Sep 09	<ul style="list-style-type: none"> Children’s Trust Executive Performance Management Group established and Terms of Reference clear IDEA Training in place for the EPMG Operational support to the Strategic Partnership reviewed and effectiveness increased
1.1.2 Ensure partnership’s leadership is at strategic level and in compliance with the <i>Working Together To Safeguard Children (2006)</i> guidance, recognising the different forms of governance within which partner agencies operate	ACE PPP&C	Partners to HSP	Feb – May 2009 (as new Children’s Trust established)	<ul style="list-style-type: none"> Appropriate non executive and executive members of the NHS Haringey Board and senior officers from partner agencies identified as ‘responsible’ for Safeguarding in accordance with each agency’s governance. Programme of decision-making and governance meetings agreed and published (including briefings to elected members, Partner Boards/Committees, etc.) Corporate Parenting Group replaces Children & Young People’s Consultative Committee

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<p>1.1.3 Develop a clearly defined vision and values in which partners state where we aspire to be.</p>	<p>ACE PPP&C</p>	<p>Partners to HSP</p>	<p>Feb – Sept 2009</p>	<p>(CYPCC) with change in terms of reference</p> <ul style="list-style-type: none"> • Strategy and priorities around children and young people and safeguarding in Community Strategy are reviewed and agreed • Local Area Agreement includes agreed indicators and targets on safeguarding. • Community Strategy review informs the development of Children & Young People's Plan (CYP) 2009-20.
<p>1.1.4 Be clear that partners share responsibility for all Haringey's children and young people</p>	<p>Chief Executive</p>	<p>Partners to HSP / CYPSP</p>	<p>Feb -Sep 2009</p>	<ul style="list-style-type: none"> • Induction and information pack for members of HSP and theme boards is clear on partnerships role and responsibilities on safeguarding in place. • Effective induction and training for new HSP and theme board members on responsibilities for safeguarding.
<p>1.1.5 Identify further opportunities for leadership to act as a team across the partnership</p>	<p>Acting Chief Inspector for Partnership and Youth Director C&YPS</p>	<p>Partners to HSP</p>	<p>Feb - May 2009</p>	<ul style="list-style-type: none"> • Effective out-of-hours process in place for appropriate senior staff across the partnership to be informed of any critical incident (a child death or serious injury) at night or weekends. • Develop the work programme of the children's trust to ensure the trust takes a lead on issues that impact on children, young people and their families in Haringey
<p>1.1.6 Ensure compliance with the Laming recommendations is reviewed annually</p>	<p>DDC&F</p>	<p>Haringey Council</p>	<p>May 09</p>	<ul style="list-style-type: none"> • Annual review
<p>1.1.7 Develop a cross-partnership management/leadership programme focused on safeguarding and inter-professional working</p>	<p>ACE PO&D</p>	<p>ACE PPP&C Head of Human Resources</p>	<p>Sept - Feb 2010</p>	<ul style="list-style-type: none"> • Shadowing programme for senior leadership teams within and outside of the partnership developed and in place • Management leadership programme developed

<p>1.1.8 Set out explicit guidance for the partnership on the leadership and challenge role of elected members</p>	<p>Director C&YPS</p>		<p>Mar – Jun 2009</p>	<ul style="list-style-type: none"> Guidance published
<p>1.1.9 Ensure that all relevant elected members have valid CRB checks</p>	<p>Head of Human Resources</p>	<p>Haringey Council</p>	<p>Feb – March 09 Feb – May 09</p>	<ul style="list-style-type: none"> Risk assessments on need for CRB check of Members complete CRB checks carried out for all members identified as needing one

Area for improvement 2: Ensuring the leadership teams set the right culture within their organisations, promoting behaviour that supports the partnership's values and strengthens the commitment to Partnership working

Action	Lead	Involved groups	Timescale	Targets and outcomes
<p>1.2.1 Promote a culture of openness which enables exchange of views and learning where the professional roles of people involved in safeguarding children and young people are recognised and acknowledged.</p>	<p>Director Children & Young People's Service</p>		<p>June – Sept 09 March – May 09 May – July 09 November 09</p>	<ul style="list-style-type: none"> First annual staff surveys setup and completed across the partnership and plans published to address findings Regular staff forums and practice discussion forums set up, such as the social work forum, with staff receiving feedback to issues raised in forums Partners share consistent information on structures and changes in structures so that all staff are clear about how partner agencies work. Annual conference on safeguarding for all staff
<p>1.2.2 Ensure leaders and senior managers within the partnership receive appropriate training</p>	<p>Chair of Children's Workforce Development Group</p>	<p>All</p>	<p>March – May 09 March – June 09</p>	<ul style="list-style-type: none"> Gap analysis used to inform training and development needs Manager and leadership skills and competencies across partners agreed

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	Director, C&YPS Chair of LSCB training sub group Chair of LSCB training sub group Head of Schools Personnel	Haringey Council, Safeguarding Children's Board Training & Development sub-group Haringey Council	February – March 09 June – September 09 June – September 09 March – November 09 March – June 09	<ul style="list-style-type: none"> Safeguarding Policy and Practice Panel established for elected Council Members to ensure knowledgeable Members, able to ask appropriate questions to fulfil their role. Elected members receive validated safeguarding training, appropriate to their different levels of responsibility Ensure relevant training for NHS Haringey Board is provided Increased take up of on-line safeguarding training for school governors. Online safeguarding training available to all staff
1.2.3 Invite Youth Council to be involved in delivery of JAR action plan	Director Children & Young People's Service		Feb - March 2009	<ul style="list-style-type: none"> Director discussed and agreed with Youth Council (29th January 2009)
1.2.4 Establish a Children in Care Council to represent the viewpoint of children in care	Director C&YPS		Apr – Jul 2009	<ul style="list-style-type: none"> Council established

Area for improvement 3: Improving Working arrangements in the partnership

Action	Lead	Involved groups	Timescale	Targets and outcomes
1.3.1 Systems in place to share inspection reports and identify multi-organisational learning to drive	HSP Chair of the Area	Partners in PMG	Feb - May 2009	<ul style="list-style-type: none"> Inspection outcomes from all partners are reported to the Safeguarding Policy and

improvement on cross cutting issues.	Assessment Group			Practice Panel.
Area for improvement 4: Improve the workings of the LSCB				
Action	Lead	Involved groups	Timescale	Targets and outcomes
1.4.1 Commission a peer review of current LSCB to look at its operation, membership and structure	LSCB Chair	Partners to LSCB	Feb – May 09	<ul style="list-style-type: none"> Weakness and strengths of present arrangements identified and recommendations for change made
1.4.2 Review and agree model for LSCB	LSCB Chair	Partners to LSCB	Feb – Dec 2009	<ul style="list-style-type: none"> Agreed model for LSCB determined
1.4.3 Define role and accountability of individual members of LSCB	LSCB Chair	Partners to LSCB	Feb – May 2009	<ul style="list-style-type: none"> All members clear about their roles and responsibilities
1.4.4 Consider appropriate agency level of representation on LSCB (where all members are of appropriate seniority within their respective agencies and are empowered to make decisions as necessary)	LSCB Chair	Partners to LSCB	Feb - May 2009	<ul style="list-style-type: none"> All members are of appropriate seniority within their respective agencies and are empowered to make decisions as necessary
1.4.5 LSCB Chair becomes member of Children's Trust, challenging CTB on safeguarding issues	LSCB Chair	Partners to CYPSP & LSCB	Feb - May 2009	<ul style="list-style-type: none"> LSCB Chair member of Children's Trust Board
1.4.6 Implement best practice approach for investigating serious case reviews	LSCB Chair	Partners to LSCB	Feb – May 2009	<ul style="list-style-type: none"> LSCB Chair to ensure appropriate processes in place (such as securing records) to respond to critical incident
1.4.7 Review sub groups of LSCB, including development of practice review group	LSCB Chair	Partners to LSCB	February - May 2009	<ul style="list-style-type: none"> All sub-groups have clear purpose, terms of reference and appropriate membership
1.4.8 Implement new working arrangements	LSCB Chair	Partners to LSCB	May - December 2009	<ul style="list-style-type: none"> New working arrangements in place
Area for improvement 5: Creation of Children's Trust				

Action	Lead	Involved groups	Timescale	Targets and outcomes
1.5.1 Review models for Children's Trusts and strategic partnerships	Interim Director Special Projects	Partners to CYPSP	Feb - April 09	<ul style="list-style-type: none"> Propose a model for a Children's Trust that reflects best practice and meets 2009 statutory guidance Report to Cabinet
1.5.2 Identify a Children's Trust's accountabilities in general and with particular reference to Haringey	Interim Director Special Projects	Partners to CYPSP	Feb - April 09	<ul style="list-style-type: none"> Accountabilities agreed in line with legislation, statutory guidance and Haringey priorities and clarified for all levels of the Trust (such as Board, Executive Group, Management Group)
1.5.3 HSP agrees new Children's Trust	HSP	Partners to HSP	Feb - June 09	<ul style="list-style-type: none"> Agree the membership of the Children's Trust and clarify the role and responsibility of members. Agree terms of reference for Children's Trust Agree governance and structure for the Children's Trust and how it fits within the HSP governance
1.5.4 Produce joint communications strategy and approach for the Children's Trust to promote the safeguarding of children and young people	Council CYPSP Comms	All agencies	Jun - Oct 09	<ul style="list-style-type: none"> Review current agencies' communications strategies Communications Strategy agreed Ensure all communications planning is multi-agency in approach and coherent in delivery Review and develop work to build awareness, disseminate information and influence the opinion of: <ul style="list-style-type: none"> Residents/Taxpayers Services users Partners Staff Review and agree audiences, messages and methods of communicating them. Review current and ongoing arrangements for this area

<p>1.5.5 Review ways of involving young people and the Youth Council in the Children's Trust and its work.</p>	<p>Head of Children's Network North & Lead for Participation</p>	<p>Partners to CYPSP</p>	<p>May – Aug 09 Aug - Dec 09</p>	<ul style="list-style-type: none"> • Consistent communications and messages to all staff in partner agencies • Consultation carried out during summer via Summer University. • Consideration of findings and action taken to ensure children and young people are fully engaged in the Children's Trust
<p>1.5.6 Agree and deliver a Children and Young People's Plan</p>	<p>Director Children & Young People's Service</p>	<p>Partners to CYPSP (via sub group developing CYPP)</p>	<p>Sep 08 – Jul 09 Jul – Aug 09</p>	<ul style="list-style-type: none"> • Consult on new CYPP <p>Publish new CYPP Sept 09, ensuring that this anticipates the new guidance for all plans due to be implemented 2011 onwards</p>

Theme 2: Delivering best practice

Aims

1. All practice will demonstrate the principle of “**best interests of the child**” by meeting the test of “seeing things through the child's eyes” and listening to the child.
2. All practice will demonstrate the principle that safeguarding requires effective **partnership working** which respects and values differing professions and organisations and is reflected through **integrated arrangements** where this will provide the best response and most authoritative service.

	<p>3. All practice will comply with WT and LCPPS and agencies' standard operating procedures and guidance with a shared approach to intervention thresholds.</p> <p>4. Our approach will be underpinned by a commitment to inter-agency information sharing arrangements and business processes which enable all agencies to fulfil their role and deliver the outcome of best in class services for children and their families.</p> <p>5. We will identify best practice and turn it into standard practice using evidence, research, and evaluation supported by relevant national organisations (C4EO) and the LSCB.</p>
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Area for improvement 1: Child Protection Referral & Assessment Processes

Action	Lead	Involved groups	Timescale	Targets and outcomes
2.1.1 Develop new pathway for referrals into children's social care to deliver an efficient, effective, child-focused service.	C&YPS DDC&F	C&YPS	February – April 09 Pathway agreed end March 09	<p>single data entry for all contacts/referrals all referrers clear about what is expected of them high quality information gathering at referral stage decisions on actions to be taken made within 24 hours referrers informed of outcome and reasons for decision in writing within 48 hours</p> <p>Monitoring via case file audit and audits published to Safeguarding Policy and Practice Panel and Children's Trust members (see 9.1.1)</p>
2.1.2 Integrate the referral pathways for children's social care and CAF.	C&YPS DDC&F	C&YPS, Health (GOSH and CAMHS)	Jan – April 09 Pathway agreed end March 09 Implementation from April 09	<ul style="list-style-type: none"> children and young people receive support from the most appropriate service information gathered through the CAF process can inform further assessment work where needed <p>Monitoring via case file audit (see 9.1.1)</p>
2.1.3 Wherever possible all agencies use the CAF	C&YPS	C&YPS	Feb - May 09	<ul style="list-style-type: none"> Agreement reached on which agencies use

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<p>to avoid duplication and support better information gathering at initial stages.</p>	<p>DDC&F</p>	<p>Police Health Schools</p>	<p>June – Sep 09</p>	<p>the form in which circumstances <ul style="list-style-type: none"> Implementation </p>
<p>2.1.4 Child Referrals will be allocated promptly with clear case decisions made based on need</p>	<p>C&YPS DDC&F</p>	<p>C&YPS</p>	<p>February 2009</p>	<p>Allocations are discussed with social workers as a matter of course before electronically allocating the case Managers will clearly record decisions on framework-i Social workers will not be allocated more cases than is manageable as outlined by national guidelines Escalation protocols are put in place for staff and managers when work loads become too high</p> <ul style="list-style-type: none"> Arrangement for monitoring and reporting on caseloads to senior managers in place To be implemented immediately Monitoring by means of feedback from social work staff through team meetings, social work forum, and climate survey
<p>2.1.5 Develop practice protocols to ensure that where there is more than one child in a family group each child's needs will be taken into account and decisions/actions clearly recorded on each file</p>	<p>C&YPS DDC&F</p>	<p>C&YPS</p>	<p>February-May 09</p>	<ul style="list-style-type: none"> Practice Protocols developed on what information needs to be replicated or cross referenced on each siblings file Ensure that duty workers/managers are aware of where to access/record important information
<p>2.1.6 Improve the overall quality of information and analysis within Initial and Core assessments Section 47 investigations and conference reports and ensure that these consistently meet agreed</p>	<p>C&YPS DDC&F</p>	<p>C&YPS</p>	<p>Feb – May 09 All cases to comply with these</p>	<ul style="list-style-type: none"> the child and their family are seen as part of the assessment the child is spoken to alone where there are

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minimum standard				requirements by May 09.	<ul style="list-style-type: none"> concerns for that child's safety social workers demonstrate "professional scepticism" (Laming) the assessment evidences multi agency information gathering the views of the carers and other professionals, including any disagreements, are clearly recorded risk analysis is evidenced there is a clear plan for that child/young person outlining what actions the "team around the child" will be taking the family and relevant professionals are kept advised of progress and receive a copy of the assessment <p>Monitoring by case file audit.</p>
2.1.7 Ensure that social care transfer protocols are in place and implemented in practice to ensure a seamless service for the child /young person	C&YPS DDC&F	C&YPS		Feb – March 09 April 09	<ul style="list-style-type: none"> Protocols established Implemented Monitoring via case file audit Thresholds established
2.1.8 Establish thresholds for Police attendance of police investigators at medical examinations in cases of physical abuse	Det. Chief Inspector, CAIT, MPS	MPS		Feb- April	
2.1.9 Develop protocols for joint work between adult's and children's safeguarding services, including the routine cross-checking of referrals and follow-up of information obtained	C&YPS DDC&F	C&YPS, Adult social care		Feb – May 09	
2.1.10 All agencies that hold case files on children and young people will ensure that each case file includes a minimum standard set of information	LSCB QA Sub Group Chair	All partners		Jan – May 09 Jan – May 09	All case files to meet this standard

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					<p>All case files to include:</p> <ul style="list-style-type: none"> • an agreed set of up-to-date key biographical details (family members, involved professionals, telephone numbers) • a record of all case management decisions taken • chronology and log of meetings • Differentiation between fact and professional opinion • An action plan of how the information recorded will be acted on • Analysis of the information gathered <p>Monitoring via case file audit</p>
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Area for improvement 2: Effective and timely Information Sharing

Action	Lead	Involved groups	Timescale	Targets and outcomes
2.2.1 Review and re-publish information sharing protocols and guidance	ACE PPP&C	All	<p>Feb – May 09</p> <p>Feb – May 09</p> <p>Feb – May 09</p> <p>May 09</p>	<ul style="list-style-type: none"> • Information Sharing protocols for the partnership reflect any national standards & arrangements set for all partner agencies. • All staff are clear about the protocols and how they operate • Clarity on operation of strategic information sharing principles and improve the operational use of information sharing protocols. • Sign-off HSP Board information-sharing protocol – to be agreed by all partners, including voluntary sector
2.2.2 Implement programme of joint training and communication	Head of Children's	All	Feb – Apr 09	Programme agreed and in place

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	Networks		May – March 10	<p>Roll-out programme of joint training and communication to practitioners</p> <p>All practitioners and managers will :</p> <ul style="list-style-type: none"> • understand the Information Sharing Protocol • know when to share information and do so in a timely manner • operate on an assumption in favour of sharing information in the best interests of the child and are empowered to do so • continually re-assess situations and re-evaluate the need to share information in light of new information arising • make use of all relevant databases including ContactPoint
<p>2.2.3 Implement procedure whereby all agencies routinely collect information on universal services accessed by each child/family they come in contact with and inform those universal services where there is a gap in provision</p>	Head of Children's Networks	Health, MPS, Council	May 09 – Aug 09	<p>Monitor attendance at training</p> <ul style="list-style-type: none"> • Information sets, participating agencies and processes for sharing information agreed • Monitoring via audit of records of relevant agencies
<p>2.2.4 Implement the proposals for GPs to take responsibility for the local medical monitoring of treatment of children subject to a CP plan and ensuring that information is shared with key colleagues within health and children's social care</p>	Deputy Chief Executive NHS Haringey	Medical Director HTPCT, Clinical Executive Chair HTPCT, Director Primary Care & Performance HTPCT and Deputy CEO HTPCT,	Dec 08- March 09 Dec 08 Jan- March 09	<ul style="list-style-type: none"> • Proposals agreed • Roll-out to practices

			Designated Doctor and Director of Operations GOSH Partnership, Director of CAMHS BEH-MHT		
2.2.5 Ensure that GPs respond in a timely manner to requests from CYPS colleagues for consultation about a child with a child protection plan, to incl. emergency access in case of dire emergency	Chair of Clinical Exec Committee, NHS Haringey	Haringey Council	Feb – Sep 09		
2.2.6 Implement routine cross-checking of children subject to subject to a CP plan against the temporary accommodation and other housing databases	Head of Service for Safeguarding and Children in Need	Haringey Council	Jan 09 April 09	Procedure in place re temporary accommodation Procedure in place for further housing databases	
2.2.7 Implement routine cross-checking procedure for housing to identify and flag any children living in "dangerous" housing	ADS&CH	Haringey Council	Feb – March 09	Procedure in place	

Area for improvement 3: Thresholds/ Decision-Making/Assessment

Action	Lead	Involved groups	Timescale	Targets and outcomes
2.3.1 Develop and publish a clear set of thresholds that operate across specialist, targeted and universal services to provide guidance on levels of vulnerability and the service required to address these, in line with the guidance in	LSCB Chair	All	Jan – May 09 Apr – Dec 09	<ul style="list-style-type: none"> Social care thresholds in place Threshold for vulnerability in place and operational across all agencies

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<i>Working Together</i> section 3.18-3.21.					
2.3.2 Implement programme of multi-agency training to ensure practitioners across the partnership have a common understanding of thresholds and use a common language to talk about need and vulnerability	LSCB Chair	All	June – Nov 09	<ul style="list-style-type: none"> Briefing sessions and training June – Nov 09 then periodically Numbers of staff to be trained identified by each agency Effectiveness to be measured by staff survey/supervision Implemented 	
2.3.3 Issue guidance and develop training on the risk of risk assessment, addressing sharing of relevant information, joint assessment of risk, clear and explicit recordings of the rationale for decisions	CYPS Deputy Director of Children & Families	All	June – Nov 09	<ul style="list-style-type: none"> Multi-agency Child Protection exercises and programmes agreed Roll-out programme (multi-agency Child Protection exercises) Issue guidance sharing of relevant information, assessment of risk, clear and explicit recordings of the rationale for decisions Monitored through supervision Implement immediately Monitor via case file audit Procedure agreed 	
2.3.4 Conduct multi-agency Child Protection exercises for key staff using MACIE methodology	Detective Superintendent CAIT MPS	All	Feb- May 09 June – May 10		
2.3.5 Review decision-making processes within children's social care to ensure decisions (e.g. requests for placements) are made at the appropriate level	C&YPS DD C&F	C&YPS	Jan – June 09		
2.3.6 Ensure that the rationale for all key decisions is made explicit and recorded, across all agencies	LSCB Chair	All	Jan 09		
2.3.7 Put in place escalation procedures across all partners to resolve disagreements where practitioners are unable to arrive at a consensus – in – in line with London CP procedures section 18.6	LSCB P&P sub-group	All	May – Sept 09		

Area for improvement 4: Using IT systems and databases to support safeguarding practice and information-sharing

Action	Lead	Involved groups	Timescale	Targets and outcomes
<p>2.4.1. Re-engineer finance workflow in FWI to simplify the process of purchasing services and reduce social work time given to this task</p>	<p>Achieving Excellence Programme Manager</p>	<p>C&YPS Finance</p>	<p>June 09</p>	<ul style="list-style-type: none"> • Fwi finance module re-contracted to reduce s SW time spent on task and increase promote payments
<p>2.4.2. Establish ICS/FWI support teams to stabilise current system use and support implementation of future configuration. Combined with practice focus initiatives to build the confidence of social workers in the use Framework-I</p>	<p>Head of Service Transformation</p>	<p>C&YPS Achieving Excellence Programme Manager. Head Of Systems Development & Performance Head of Information Strategy and Communications ICS Programme Manager</p>	<p>June 09</p>	<ul style="list-style-type: none"> • Establish and train teams of IT/FWI/ICS specialists to support social workers and managers in use of system. • Impact on practice analysed
<p>2.4.3. Review the current ICS processes on Framework-I and make changes that support best practice requirements in social work. This includes</p> <ul style="list-style-type: none"> a) continue to work with Corelogic to identify any areas for improvement b) Continue to work with other boroughs both with the ICS Sub Group and outside it to share ideas and identify best practice models. c) Review the use of the ICS forms within social work practice as a tool for effective information gathering and 	<p>Head of Service Transformation</p>	<p>C&YPS Achieving Excellence Programme Manager. Head Of Systems Development & Performance Head of Information</p>	<p>Feb – Nov 09</p>	<ul style="list-style-type: none"> • Review completed and changes implemented

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<p>analysis</p> <p>d) Implement identified workflow and other changes needed to reflect improve practice – including changes to CP Plans and conference documents.</p> <p>e) Align language used within Framework-1 to that used within social work practice</p> <p>f) Make sure that documentation accepted by courts is supported on Framework-1 (including Core Assessments and Chronologies)- as covered by ICS Phase 1C</p> <p>g) Reflect the transfer protocols between different teams on the system</p> <p>h) Look at ways of reducing repetition of information required within ICS at a local level and engage in the national debate</p> <p>i) Identify how social workers can be supported to spend more time doing “social work”</p> <p>j) Continue to attend and participate in forums, consultations and discussions on ICS, with the view to ensure that it is a more practice led system both locally and on a national level</p> <p>k) Integrate findings of the Social Work Task Force</p> <p>l) Continue to participate in DCSF’s benefits work and extend this work on a local level following the implementation of the changes outlined in the improvement plan</p> <p>2.4.4 Implement data quality improvements on Framework-1 system (e.g. through cleansing) - to support staff in using the system more effectively</p>	<p>Head of Service Transformation</p>	<p>Strategy and Communications ICS Programme Manager</p>	<p>Mar 09 – Feb 10</p>	<ul style="list-style-type: none"> Improvements implemented
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Appendix 1

<p>a) Cleansing personal details screen b) Identifying and cleansing duplicate files c) Ensuring that information in relation to personal and professional relationships are recorded correctly d) Cleansing of out of date child purchase services e) Develop scanning and uploading protocols f) Cleansing plans and working with staff to ensure that plans are recorded correctly and used effectively</p>				
<p>2.4.5 Extend the use of FWi as a Case Management system (CMS) for all services that work with children and young people in the Children and Young People Service</p>	<p>Head of Information Strategy and Communications</p>	<p>C&YPS Achieving Excellence Programme Manager. Head Of Systems Development & Performance Head of Information Strategy and Communications</p>	<p>April 10 – Mar 12</p>	
<p>2.4.6 Ensure that all appropriate health services have access to 'live' information on children with CP plans, including the detail of what the plan is.</p>	<p>Head of Service Transformation</p>	<p>C&YPS, Health As above</p>	<p>Feb- Sep 09</p>	<ul style="list-style-type: none"> • 'Appropriate' staff identified • Arrangements in place
<p>2.4.7 Extend the use of Framework-I to Children in Care Health team</p>	<p>Head of Service Transformation</p>	<p>C&YPS, Health As above</p>	<p>Nov 09 – Apr 10</p>	<ul style="list-style-type: none"> • To be in place by April 10

				<ul style="list-style-type: none"> Develop and implement training and development programme and performance management to ensure the competence of all conference chairs, in line with the London Child Protection Procedures Develop and implement training programme for meeting participants to promote effective challenge across professional disciplines Develop and implement structured approach to meeting observation and feedback 	<p>Jan – Aug 09</p> <p>Feb – Aug 09</p> <p>Feb – June 09</p>
			All	<ul style="list-style-type: none"> Ensure the record of decisions are distributed at the meeting and full minutes are distributed within three working days Report on CP meetings to LSCB with monitoring results 	<p>Jan – April 09</p> <p>Sep 08</p>
2.5.3	Ensure the quality and timeliness of distribution of child protection minutes	Head of Service Quality Assurance and Child Protection			

Area for improvement 6: Ensuring the implementation of clear and achievable child protection plans

Action	Lead	Involved groups	Timescale	Targets and outcomes
<p>2.6.1 Implement and monitor CP plans to new required standard</p> <ul style="list-style-type: none"> Show explicit account of how the plan will lead to better outcomes for the child are realistic and achievable Set out the roles and responsibility of each agency involved to ensure adherence to the requirements of the plan Are reviewed when there is any significant 	Head of Service Quality Assurance and Child Protection	All	<p>Jan – April 09</p> <p>May 09</p> <p>June 09</p>	<ul style="list-style-type: none"> Agree and publish required standard for all CP plans All plans to meet required standards Report case file audits to LSCB Sub Group To be monitored via case-file audit

<p>change in circumstance and all agencies are involved in the review</p> <ul style="list-style-type: none"> • are adhered to with fidelity, and where there are difficulties in implementing the plan, this is flagged up and the plan is reviewed • 					
<p>2.6.2 Ensure that the membership of each 'core group' is clearly defined, with all practitioners understanding their role and responsibilities and as part of the 'team around the child'.</p>	C&YPS DDC&F	All	Jan – April 09 May 09	<ul style="list-style-type: none"> • Core Group to meet this standard • Monitor and report on case files and sample of interviews with core team members 	

Theme 3: Getting the organisation right

Aims

To ensure that across the partnership:

- Shared standards for effective, reflective supervision promote authoritative practice and ensure under-performance is tackled
- Structures facilitate the smooth transfer of information
- The structure and skills mix maximises the effectiveness of staff
- Structures support integrated working
- There is sufficient capacity to manage workload

Area for improvement 1: Roles and responsibilities

Action

Structures

3.1.1 Reorganise the CIN & Safeguarding service to minimise the need for case handovers and so that there is continuity for children and their

Lead

C&YPS
DD C&F

Involved groups

C&YPS
LSCB

Timescale

Feb- April 09
April
April - July

Targets and outcomes

- Proposal
- Perform baseline of current process
- Management quality assurance

families, referrers, and colleagues in the team around the child				Aug – March 2010 June 2010	<ul style="list-style-type: none"> arrangements revised and consulted on Implementation Evaluation report
3.1.2 Change the management arrangements of Independent Reviewing Officers to ensure sufficient independence and improve advocacy for children in line with statutory requirements	C&YPS DD C&F	Independent Reviewing Officers	Health	April – May 09 July 10	New management arrangements in place Evaluation report
3.1.3 Develop provision, roles and expectations of Designated and Named professionals for NHS Haringey and ensure their reporting arrangements are brought into line with best practice. Move the designated nurse role to the PCT	Interim Deputy Chief Executive (NHS Haringey)	Health		Feb – April 09 May – July 09	New job description and strategic roles developed and agreed by LSCB Implementation
3.1.4 Establish dedicated specialist mental health input for Referral and Assessment, Safeguarding and Children in Need teams, to provide consultation, liaison, and direct work with children and families	Director CAMHS	CAMHS R&A staff		Feb – Sep 09 Feb - Sep 09 July 2010	Dedicated input established Establish baselines for waiting times and access to services Evaluation report to monitor waiting times and access to services

Area for improvement 2: Ensuring the most efficient and effective mix of professional and support skills

3.2.1 Employ screening officers to improve the process for receiving, filtering and directing referrals to R&A (supported by the duty social work manager) and free up duty social worker time to undertake assessments	DD C&F	C&YPS Haringey Council HR		Feb – May 09	<ul style="list-style-type: none"> Screening Officers employed Improved workflow through the assessment process Increase in the number of successful assessments completed on time Improved quality of initial and core assessments Monitoring through dip sampling and reporting to Monitoring Group Administrative staff employed
3.2.2 Employ additional administrative staff within	DD C&F	C&YPS		Feb – April	<ul style="list-style-type: none"> Administrative staff employed

CIN & Safeguarding to free up social worker time		Haringey Council HR	09	<ul style="list-style-type: none"> Increased contact time with families Speedier assessment & improvement in quality of assessment Quicker identification of needs and services
3.2.3 Establish a flexible “contact service” which is responsive to the needs of children in care and their families meets the requirement of court	Head of Service Transformation	C&YPS	Feb – March 09 Apr 09 Apr – July 09	<ul style="list-style-type: none"> Specify and agree requirements Perform gap analysis of resourcing gap Identify, agree and acquire any additional resources

Area for improvement 3: Ensure sufficient capacity for manageable and safe workloads across all agencies

3.3.1 CYPs workload and staffing assessment	Head of Service Transformation	C&YPS	Feb – Mar 09 Feb – Mar 09 Apr – Sep 09	<ul style="list-style-type: none"> Benchmark workload assessment Identify resource gap Develop and agree resourcing plan
3.3.2 NHS Haringey workload and staffing assessment	Interim Deputy Chief Executive (NHS Haringey)	NHS Haringey	Feb – Mar 09 Feb – Mar 09 Apr – Sep 09	<ul style="list-style-type: none"> Benchmark workload assessment Identify resource gap Develop and agree resourcing plan:
3.3.3 MPS workload and staffing assessment	Detective Superintendent CAIT, MPS	MPS	Feb – Mar 09 Feb – Mar 09 Apr – Sep 09	<ul style="list-style-type: none"> Benchmark workload assessment Identify resource gap Develop and agree resourcing plan including: flexible staff model for SCD5 supervisory capacity capacity in Haringey CAIT staffing levels and admin support for PCLOs
3.3.4 Establish a forecasting demand mechanism for referrals, assessments and placements of children at risk	DD BSF	Joint Commissioning Board	Feb – Sep 09	<ul style="list-style-type: none"> Forecasting demand mechanism in place and supports medium term financial modelling

		Children's Trust Board		
		DD C&F		

Area for improvement 4: Aligning services to facilitate integrated working

Action	Lead	Involved groups	Timescale	Targets and outcomes
3.4.1 Identify opportunities for further integrated working across the strategic partnership	Interim Deputy Chief Executive (NHS Haringey)	C&YPS NHS Haringey MPS DDC&F Detective Chief Inspector CAIT, MPS Director of Operations, GOSH Partnership Services	Feb – Apr 09 Aug 09	<ul style="list-style-type: none"> Review group established Report <p>Evaluate the following proposals:</p> <ul style="list-style-type: none"> a single multi-disciplinary CP guidance advisory service across Health, the Police and Children's services (including schools and social care) to be established Joint investigation and assessment across children's social care and the CAIT, and broader model of joint visiting A consultancy model developed which could be accessed by individual professionals or the 'team around the child' to help progress 'stuck cases' Co-location of staff to encourage better inter-disciplinary working to be developed Additional lead commissioning and pooled budgets arrangements
3.4.2 Identify opportunities for further alignment of front line services on an area basis across the strategic partnership, taking account the Council plan for area based working	ACE PPP&C	C&YPS YOS NHS Haringey MPS	Feb – Apr 09 Aug 09	<ul style="list-style-type: none"> Review group established Report

Area for improvement 5: Out of Hours Services

Action	Lead	Involved groups	Timescale	Targets and outcomes
3.5.1 Re-commission out-of-hours services based on an appraisal of alternative options for delivery	Head of Service Transformation	Haringey Council C&F BSD ACCS NHS Haringey	Feb- May 09 Apr – Aug 09 Sep - Aug 10	<ul style="list-style-type: none"> Effectiveness of existing service assessed and where necessary interim arrangements secured Evaluate alternative options and report Service commissioned

Area for improvement 6: Accommodation and infrastructure – improving the working environment for staff and clients				
Action	Lead	Involved groups	Timescale	Targets and outcomes
3.6.1 Involve staff in planning an improved working environment for the CIN and Safeguarding service	DD BS&D	C&YPS BSD Corporate Services Smart Working (OD&L)	Mid Feb 09 End March 09 End Feb - Aug 09 Aug - Dec 09	<ul style="list-style-type: none"> Schools HR move to Civic Centre Additional office and desk space for referral and assessment Planning and procurement phase 2 Implementation of phase 2 Space to interview clients in private and accommodate children when necessary Private space for supervision with access to framework-i Office layout that enables teams to sit and work together, facilitating the exchange of information

					<ul style="list-style-type: none"> • Creating a pleasant environment which people want to be in • Become part of Smart working programme • Clear messaging to staff on what is planned and what will be delivered
3.6.2 Use new technology including mobile technology to improve and support staff in delivering the service	Head of Service Transformation	C&YPS Smart Working (OD&L)	Feb 09 April - Sep09	<ul style="list-style-type: none"> • Defer the mobile working grant • External study on use of technology to maximise effectiveness and efficiency 	
3.6.3 Reconfigure referral and assessment telephony system	Head of Service Safeguarding & Children in Need	C&YPS Property Services	End Feb 09	<ul style="list-style-type: none"> • System in place 	

Theme 4: Early Intervention/universal services

Action	Lead	Involved groups	Timescale	Progress and outcomes
4.1.1 Review the resources available across the partnership for early intervention and targeted support that can prevent children needing to access children's social care at a later stage	Head Children's Networks	Children's Social Care Children's Centres Schools Multi-Disciplinary Teams North MDT Co-	May – Oct 09	<ul style="list-style-type: none"> •

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		<p>ordinator and Integrated Working & Workforce Dev Manager</p> <p>Director of Operations GOSH Partnership Services</p> <p>Head of Safer Communities Unit</p> <p>Acting Chief Inspector for Partnership and Youth</p> <p>All partners</p>	<p>Aug – Nov 09</p>	
<p>4.1.2 Develop local preventative strategy to set out the role of universal, targeted and specialist services in reducing the likelihood of negative outcomes</p>	<p>Chair CYPSP</p>		<p>Aug – Nov 09</p>	<ul style="list-style-type: none"> • Clear local continuum of provision agreed, based on the model of the CAF windscreen.
<p>4.1.3 Ensure that the re-launched extended services strategy contribute to safeguarding and early intervention</p>	<p>Head of Children's Network West</p>	<p>Children's Centres</p> <p>Schools</p> <p>Partner agencies</p> <p>Voluntary sector</p>	<p>2nd April</p> <p>Dec 09</p>	<ul style="list-style-type: none"> • Launch extended services strategy • All schools to deliver core offer
<p>4.1.4 Hold twice yearly meeting about vulnerable children with every school, children's centre and children's home, in order to:</p>	<p>Head of Children's Networks</p>	<p>Children's Centres</p>	<p>Feb – Sep 09</p> <p>Sep 09</p> <p>Sep - Apr 09</p>	<ul style="list-style-type: none"> • Develop standards and agreement • Launch • Agreement signed off with each

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<p>a) Improve the support these settings provide to vulnerable children b) Identify trends and areas for development in service provision</p>		<p>Schools Multi-Disciplinary Teams</p>		<p>Headteacher and governing body</p>
<p>4.1.5 Work with schools, through the LSCB Safeguarding in Schools Forum to develop a clear set of expectations of universal services and a joint understanding of thresholds for referral to targeted and specialist services.</p>	<p>LSCB</p>	<p>Schools Police TPCT</p>	<p>September 2009</p>	<p>Agreement signed off with each Headteacher Conference/Forum</p>
<p>4.1.6 Invite all schools to participate in a 3-yearly evaluation of all aspects of their provision for the health, safety and well-being of children and provide a written report to the governing body of each school.</p>	<p>Head of Children's Networks</p>	<p>Schools</p>	<p>December 2009 and on-going</p>	<ul style="list-style-type: none"> All schools to include their review as an appendix to the Self Evaluation Form
<p>4.1.7 Enhanced focus on children missing education</p>	<p>Head of Education Welfare Service</p>	<p>Education welfare service All services that work with schools</p>	<p>June – July 09 September December 09 Sep – April 2010</p>	<ul style="list-style-type: none"> Hold a series of workshops within each Children's Network for school staff with responsibility for attendance and set out the expectations that the CAF used to assess and/or refer children/young people with poor attendance. Develop and deliver briefings, training and advice to all services within the CYPs and across the Children's Trust on supporting the attendance of children and young people at school and ensure that they are able to report concerns quickly. Extend the role of Education Welfare Officers. To include supporting the safeguarding responsibilities for children in universal settings, including the provision of advice, support and training to school staff.

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<p>4.1.8 Complete partnership Family Support Strategy</p>	<p>Head Children's Networks</p> <p>Director of Operations (GOSH partnership services)</p> <p>Strategic Manager (YOS)</p>	<p>C&YPS YOS GOSH</p>	<p>Feb - Sep 09</p> <p>Aug – Nov 09 July 09</p> <p>July 2010</p> <p>March – July 09</p> <p>Feb - April 09</p>	<ul style="list-style-type: none"> Family Support Strategy agreed and published Review the organisation of family support All FSWs receiving case supervision that is matched to the level of needs expected within their caseloads Evaluation of operation and effectiveness of family support Agree and publish the preferred list of parenting courses including guidance on which courses are relevant to which types of need To set up a Family Intervention Project to provide services for the most challenging families identified within Haringey
<p>4.1.9 Refresh and launch the parent participation strategy in all schools, Children's Centres and other educational settings and work with these services to promote parents/carers active engagement with their children's learning.</p>	<p>Head of Children's Network North & Lead for Participation</p> <p>Domestic Violence Co-ordinator</p>	<p>Schools</p> <p>Haringey Council Barnados</p>	<p>Feb Sep 2009</p> <p>Feb - Sep 2009</p>	<ul style="list-style-type: none"> Clear plan for parental engagement in their children's learning and schedule of support that they can access Training programme for schools agreed and started
<p>4.1.10 Develop and implement programme of training for education settings to adopt the Domestic Violence Risk Matrix model (Barnados) to support early and accurate identification of children who maybe at risk.</p>	<p>Head of Children's Network North &</p>	<p>Schools, Police, C&YPS, YOS</p>	<p>Feb – Sep 09</p>	<ul style="list-style-type: none"> Develop the role of the Youth Summit as a key strategic partnership for ensuring that children and young people are protected from the risks of anti-social behaviour.

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	Lead for Participation Strategic Manager (YOS)		Feb – Apr 09 Jan – Jan 11 Apr – Apr 11 Jan – Jan 11	<ul style="list-style-type: none"> Set up a Triage project whereby YOS workers will work in police custody in order to divert young people from criminal activity To work jointly with the Youth Service and ASBAT on the Challenge and Support Project to reduce anti-social behaviour amongst young people To work jointly with Catch22 on the Intensive Intervention Project using the triple track approach of prevention, non-negotiable support and enforcement to work intensively with those behaving in an anti-social manner To continue to roll out restorative approaches training to partners and selected primary schools – ongoing – Schools, Police, C&YPS, YOS.
4.1.12 Implementation of the Family Nurse Partnership for Teenage Parents	Director of Operations, GOSH Partnership Services	NHS Haringey	Feb – Feb 10	

Area for improvement 2 : Establish the CAF as the basis within universal and targeted services for identification and assessment of additional needs and decision making about appropriate intervention

Action	Lead	Involved groups	Timescale	Progress and outcomes
4.2.1 All Haringey Children's Centres and schools will undertake a CAF for any children that they consider to be vulnerable, as the first stage in	North MDT Co-ordinator	Universal settings	Feb 2009 – July 2010	<ul style="list-style-type: none"> All referrals measured through Vulnerable Children Conversation

identifying additional needs	and Integrated Working & Workforce Dev Manager			
4.2.2 Training and communication programme to ensure all agencies and voluntary and community bodies are using the CAF appropriately for assessment, analysis, and multi-agency planning and not just as a referral system	North MDT Co-ordinator and Integrated Working & Workforce Dev Manager	All services HAVCO	Feb – July 2009 July 09 July- Dec 09	<ul style="list-style-type: none"> • Training and Communication programmes developed • VCS Groups identified and engaged in the programme • Training and Communication programmes rolled out • Measured through Vulnerable Children Conversation
4.2.3 Redesign the process of decision-making on CAF to ensure swifter response with the multi-agency panel focussing on complex cases that require a multi-agency response	North MDT Co-ordinator and Integrated Working & Workforce Dev Manager	MDT coordinators Health YOS CAMHS	Feb09 Feb - March 09 Feb- June 09 July - Aug 09 July 2010	<ul style="list-style-type: none"> • Group formed • NFER/LARC evaluations reviewed and impact on Haringey systems identified • Review completed • Implementation • Evaluation report

Area for improvement 3 : Establishing the role of the Lead Professional (LP)

Action	Lead	Involved groups	Timescale	Progress and outcomes
4.3.1 Implement programme of communication and training to ensure all practitioners (including those in universal settings and those with a statutory responsibility to undertake the role): <ul style="list-style-type: none"> • understand the roles and responsibilities of the lead professional 	Head of Children's Networks	All – including schools	Feb- June 09 Sep- Dec 09	<ul style="list-style-type: none"> • Model of working as Lead Professional agreed and published • Programme of training/implementation agreed and rolled out

<ul style="list-style-type: none"> • have the competency and confidence to carry out the role • work closely with the child and family to ensure their views are central • act as the central point for the sharing of information and ensure everyone is kept updated 				July 2010	<ul style="list-style-type: none"> • Evaluation report
<p>4.3.2 Implement procedures to ensure the allocation of a lead professional for children moving from social care or other specialist service back into targeted/universal services</p>	Head of Children's Networks	All		June 2009 – Dec 2009	<ul style="list-style-type: none"> • Procedure agreed and implemented across all agencies

Theme 5: Commissioning and resources

Aims	<ul style="list-style-type: none"> • To develop joint planning and commissioning arrangements, which focus on safeguarding and emphasize the importance of prevention and early identification and intervention, and improving outcomes for children and young people in Haringey. Arrangements to be underpinned by a sustainable financial plan.
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Area for improvement 1: Planning and commissioning of services to be based on needs assessment and understanding of effective practice.

Action	Lead	Involved groups	Timescale	Progress and outcomes
5.1.1 DCSF facilitated commissioning workshop	DD BSD	C&YPS NHS Haringey	April 09	<ul style="list-style-type: none"> • Workshop held
5.1.2 Carry out a Joint Strategic Needs Assessment (JSNA) into safeguarding and vulnerable children and young people with a focus on early identification.	Director of Public Health	JSNA Steering Group, JSNA Sub Group on vulnerable children	Feb – Jul 09	<ul style="list-style-type: none"> • JSNA and literature review completed

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			and young people, and Joint Commissioning Board	
5.1.3 Cross agency planning and commissioning review	DD BSD	Joint Commissioning Board Children's Trust Board LSCB	Apr – Aug 09 Sep – Jan 10 April 2009	<ul style="list-style-type: none"> Collate outcomes from JSNA, Vulnerable Children's conversation, CYPP needs assessment and local strategic planning Planning and commissioning review completed. Current arrangements for Rapid Response and the Child Death Overview Panels reviewed – borough and sector wide. If necessary, business case developed to support revised proposals. Implementation
5.1.4 Ensure robust arrangements in place for Rapid Response and Child Death Overview Panels. To include sustainable funding and fit with joint planning and commissioning processes.	Chair LSCB Child Death sub group LSCB Training & Development Officer Head of Children's Commissioning Detective Superintendent CAIT, MPS			

Area for improvement 2: Establish robust joint commissioning arrangements

Action	Lead	Involved groups	Timescale	Progress and outcomes
5.2.1 Confirm the Joint Commissioning and CYPS Commissioning Framework <ul style="list-style-type: none"> Structure (Board, Sub-Groups and 	DD BSD	Joint Commissioning Board	June 2009	<ul style="list-style-type: none"> Arrangements confirmed by Children's Trust Board

<p>locality arrangements)</p> <ul style="list-style-type: none"> • Membership and terms of reference • Governance and accountability • Children's Network arrangements <p>5.2.2 Develop joint commissioning and procurement support working arrangements</p>	<p>Director of Commissioning NHS Haringey</p>	<p>Partners to Children's Trust Board Joint Commissioning Board Partners to Children's Trust Board DDBSD</p>	<p>June – Nov 09</p>	<ul style="list-style-type: none"> • Arrangements developed
<p>5.2.3 Align procurement and performance management arrangements to ensure safeguarding</p>	<p>DD BSD</p>	<p>Joint Commissioning Board Corporate procurement teams Head of Children's Networks</p>	<p>June – Oct 09</p>	<ul style="list-style-type: none"> • Develop common core of procurement and tendering guidelines and assessment criteria in relation to safeguarding
<p>5.2.4 To ensure that other partners (e.g. (extended) schools and the VCS), who commission services or have third parties working with children and young people on their sites, are provided with clear leadership and guidelines on safeguarding, including roles and responsibilities for ensuring and maintaining the safety of children, at or referred to, those facilities.</p>	<p>Head Children's Networks</p>	<p>Extended schools co-ordinators Schools Personnel HAVCO/other VCS umbrella organisations Faith groups Corporate Voluntary Sector</p>	<p>June – Sep 09 July 2010</p>	<ul style="list-style-type: none"> • Enhanced guidelines produced and disseminated to all schools/VCS organisations/faith groups • Programme of Regular monitoring and review by organisations, to ensure that enhanced safeguarding is maintained

		Team	
		DD BSD	

<p>Theme 6: Delivering success through people</p> <p>Aims</p> <ul style="list-style-type: none"> • To engage and empower staff from across the partnership in changed ways of working • To encourage a culture of openness and honesty by listening, learning, and focusing on the delivery successful outcomes for vulnerable children • To attract and retain excellent staff and value their contribution • To develop the skills and capacity of managers and supervisors- encouraging reflective practice particularly within clinical supervisions • For the children and young people's workforce to be competent and skilled in relation to safeguarding • To have joint learning and development that facilitates, common understanding, shared values and aspirations at all levels across the partnership • To create a positive culture by building workforce support for new structures and new ways of working to deliver efficient quality services, in partnership • To develop the workforce skills and knowledge, in an innovative, high performance, multi-agency context. • To have a shift in culture that reflects improved ways of working with partners and adoption of more open ways of working (Hughes) 	
<p>Area for improvement 1: Recruiting and retaining good staff across the partnership</p>	

Action	Lead	Involved groups	Timescale	Targets and outcomes
<p>6.1.1 Develop an all partnership Haringey Offer to include:</p> <ul style="list-style-type: none"> • suitable accommodation • technology supply & support • professional & clinical supervision • team working • CPD • career progression potential • involvement in ways of working • being part of a strong partnership • a pay package developed to reflect the valued professional roles. 	ACE P&OD	All partners	<p>Feb – Jun 09</p> <p>Jun – Jul 09 Sep 09</p> <p>February 2011</p> <p>February 2015</p>	<p>Benchmark neighbouring Boroughs and national methods of recruitment and retention within social work and beyond, including pay & benefits and support package available (CPD, supervision, ICT, accommodation Haringey Offer developed</p> <p>Cross partnership recruitment and retention strategy in place</p> <p>Safeguarding services staffed in line with national average</p> <p>Haringey seen as a desirable employer – measured through recruitment and retention indicators</p>
<p>6.1.2 Develop a non-specialist trainee scheme in the Children's Trust for people interested in working with children's services, but not sure which career path to pursue.</p>	Head OD&L	All partners	<p>Feb - Dec 09</p> <p>Dec 09</p>	<p>Map and explore existing trainee schemes across the partnership</p> <p>Create four one year trainee positions (foundation through to graduate level) to work across the partnership providing experience of key occupations/professional areas</p> <ul style="list-style-type: none"> • Additional places developed
<p>6.1.3 Expand the social work graduate trainee scheme</p>	Head OD&L	C&YPS	February 2010	<ul style="list-style-type: none"> • Additional places developed
<p>6.1.4 Fast track recruitment for staff in safeguarding, including CRB checks, taking account of impact of new Vetting & Barring scheme</p>	Head HR	All partners	June 2009	<ul style="list-style-type: none"> • Reduced length of time for recruiting safeguarding posts

Area for improvement 2: Supervision and Management				
Action	Lead	Involved groups	Timescale	Targets and outcomes
6.2.1 Ensure consistent application of the social care supervision model	ACE P&OD	C&YPS	Jun 09 Apr 09 Apr 10	<ul style="list-style-type: none"> Managers workshops delivered Benchmark climate survey Climate survey <p>Social care supervision model to ensure that: managers and practitioners focus on the needs and safety of the child managers evaluate the quality of practice practitioners are able to reflect on the quality of their practice and identify learning points practitioners are guided to share information appropriately practitioners are fully aware of risk assessments</p> <ul style="list-style-type: none"> staff are encouraged to openly discuss their workload in supervision, particularly where there are concerns
6.2.2 Ensure consistent application of the health supervision model	Director of Operations GOSH Partnership Services	Director of Operations All Health providers	Jun 09 Apr 09 Apr 10	<ul style="list-style-type: none"> Managers workshops delivered Benchmark climate survey Climate survey
6.2.3 Programme to ensure Compliance with Standard Operating Procedures (SOP) for supervision	Detective Superintendent CAIT, MPS	MPS	Feb – Jun 09	<ul style="list-style-type: none"> Programme in place
6.2.4 Develop a managerial competency programme	ACE P&OD	All partners	Feb - Sep 09	<ul style="list-style-type: none"> Programme developed
6.2.5 Support and mentoring scheme for children and families team managers	Head of Service Transformation	All	Apr 09. Sep 09	<ul style="list-style-type: none"> Children and Families support scheme implemented Identify potential to extend across the

					partnership
Area for improvement 3: Developing the skills and confidence of our workforce					
Action	Lead	Involved groups	Timescale	Targets and outcomes	
6.3.1 Refresh the Children's workforce development partnership	Head P&OD	All partners DD BSD Head Workforce Development C&YPS	Feb – Mar 09 Apr – Jun 09 Mar - Oct 09 Sep 09	<ul style="list-style-type: none"> Review composition of Children's Workforce Development Board Evaluate learning and development programmes across the partnership Complete development of CWD strategy for Haringey Create a network of workforce development officers across the partnership 	
6.3.2 Review of training needs and develop training plan in safeguarding across the partnership (linked to the annual audit of Section 11 responsibilities)	Chair LSCB Training and Development	All partners	Mar – Jun 09 Jul – Sep 09	<ul style="list-style-type: none"> Review completed Training plan developed <p>Training plan developed to address areas identified. staff capacity and skills to work with families in partnership, gather information, make judgments and take action when relationships break down</p> <p>Build the assertiveness of all staff involved in safeguarding in dealing with difficult and complex cases</p> <p>Develop practitioners skills in effectively exchanging views and dealing with disagreements in meetings where parents are present such as core groups</p> <p>Basic safeguarding awareness for staff in Universal and non safeguarding roles</p>	
6.3.3 Develop a multi-agency core safeguarding induction programme, which builds on the Children's Workforce Development Council's	Chair LSCB Training and Development	All partners Head Workforce	Mar – Jul 09	<ul style="list-style-type: none"> Programme developed and agreed 	

Appendix 1

<p>induction standards and the Department for Children Schools and Families (DCSF) Common Core of Skills and Knowledge. This core programme will be developed in addition to specific professional groups and settings induction programme.</p> <p>The core induction programme will involve all partners, including the private and voluntary sectors.</p>	sub group	Development C&YPS CAIT command training department		
<p>6.3.4 Extend the pilot newly qualified social worker supervision and support scheme</p>	Head of Practice Learning	C&YPS	Mar - May 09 Jun – Sep 09	<ul style="list-style-type: none"> Review pilot Implement extended scheme
<p>6.3.5 The Tavistock and Portman NHS Trust to work with social work staff and managers to support them in identifying and addressing barriers to improving professional practice at an individual and collective level</p>	Head of Service Transformation	Tavistock	Feb – May 09 Jun – Nov 09	<ul style="list-style-type: none"> Barriers identified Plans developed
<p>6.3.6 Implement an agreed debriefing process on a Critical Incident De-briefing model within each organisation and across multi-disciplinary teams</p>	Borough Commander	All partners	Apr – Oct 09	<ul style="list-style-type: none"> Develop agreed debriefing process
<p>6.3.7 Develop a programme of evidence informed practice</p>	Head of Service Transformation	All partners	Jun- Jun 10	
<p>6.3.8 All professional, relevant qualifications and accreditations are kept up to date</p>	Head HR	All partners	Mar - Oct 09	<ul style="list-style-type: none"> Scheme for collection and analysis of data developed Monitored every 6 months
<p>6.3.9 Ensure compliance within agency safeguarding procedures, for staff who have designated child protection roles in universal settings</p>	Chair LSCB	All partners	June 2009	<ul style="list-style-type: none"> All staff working with children have sufficient accreditation

Area for improvement 4 Engage and empower all staff in the Children's Trust with the change programme				
Action	Lead	Involved groups	Timescale	Targets and outcomes
6.4.1 Weekly update staff eNewsletter	Communication Officer CY&PS	All partners	Jan 09 Mar 09 Jun 09	<ul style="list-style-type: none"> • Launch for C&YPS • Expand to other partners • Develop additional communication tools
6.4.2 Establish processes to consult and gather staff views and encourage dialogue on the change programme	DDBSD	All partners Head OD&L	Dec 08 Feb - Mar 09 Apr 09	<ul style="list-style-type: none"> • Social Work staff forums established • Consultation with staff on the change programme • Carry out climate survey • Coordinate approaches to staff surveys and work on overall improvement plans as a result of staff feedback, sharing good practice
6.4.3 Develop a staff quality and change network within Children's Trust to take forward findings from 6.4.1, including the identification of Quality Change Champions from each team or service area	Head OD&L	All partners HOST	Dec 09	<ul style="list-style-type: none"> • Network formed
6.4.4 Develop programme of staff activities across the partnership working within the Children's Trust	Head OD&L	All partners	Feb – May 09	
6.4.5 Develop the family information service directory Practitioner Zone to allowed shared access to internal communications across the partnership	Head of Information Strategy & Communications	All partners Communication Officer Haringey Council	Feb – Dec 09	<ul style="list-style-type: none"> • Launch Practitioners Zone

Theme 7: Monitoring the performance and the quality of safeguarding practice						
Aims		<ul style="list-style-type: none"> • Robust arrangements for monitoring the quality of safeguarding practice • Ensure compliance with <i>Working Together to Safeguard Children, London Child Protection Procedures</i>, and all agencies' standard operating procedures and guidance • Dissemination of learning from QA and monitoring activity 				
Area for improvement 1: Ensure quality assurance and monitoring activity focuses on both quality and quantity						
Action	Lead	Involved groups	Timescale	Targets and outcomes		
7.1.1 Develop and implement programme of continuous dip sampling and qualitative assessment of case files across the partnership	Chair LSCB QA Sub group	All partners	Mar 09 Apr 09	<ul style="list-style-type: none"> • Sampling, scope and methodology agreed • Benchmark established • Regular reports to Elected Members 		
7.1.2 Senior managers to regularly audit case files	DD C&F	All partners	Mar 09	<ul style="list-style-type: none"> • Regular audits completed 		
7.1.3 Actively engage with agencies to receive feedback on safeguarding practice within Haringey (e.g. Courts, Head Teachers, Islington legal services)	DD C&F	All partners	Mar 09	<ul style="list-style-type: none"> • Feedback sought 		
7.1.4 Implement team based self-assessment	DD C&F	Haringey Council	June 09	<ul style="list-style-type: none"> • Team based self assessment process in place 		
7.1.5 Actively seek feedback from families receiving safeguarding services	Service Manager Child Protection	All partners	Feb – June 09 June 09	<ul style="list-style-type: none"> • System developed • Baselines set 		
7.1.6 Agree and implement CAF quality assurance framework based on the Pan London CAF protocol	North MDT Co-ordinator and Integrated Working & Workforce Dev	All partners		<ul style="list-style-type: none"> • Dependent on date of agreement of Pan London CAF protocol 		

	Manager			
Area for improvement 2: External challenge and scrutiny				
Action	Lead	Involved groups	Timescale	Targets and outcomes
7.2.1 Refocus the work of the LSCB QA sub-group on scrutinising arrangements for safeguarding children	DDC&F	All partners	June 09	<ul style="list-style-type: none"> Reviewed scrutinising arrangements in place
7.2.2 Build regular reviews of all aspects of children's social care into the forward programme for Overview & Scrutiny	Democratic Services Manager (Scrutiny)	Haringey Council	June 09	<ul style="list-style-type: none"> Forward plan includes regular reviews of children's social care
7.2.3 Establish a cross party expert member panel with expert support (the Safeguarding Policy and Practice Panel) to monitor the quality of safeguarding. Panel to receive regular independent case audits.	Cabinet Member for C&YPS	C&YPS	Mar 09	<ul style="list-style-type: none"> Safeguarding Policy and Practice Panel established
			Apr 09	<ul style="list-style-type: none"> Sample data set supplied to panel Safeguarding Policy and Practice Panel to meet monthly and reviews quality of casework Independent Expert recruited and supporting the Panel Summary of quality checks reported to CEMB, Cabinet and Scrutiny on a regular basis
7.2.4 Director of Children's Services to supply a monthly report to the Secretary of State for Children, Schools and Families	Director C&YPS	All partners	Monthly	<ul style="list-style-type: none"> Monthly report supplied
7.2.5 Ofsted monitoring visit	Director C&YPS	All partners	June 09	<ul style="list-style-type: none"> OFSTED visit programmed and reporting schema agreed/accepted

Area for improvement 3: Renewing performance measurement and evaluation					
Action	Lead	Involved groups	Timescale	Targets and outcomes	
7.3.1 Adhere to and use the Haringey Council corporate data quality strategy	DD BSD	Haringey Council	February 2009	<ul style="list-style-type: none"> Data quality strategy agreed at CEMB 27.01.09 	
7.3.2 Review models for triangulation of data and maximise use of Covalent (Haringey Council's new performance management system) in order to analyse and use performance information more intelligently	DD BSD	All managers - Haringey Council	June 09 Sep09 Feb – Mar 09	<ul style="list-style-type: none"> Models for triangulation reviewed Information and data used more intelligently CY&PS performance team establish regular qualitative performance meeting with Children and Family managers 	
7.3.4 Develop the partnership's measures for monitoring the quality and performance of safeguarding practice	Chair LSCB QA Sub group	CY&PS NHS Haringey MPS	Feb – Apr 09 Feb – Jun 09	<ul style="list-style-type: none"> Joint NHS Haringey/CY&PS performance teams develop combined work on quality assurance monitoring Review SCD5 performance management framework and monthly management report to include more qualitative measures 	
7.3.5 Include more C&YPS indicators in the LAA refresh	Director of the Children & Young People's Service	Haringey Council	2 nd March 2009	<ul style="list-style-type: none"> Refresh sent to Government Office for London 	

Area for improvement 4: Consulting and involving children and young people and their communities					
Action	Lead	Involved groups	Timescale	Targets and outcomes	
7.4.1 Improve the systematic collection of the views of children in care and those with child protection plans	DD C&F	CYPS External partner	Feb – Sep 09	<ul style="list-style-type: none"> Views of CIC and those in receipt of CPP are known Report 	
7.4.2 Ensure that children are consistently involved in their reviews	Head of Service Children in Care	CYPS Action for Children Children in Care Jennifer James	June 09 Sep 09	<ul style="list-style-type: none"> Re-launch guidance for children and young people on their rights as a child in care Report on monitoring of reviews 	
7.4.3 Develop a strategy to ensure Haringey's diverse communities are aware of the partnership's safeguarding policies	Head of Children's Network North & Lead for Participation	HSP VCS C&YPS Neighbourhoods Leon Joseph	Jun 09	<ul style="list-style-type: none"> Process for dissemination of information to diverse communities established Haringey Safeguarding publicity produced in Community languages and publicised on Council networks 	
7.4.4 Review systems to ensure that children and young people can convey any anxieties and concerns they have to the Council	Head of Children's Network North & Lead for Participation	Haringey Council Youth Council Young Advisors	Jun 09	<ul style="list-style-type: none"> Review current systems used by children to convey complaints and comments Gather young people's view on how they would like to share their views about Haringey Council 	

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Joint area review

Haringey Children's Services Authority Area

**Review of services for children and young people,
with particular reference to safeguarding.**

**Ofsted
Healthcare Commission
HM Inspectorate of Constabulary**

Age group: All

Published:

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Introduction

1. The inspection was conducted using the arrangements for joint area reviews as required under section 20 of the Children Act 2004. It is a special joint area review, commissioned in November 2008 by the Secretary of State for Children, Schools and Families. It was commissioned following the death of Baby P in Haringey and the subsequent findings of the serious case review, which examined the circumstances of the baby's death and the role of each of the services involved with the family.
2. The remit for this inspection was to undertake an urgent and thorough inspection of the quality of practice and management of key services which contribute to the effective safeguarding of children in the local area. In doing this, the inspection team was required to ensure rigorous scrutiny of the quality of practice and decision-making by front line workers and their managers, including the effectiveness of management practice and performance management systems in all relevant agencies.
3. The inspection was undertaken in a much shorter timeframe than is usual in joint area reviews but nevertheless used the approach set out in the *'Framework for the inspection of children's services'*¹ as the basis for inspection. The inspection evaluates the contribution made by relevant services in the local area to ensuring that children and young people are safe.
4. The inspection commenced on 13 November 2008 and was completed by 26 November 2008. It was carried out by a multi-disciplinary team of seven inspectors from Ofsted, the Healthcare Commission and Her Majesty's Inspectorate of Constabulary.
5. Evidence gathered included: observations of social care duty room practice; a review of case files for children and young people receiving support from a number of local agencies, including those relating to Baby P; discussions with elected members of the local authority and managers from these agencies; service users, including children and young people, and community representatives.
6. The inspection also considered a range of existing evidence including:
 - a review of the children and young people's plan
 - performance data
 - information from the inspection of local settings, such as schools and day care provision

¹ Every Child Matters: framework for the inspection of children's services, Ofsted, July 2005; available from www.ofsted.gov.uk/publications.

- briefings from staff within inspectorates, commissions and other public bodies in contact with local providers
- the serious case review relating to Baby P
- the evaluation of the serious case review undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2006.

Summary judgement

This inspection has identified a number of serious concerns in relation to safeguarding of children and young people in Haringey. The contribution of local services to improving outcomes for children and young people at risk or requiring safeguarding is inadequate and needs urgent and sustained attention.

Main findings

7. The main findings of this inspection, described below, point to significant weakness in safeguarding and child protection arrangements in Haringey. They also show that the arrangements for the leadership and management of safeguarding by the local authority and partner agencies in Haringey are inadequate.
 - There is insufficient strategic leadership and management oversight of safeguarding of children and young people from Haringey by elected members, senior officers and others within the strategic partnership.
 - There is a managerial failure to ensure full compliance with some requirements of the inquiry into the death of Victoria Climbié, such as the lack of written feedback to those making referrals to social care services.
 - The local safeguarding children board (LSCB) fails to provide sufficient challenge to its member agencies. This is further compounded by the lack of an independent chairperson.
 - Social care, health and police authorities do not communicate and collaborate routinely and consistently to ensure effective assessment, planning and review of cases of vulnerable children and young people.
 - Too often assessments of children and young people, in all agencies, fail to identify those who are at immediate risk of harm and to address their needs.
 - The quality of front line practice across all agencies is inconsistent and not effectively monitored by line managers.

- Child protection plans are generally poor.
- Arrangements for scrutinising performance across the council and the partnership are insufficiently developed and fail to provide systematic support and appropriate challenge to both managers and practitioners.
- The standard of record keeping on case files across all agencies is inconsistent and often poor.
- There is too much reliance on quantitative data to measure social care, health, and police performance, without sufficiently robust analysis of the underlying quality of service provision and practice.

Recommendations

The Department for Children, Schools and Families should:

- provide immediate appropriate support and challenge to the local authority to ensure that comprehensive and effective safeguarding arrangements for children and young people are established.

The Local Authority, working with its partners and in particular health and the police, should:

- improve governance of safeguarding arrangements. In particular, they should ensure full compliance with the guidance contained within *'Working Together to Safeguard Children' 2006* and embed the London protocol for inter-agency working to improve outcomes for children and young people.
- establish more secure assessment and earlier intervention strategies which ensure that, in all cases where concerns about children are identified, agencies can intervene and assess risks of significant harm to children in a timely manner.
- establish more systematic monitoring of the quality of practice.
- ensure that managers and staff at all levels are accountable for casework decisions, and that they draw as necessary on the expertise of partner agencies to inform the decision making process.
- take steps to integrate individual service processes and systems across all agencies more effectively, so that all children and young people are safeguarded.

-
- assure the competence of leadership and management in all areas of children's services and develop clear and effective accountability structures.
 - establish rigorous arrangements for management of performance across all agencies, which ensure that the quality of practice is evaluated and reported regularly and reliably, and that accountability for each action is defined and monitored.
 - make explicit to all staff and elected members the expectations and standards required of front line child protection practice.
 - establish rigorous procedures to audit and monitor the quality of case files across all partner agencies and ensure processes are in place to deliver improvement.
 - establish clear procedures and protocols for communication and collaboration between social care, health and police services to support safeguarding of children, and ensure that these are adhered to.
 - assure the competence of service and team managers in conducting rigorous and evaluative supervision and monitoring of safeguarding practice.
 - appoint an independent chairperson to the local safeguarding children board (LSCB).

Whilst not a mandatory requirement, it would be good practice for the Local Authority to:

- ensure that all elected members have CRB checks.
- ensure that all elected members undertake safeguarding training.

1. Safeguarding

Serious case review – Baby P

8. Local safeguarding children boards undertake a serious case review when a child has died or has been seriously injured or harmed and abuse is known or suspected to have been a factor. The process is defined by the guidance in *'Working Together to Safeguard Children'* (Chapter 8). Local agencies are asked to decide whether there are any lessons to be learned about the ways in which they worked together to safeguard and promote the welfare of the child.

9. During the period 2006 to 2008 one serious case review was completed by Haringey safeguarding children board. This relates to Baby P. A second, unrelated, serious case review is in process, but was slow to begin.

10. Baby P, a 17 month old boy, died on 3 August 2007 from severe injuries which were inflicted whilst he was in the care of his mother, her partner and a lodger in the household. On 11 November 2008 at the Old Bailey two men were found guilty of causing or allowing the death of a child or vulnerable person. The mother had already pleaded guilty to the same charge. Baby P had been subject to a child protection plan from 22 December 2006, following concerns that he had been abused and neglected. He was still subject to this plan when he died.

11. Ofsted has judged the quality of the serious case review relating to Baby P to be inadequate. The terms of reference are insufficiently comprehensive, lack clarity, and were not finalised until 12 December 2007. This was four months after the serious case review process began, and when the writing of the individual management reviews by the relevant agencies had already been completed. This resulted in some important aspects not being adequately considered, such as the capacity of front line services, the effectiveness of provision for other children in the family, and the reasons why agencies failed to discover the two men living in the household. There was insufficient independence of the serious case review panel; the panel was chaired by the director of the children and young people's service, who also chairs the local safeguarding children board.

12. The quality of the nine individual management reviews submitted is variable. The reviews submitted by Whittington Hospital NHS Trust, the Metropolitan Police and Haringey Legal Services are judged good. The review submitted by the Family Welfare Association is judged adequate. However, inadequate individual management reviews were provided by the Haringey children's social care service, Haringey schools, the North Middlesex University Hospital/Great Ormond Hospital NHS Trust, Haringey Teaching Primary Care Trust, Haringey Strategic and Community Housing Prevention and Options Team. The individual management reviews provided by social care services and

the primary care trust lack rigour in their analysis and thus significantly undermine the integrity of the serious case review. The overview report does not look at the capacity of front line services to deliver what was required of them, or the quality of management oversight and support. As a result, the serious case review misses important opportunities to ensure lessons are learned. Key actions required in order to improve safeguarding are not fully identified.

2. Practice relating to safeguarding

Effectiveness of arrangements to identify and respond to concerns

13. The thresholds for accessing social care services and the process for receiving referrals are clear. However, staff from a range of partner agencies express concern about inconsistencies in the application of the thresholds for access to children in need and child protection services.

14. Following referral, arrangements for gathering information from relevant and involved parties are generally poor. The requirement that referrers be informed in writing of action taken in response to the referral is not routinely met.

15. All children's social care cases are allocated a social worker. However, workloads are heavy and some staff report that they are unable to action all cases effectively as a result. Some allocations of cases within social care services are made electronically and without discussion with social workers. This does not ensure there is discussion between the manager and social worker about what actions are to be taken.

Quality of recording, assessment and child protection planning

16. Case file recording for individual children and young people is inadequate. There is insufficient evidence of managerial oversight and decision-making on case records in children's social care services, police and health services. There is also limited evidence of thorough, analytical and reflective supervision to ensure individual casework is carried out effectively.

17. Police and health service files are often poorly organised and the process and planning of individual cases is difficult to follow. Health services' files include hand-written notes which are sometimes illegible and do not identify the author. The standard of record-keeping in the health records of looked after children and young people is poor and some entries are inaccurate.

18. Not all children's social care files have a chronology of the individual case. Police files also do not establish clear chronologies of events and it is difficult to decipher the key points at which decisions are made. The rank of the police officers involved is not always clearly stated, making it difficult to determine the level of supervisor involvement in the case.

19. While some files demonstrate that children and young people are seen and spoken to and their views taken into account, this is not consistently demonstrated in assessments. Files of children and young people subject to child protection plans and those of looked after children and young people state whether a child is seen alone. However, where the child has not been seen alone, there is limited evidence of managers addressing the reasons for this and enabling the child's voice to be heard.

20. There are frequent unacceptable and extreme delays in distributing to partner agencies the minutes of key meetings, such as child protection conferences, core groups and statutory reviews of looked after children and young people. This means that information and follow-up action required is not effectively and promptly communicated to all agencies involved with the child and his/her family.

21. Assessment and care planning are poor overall. The repeated failure to take proper account of historical concerns places children and young people at risk. Information from other agencies is not always used to inform assessments of children and young people, leading to weak analysis and understanding of the risks to the safety of the child. Managers in all agencies are aware of the poor quality of assessments. However, there is no identifiable activity to address these serious deficiencies.

22. The quality of health assessments for looked after children and young people is poor. There is insufficient guidance for and oversight of the work of general practitioners who undertake the majority of assessments.

23. The quality of assessments of risk to children and young people contained within police notifications of incidents of domestic violence is too variable. All such incidents where children are known to be in the household are notified to children's social care on a dedicated police system. However, they are not all sent in a timely way.

24. The use of the common assessment framework as a tool for multi-agency assessment is not universally understood or effectively implemented by staff across agencies, despite them having been trained. While the data show apparent good progress with assessments completed for over 800 children and young people, this figure masks the fact that most are not multi-agency assessments. The process is used primarily by agencies as a referral for additional individual services. Implementation of the common assessment framework has not been evaluated.

Effectiveness of inter-agency child protection

25. Inter-agency cooperation in child protection work is inadequate. The majority of child protection strategy discussions on files read during the inspection only involve staff from children's social care services and the police. While this may be pragmatic in urgent cases, there is limited evidence of consideration of the need for a subsequent strategy review meeting involving other relevant agencies, such as health or schools.

26. The police referral desk structure ensures that managers are involved at the child protection referral stage and that they participate in telephone strategy discussions. However, managers are not normally involved in subsequent strategy meetings. There is evidence of inconsistency in management decision making, primarily in relation to those cases initially assessed as low risk and/or where limited information is available. There is no definable threshold for when a minor neglectful act becomes a criminal offence and each single incident must be examined in the context of other acts or omissions. The possibility of a criminal offence, and the need for an initial criminal investigation, is not always considered.

27. When a referral is made to the police child abuse investigation team, a number of checks are made to identify any previously known information about the child and family. There is good evidence that the policy about making these checks is being adhered to. However, these checks do not currently routinely include those names on the violent and sexual offender register (ViSOR). It is of concern that relevant information from ViSOR is not currently obtained to inform decision making and risk assessment.

28. There is clarity amongst police practitioners about the circumstances in which a request is made for the medical examination of children in both potential physical and sexual abuse cases. However, although the police generally attend examinations in sexual abuse cases, they do not regularly attend examinations in cases of suspected physical abuse.

29. Some accident and emergency services staff at North Middlesex and Whittington Hospitals are insufficiently clear about how to access up to date information regarding whether a child is subject to a child protection plan. These services do not have online access to the list of all children with such plans and rely on a hard copy list, which is distributed weekly. Some staff are not aware that telephone access to the updated list is possible. Although the London strategic health authority has advised that all children and young people who attend accident and emergency services should be checked against the list of those subject to child protection plans, this does not always happen.

30. Child protection plans are generally poor. There is insufficient involvement of key staff from health and other agencies to ensure that the plans take full account of the child's needs. In most cases children are visited by social workers within expected timescales. However, in many cases there is a lack of clarity about what needs to be done, and by whom, to reduce identified risk

and there is little evidence of the impact on improving the safety or welfare of the child. Agencies are generally working in isolation from one another and there is evidence of a lack of effective co-ordination to ensure the work is appropriately focussed.

31. In some cases, children and young people are not consulted in order to establish their views about their child protection plan. While attendance at child protection conferences by children, young people, parents, carers, is monitored, the information is not collated and analysed by the local safeguarding children board, which limits its oversight and impedes improvement of the process.

32. Attendance by professionals who are working with the child and his/her family at child protection core group meetings is also variable. Some meetings are cancelled due to non-attendance by key agency representatives, while others go ahead without sufficient attendance by members. This limits the opportunities to take account of full information when making decisions and recommendations for the future, and for ensuring that the child protection plan is on track.

33. Guidance to staff about placement of children with family or friends is contained within the London child protection procedures. This focuses on situations where children and young people may be accommodated or placed as an emergency placement while carers are being fully assessed. Staff expressed concern to the inspectors about the quality of some foster families and the lack of robust arrangements to ensure that the views of placing social workers are sought to inform the annual foster carer review.

34. There are indications that police child abuse investigation teams are not always receiving required information in domestic violence cases. Issues of communication are identified by previous Her Majesty's Inspectorate of Constabulary inspections. Measures have been taken to improve communication but it is too early to assess the impact.

3. Service management

Leadership and management of safeguarding arrangements by the local authority and partner agencies in Haringey are inadequate.

Effectiveness of governance arrangements

35. The relationship, accountabilities and lines of communication between the children and young people's strategic partnership board, the local safeguarding children board, and the children and young people's consultative committee are not sufficiently clearly defined in their terms of reference. Not all members of these groups are clear about their remit or how their work links with, or overlaps, with the work of other groups. There is insufficient robust challenge

to procedures, practice and performance evidenced in the records of the meetings.

36. The work of the local safeguarding children board is insufficiently robust. Whilst it maintains a focus on the wider safeguarding agenda, the impact of this work on making life safer and more secure for children and young people is not well evidenced. The board has taken a lead in identifying key safeguarding issues of concern to children, young people and their families and has worked across agencies to tackle these issues. However, multi-agency attendance at board meetings is variable, the follow-up of issues and agreed actions is not sufficiently rigorous, insufficient attention is paid to the quality of individual case work practice and board members do not provide sufficient independent challenge.

37. Current management arrangements within the council and across the partnership do not facilitate sufficient independent challenge on safeguarding matters. The local safeguarding children board is chaired by the director of the children and young people's service. The management arrangements for independent reviewing officers, with senior management responsibility resting with the deputy director of the children and young people's service, are insufficiently independent of operational line management in social care.

38. There is limited evidence of the priorities and policies of the children and young people's plan being robustly put into practice on the ground. Also, the priorities are not supported by effective planning and evaluation. For example, the people workforce plan was developed in isolation from the children and young people's plan. There are few examples of integrated working arrangements being based on shared aims and common understandings of practice and management expectations. There are some good policies, but they are often not acted upon, such as the social care supervision policy, with the result that outcomes for children and young people are seriously compromised.

39. Corporate parenting arrangements are underdeveloped and there is currently a lack of shared responsibility across the council for this function. While there is a strongly articulated commitment about support for looked after children and care leavers, there is no overarching corporate parenting protocol and plan. Some elected members have undertaken relevant training and acknowledge that this should be extended to all councillors. However, other elected members interviewed reported that they have not received child protection or safeguarding training. The contribution of looked after children and young people to the children and young people's consultative committee is valued and strategies to further engage young people are being sought.

Effectiveness of performance management

40. Performance management arrangements across agencies are insufficiently robust. The reliance on national and local performance indicators is too great and does not enable understanding of the quality and effectiveness of service provision on the ground. Insufficient attention has been given to evaluating the

quality of front line practice and quantifying the impact of services upon children. There has been a failure to use the outcomes from qualitative audit activity to critically self evaluate and to report on the actual outcomes for children and young people. The partnership does not use performance indicators to question and challenge underlying issues about the quality of front line practice.

41. The council provides regular reports to managers, the local safeguarding children board, the children and young people's consultative committee and the children and young people's strategic partnership on social care performance. However, the accompanying commentary is descriptive and lacks robust critical analysis.

43. An audit report commissioned by the council in late 2007 highlighted specific weaknesses in child protection practice. Two further independent audits and additional internal audits of front line social work practice have been carried out since that time. These also identified weaknesses and inconsistencies in practice and multi-agency working. However, the management reports on these audits, which were presented to elected members, did not accurately reflect the significance and implications of the unsatisfactory practice for the safety of children and were not supported by solid action plans.

44. Social care service management data collected by the council are unreliable. The performance indicator data regarding timeliness of initial and core assessments suggest that this is good. However, a number of files seen during the inspection show that the assessments are 'counted' as complete although the documentation is incomplete on file. In addition, cases of families with more than one child do not always have separate files opened for siblings. This means that the true number of children allocated to a social worker is not accurately counted. Cases identified for closure are not always closed promptly.

45. The primary care trust has developed a performance management process with quarterly meetings to monitor its service agreements with other health agencies. Trusts provide data to the primary care trust to monitor the service level agreement, as well as informing board meetings and service managers. However, staff consider that child and adolescent mental health services (CAMHS) data quality need improvement. The data indicate trends or issues at service level and is challenged by the primary care trust, with examples of changes being made as a result of the data. The performance management arrangements provided by the strategic health authority are not always effective. Trusts routinely report serious untoward incidents, which are reviewed by the strategic health authority safeguarding lead. However, the systems and processes are not embedded and trusts do not always respond positively to strategic health authority requests for information or meetings.

46. The police specialist crime directorate structure provides for clear accountability and the accountability framework is also available on the force intranet. Performance across the directorate is also monitored centrally and monthly management reports are produced. There is also an inspection and audit regime, which is currently under review. However, the capture and dissemination of organisational learning and knowledge management is not systematic and relies on individual leaders taking responsibility for circulating good practice and learning from debriefing.

47. Individual case files in all agencies show too little evidence of management oversight and decision-making. A high priority is given to ensuring regular supervision of staff, and most staff across all services report that they receive regular supervision and feel well supported by their line managers. However, records of case discussions are not routinely placed on service users' files. This is unacceptable.

Workforce development and safe recruitment practice

49. All agencies meet the minimum requirements for criminal record bureau (CRB) checks on staff. The council human resources files seen during the inspection show that appropriate employment and identity checks are made. Health and social care services have a process whereby staff can be appointed prior to the receipt of CRB checks. While the health process ensures that supervision is given to such staff until the check is complete, the process in social care services is less clear, which is not good practice. Not all elected members have had CRB checks.

50. The high turnover of qualified social workers in some social care teams has resulted in heavy reliance on agency staff, who make up 51 of 121 established social worker posts. This results in lack of continuity for children and their families and of care planning. Action has been taken to attract staff, including an increase in pay scales and a graduate trainee scheme. Currently there are four unfilled social work posts. Some social workers have heavy caseloads, exacerbated by the need for experienced staff to complete unfinished work for those staff who leave. Although a transfer protocol is in place to define when a case should transfer to long term social care teams, in practice there can be difficulty making timely transfers due to capacity issues within teams.

51. Previous longstanding severe shortages of staff in community nursing services resulted in a reduction of preventative health care available to children and young people in the borough. Ten additional health visitor posts have recently been created and recruitment to these posts is underway. Staff express concern that the level of staffing in child and adolescent mental health services is insufficient to meet the demand.

52. The direct involvement of police supervisors in strategy discussions and/or meetings is unsystematic, with the evidence suggesting that these are generally undertaken by investigating officers. Detective Sergeants within the child abuse investigation team also carry their own investigative workload. Previous

HMIC inspections have identified the need to ensure that supervisors have the capacity to balance effectively their day-to-day supervisory commitments with specific responsibilities, such as strategy discussions, and their own investigative workload. Serious crime directorate resources were reviewed in 2006 and, as a result, the Haringey child abuse investigation team has been allocated additional resources, effectively doubling the number of Detective Constable investigators. However, the child abuse investigation team has been carrying a supervisory vacancy for some time, which has resulted in gaps in supervision on the ground. The police conference liaison officer role is critical within the child abuse investigation team in relation to the police contribution to child protection conferences, including provision of information and attendance. However, the current level of staffing is insufficient.

53. The existing social care electronic recording system operated by the council lacks sufficient flexibility and, although this impedes effective practice by social workers, there has been insufficient priority given to resolving this issue by managers.

54. Staff in schools report that the quality of child protection training is good, with very useful advice and support provided by Child Protection advisers.

55. Police training provision is compliant with the Victoria Climbié recommendations. All serious crime directorate officers undertaking an investigative role are expected to complete the initial crime investigator's development programme. Investigators also complete specialist child abuse investigation training. There is, however, currently no role-related training for referral desk duties, which are carried out by Detective Sergeants, and the view is that the current general training available is inadequate to fully equip supervisors for this role. Additionally, there is currently insufficient attention paid to the planning and timing of training for new post-holders to ensure that it is provided promptly.

56. Child protection training is mandatory for all health services staff. The training strategy, launched in 2007/08, is comprehensive, with training at different levels identified in staff job descriptions. Information on numbers attending is submitted to the primary care trust board.

57. Police policy and standard operating procedures have been available on the intranet for approximately three years and have been updated in the last six months, although there have been no significant changes. All staff are aware of how and where to access information and guidance. National police guidance has also been fully implemented and there is a dedicated policy portfolio led by a superintendent responsible for ensuring that policy is updated and refreshed as necessary. A reserve desk also provides out-of-hours advice to staff engaged in child protection matters.

Annex A

Context

1. Haringey is an ethnically diverse outer-London borough situated to the north of central London. Of its population of 224,700 people, nearly half come from minority ethnic backgrounds and around one quarter are under the age of 20.

2. The population has grown by 8.6% since 1991 and is projected to grow by a further 3.7% by 2016 to 233,100. The population has high turnover and includes a significant number of refugees and asylum seekers. Over 160 languages are spoken by children and young people in the borough.

3. Long-term unemployment is twice the national rate and almost twice the London rate; in October 2007, 6,720 of Haringey residents were claiming job seeker's allowance, a rate of 4.3% compared to the London average of 2.7% and the national average of 2.1%. Northumberland Park ward has the highest unemployment rate of all London wards at 16.7%, almost eight times the national rate. It is estimated that 21% of households in Haringey are living in unsuitable accommodation. The borough has high levels of crime, although this has reduced overall, in contrast to the London trend.

4. There are approximately 48,965 children and young people under the age of 20 living in the borough, with three-quarters from minority ethnic communities. Of these, 191 are children with a child protection plan, 450 children are in the care of the local authority, 230 are unaccompanied asylum-seeking children with 48 of those in care, 723 are young carers and 403 children and young people are registered with the youth offending team. The percentage of children and young people eligible for free school meals is over twice the national average (32% compared with 15%) but with a vast differences across the borough, for example, 7.8% in Alexandra ward compared with 50.7% in White Hart Lane ward.

5. The Haringey strategic partnership was set up formally in April 2002. The children and young people's partnership board, established in 2004, is one of its five partnership theme boards. The director of the children and young people's services took up post in April 2005, when the executive member for children and young people was also appointed. The partnership includes the Metropolitan Police, the Haringey Teaching Primary Care Trust (HtPCT), the community and the voluntary sectors, the North London Learning and Skills Council (LSC), and Connexions and the College of North East London (CONEL).

6. The children and young people's plan 'Changing Lives' was published in April 2006 and was reviewed in 2007. The partnership board draws on the views of the wider community through the partnership forum, which meets three times a

year. Its main role is to monitor the progress of the children and young people's plan.

7. The local safeguarding children board (LSCB) was established to help meet the requirement of the 2004 Children Act to 'safeguard and promote the welfare of children'. It brings together the main organisations that work with children and families in the borough, including the Council, Haringey teaching primary care trust and the Metropolitan Police Service.

8. Primary health care for children in Haringey is the responsibility of Haringey teaching primary care trust. Before 1 April 2008, the community paediatricians were managed from Great Ormond Street Hospital. Since 1 April 2008, Haringey teaching primary care trust has commissioned Great Ormond Street Hospital to manage the whole children and young people's health service. North Middlesex University Hospital (NNUH) NHS Trust is the main provider of acute health services, although Great Ormond Street Hospital also runs its acute paediatric service within a partnership unit. The Whittington Hospital NHS Trust also provides services for acute and paediatric care. Children's mental health services are provided by the Barnet, Enfield and Haringey Mental Health NHS Trust. All trusts providing health services for the children of Haringey fall within the NHS London Strategic Health Authority.

9. Haringey has 63 primary (including infant and junior) schools, 10 secondary schools, one city academy, four special schools, a pupil support centre and 17 children's centres. North London Learning and Skills Council works closely with the local authority, the college, training providers, and schools in addressing the 14-19 strategy. Post-16 education and training is provided by College of North East London, and five work-based training providers. Education to Employment provision is managed by the North London consortium, which controls 32 places within Haringey and around 600 places with providers outside Haringey. Adult and community learning including family learning are provided by the local authority.

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